



PATIENT PRESENTING CLINICAL SIGNS

Lily Haider

Has eaten for about 5 days, in the last month started having accidents in the house, last defecation was slimy O tried feeding Pet Fresh soft food, P threw it back up and O said it didn't look even close to being digested Has lost weight from last time she was here P has no appetite, drinking water but not as much as normal Activity level has decreased, P has just been laying around PE: BAR; friendly, nervous; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; ambulating normally; BCS: 5/9; BP:112/94; EKG- 160HR Pending chest rad

SPECIES

Canine

BREED

Newfoundland

Abnormal PE/Chem/CBC/UA Results: Elevated ALP, ALT, TBIL low PLT

SEX

Spayed Female

AGE

11 Years 2 Months

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 were noted. Ureteral papillae were normal.

WEIGHT

83 Pounds

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was not visualized.

IMAGING PERFORMED BY

Dr. Raul Casas

Liver

The **liver** was swollen with coarse architecture and irregular contour. Enhanced surrounding fat noted. The gallbladder and common bile duct were unremarkable. Distinctive hypoechoic parenchyma noted. Hepatic lymph nodes were enlarged.

HOSPITAL NAME

State Ave Vet Clinic

Gastrointestinal

REFERRING VET

Dr. Raul Casas

Examination of the **gastrointestinal tract** revealed minor upper gastrointestinal thickening with early loss of mural detail in the stomach. The small intestine and colon were slightly thickened without loss of detail. Mesenteric lymph nodes were enlarged, rounded and hypoechoic, the largest of which measured 3.0 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

DATE

6/29/23

Free Abdomen

Reactive mesentery noted throughout the abdomen.



PATIENT

Mesenteric lymph nodes were aggressively enlarged, encompassing the mesenteric artery, which presented thrombosis.

Lily Haider

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Multicentric round cell neoplasia involving lymph nodes, liver, and likely GI tract

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

FNA of the lymph nodes and liver should prove effective regarding definitive diagnosis. This is an aggressive multicentric process.

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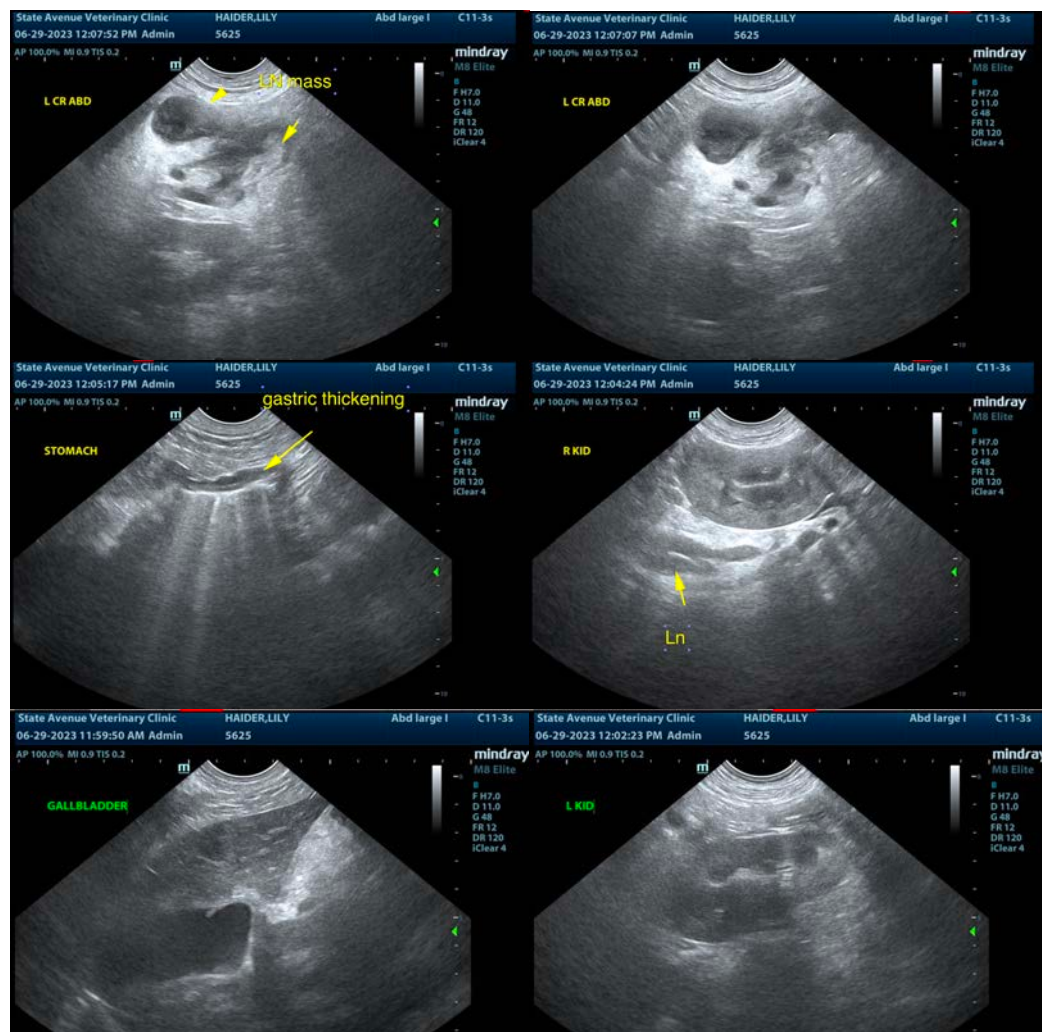
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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