



DATE PRESENTING CLINICAL SIGNS

6/5/22 Presenting Complaint: Vomiting.

PATIENT

Toby Suever History: Date: 06-04-2022 Notes: referral from Animal Care Center. Vomiting since yesterday started in the afternoon- did not eat last night- vomited multiples times through the night and morning went to RDVM- bloodwork- mild elevation in lipase and cholesterol; CBC- NSF xrays- decreased detail in the cranial abdomen- stomach is small- do not see an obvious FB; intestinal pattern- mild GI history of urinary incontinence- is on proin, and gets glucosamine.

SPECIES

Canine Assessment: Vomited 4x times here.

BREED

Boxer

SEX

Neutered Male

discussed film findings and bloodwork results- discussed gastritis vs pancreatitis vs FB vs other (mass etc- discussed medical management- IVF, anti-emetics, repeat films- if the films still look abnormal- looking at ultrasound (which we can try to arrange over the weekend but may not be till Monday) vs exploratory.

Current Medications: Ondansetron 2mg/mL Injection (Per mL) 9 Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL) 3.6 Ondansetron 2mg/mL Injection (Per mL) 9 Pantoprazole (Protonix) 40mg/vial Injection (Per mL) 9

AGE

2013

Lab Results: Attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

WEIGHT

79.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Willer

INVOICE

38417

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 8.28 cm. The right kidney measured 7.21 cm.

Adrenal Glands

Both **adrenal glands** were upper limits of normal. The left adrenal gland measured 2.75 cm x 0.95 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured 3.54 cm x 0.98 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** was heterogeneous and nodular, mildly swollen. Slight scalloping contour.

Liver

The **liver** revealed heterogeneous, mixed echogenic nodular changes and remodeling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Multiple areas of infiltrative intestinal pattern noted with loss of structural detail. Wall thickness measured up to 2.1 cm. Strongly consistent with infiltrative neoplasia such as lymphoma. Reactive mesentery noted around the pathological small intestine. Colonic thickening also noted with spastic wall.

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.

Free Abdomen

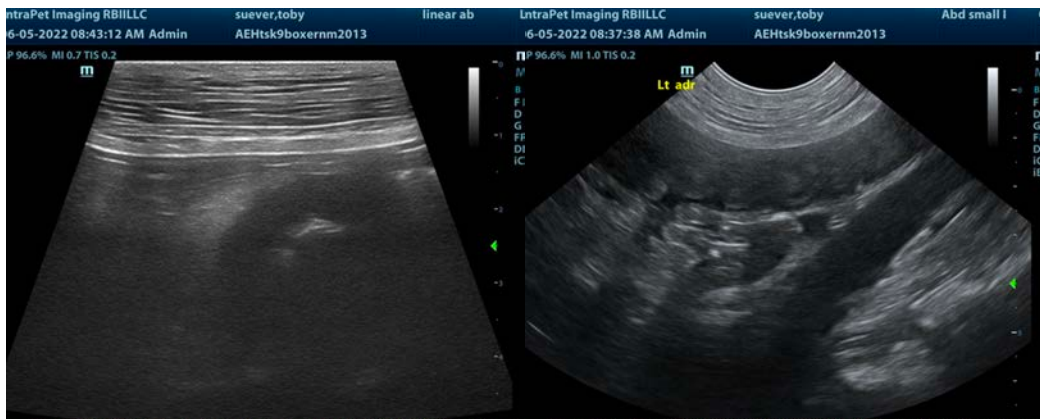
Rapid view of the heart revealed no evident pathology.

