



PATIENT

Marley Shaffer

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

12 years

WEIGHT

22.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. de Cordon

INVOICE

31301

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Acute onset of weakness at home, unable to walk. Healthy previously
Abnormal PE/Chem/CBC/UA Results: Non ambulatory at presentation with a temp of 105.3
Tachycardia Initially scant amount of free abdominal fluid that increased after IV fluids BW increased
ALT 157 ALP 333 Radiographs no pleural disease Abdomen decreased serosal detail Positive for lyme disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.83 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.62 x 0.63 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed swollen and irregular contour with slight, granular parenchymal appearance.

Liver

The **liver** was swollen and irregular with increased portal markings. The hepatic parenchyma had similar granular appearance to that of the spleen. There were areas of free fluid noted as well as enhanced mesentery. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Swollen irregular spleen and liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for infiltrative disease/round cell neoplasia. I recommend FNA of the spleen and liver as well as ultrasound-guided abdominocentesis with cytospin. Portion of bowel revealed retention of ingesta or possible soft foreign matter in the upper GI tract. However, this cannot be completely ascertained regarding its position.

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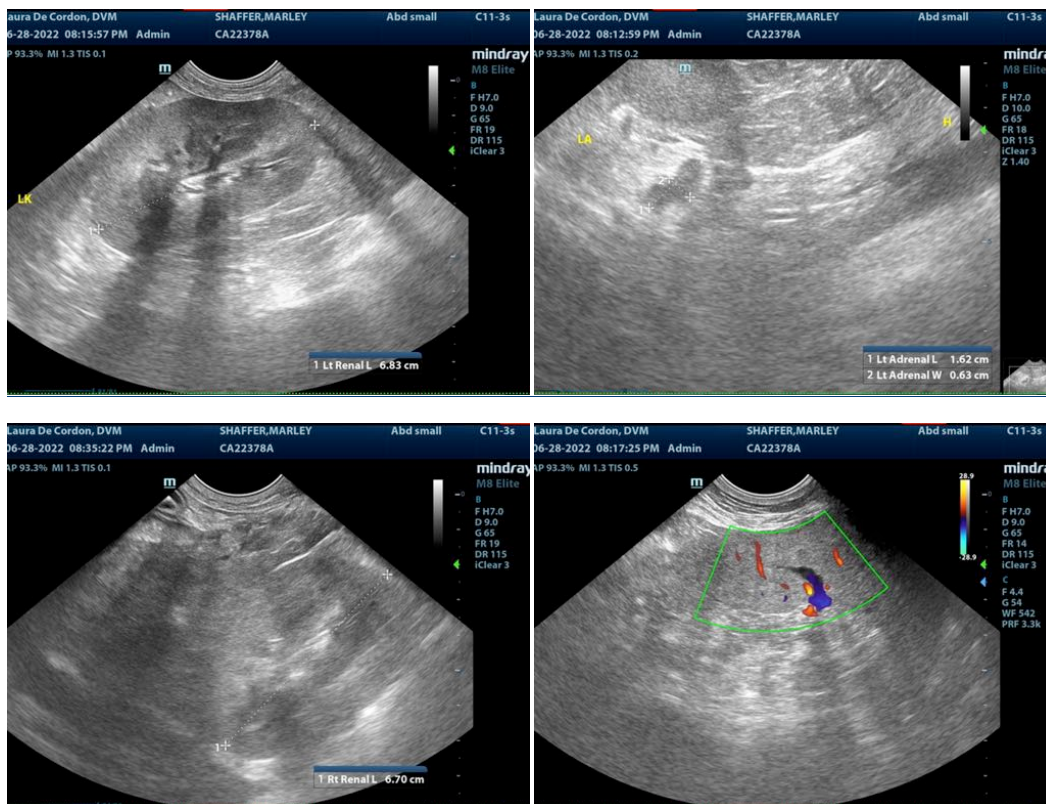
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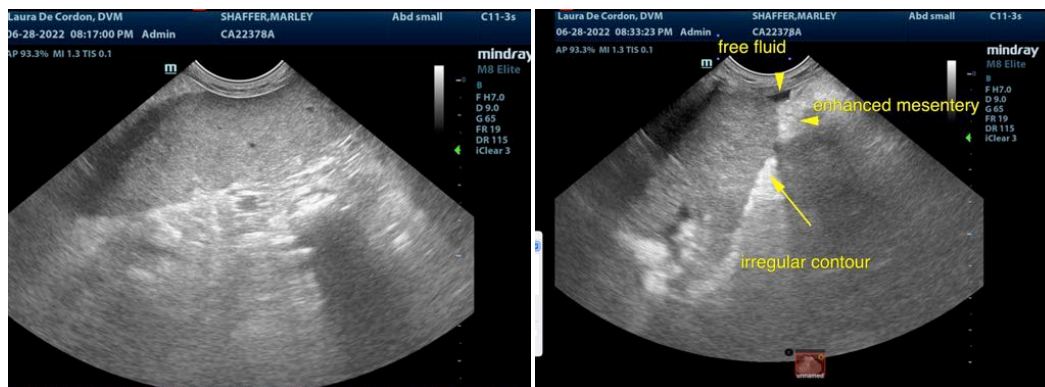
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com