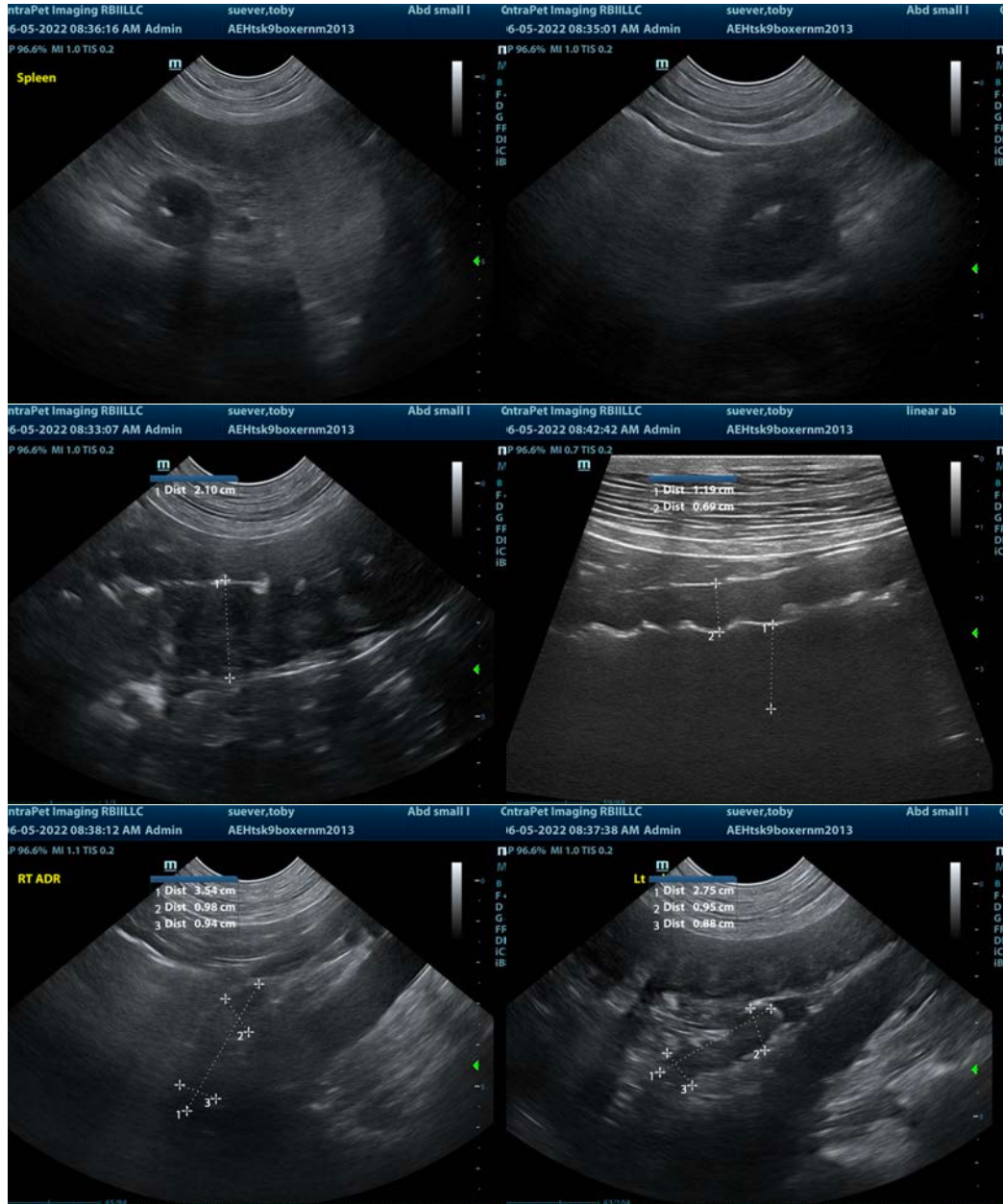
ULTRASONOGRAPHIC FINDINGS

- Multifocal intestinal thickening
- Nodular splenic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness surgical biopsies likely necessary for definitive diagnosis in this patient. However, FNA could be considered upon areas of intestine, spleen and liver. Strong concern for multicentric round cell neoplasia. Complicated inflammatory bowel with nodular hyperplasia and reactive spleen and liver possible. Sampling is essential. Prognosis is very guarded.







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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