



PATIENT

Piper Piro

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

10 years

WEIGHT

16 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Harold Mike Beard

INVOICE

10750ag

DATE

6/8/2022

PRESENTING CLINICAL SIGNS

Not eating well, vomiting. Was positive for ehrlichia on 4 DX, prescribed Doxycycline. When she became unwell, we stopped the Doxycycline. Appetite has not improved.

Abnormal PE/Chem/CBC/UA Results: Abdominal pain in a fractious dog. GHP ALT, Alk Phos, and T Bili elevated. cPL is normal. Neutrophilic leukocytosis and monocytosis. Survey xrays of abdomen suggest enlarged lymph nodes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 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 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were not visualized owing to a poor acoustic window given the extensive enhanced mesenteric fat/peritonitis present.

Spleen

The spleen was volume contracted.

Liver

The liver appears swollen, hypoechoic and irregular.

The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity.

A mid to distal small intestinal mass was noted measuring 2.0 cm in width extending for approximately 5 cm in length. Regional hyperechoic surrounding mesentery was noted with peritonitis and free fluid.

The colon was fluid filled with an undifferentiated adjacent lesion in the pelvis, likely lymph node in origin.

Pancreas



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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.

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Free Abdomen

An epigastric lymph node was mildly enlarged with a rounded contour measuring 0.5 cm. Regional peritonitis and free fluid noted around the small intestinal mass. Sublumbar lymph nodes appear enlarged, rounded and hypoechoic.

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ULTRASONOGRAPHIC FINDINGS

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- Lymphomatosis type presentation-multicentric round cell neoplasia pattern involving intestinal mass, likely liver, regional lymph nodes and abdomen
- Peritonitis
A transdiaphragmatic view revealed pleural effusion as well which would suggest thoracic spread.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An FNA of the SI mass, liver and accessible lymph nodes with immediate chemotherapeutic intervention could be considered however prognosis is poor long term.

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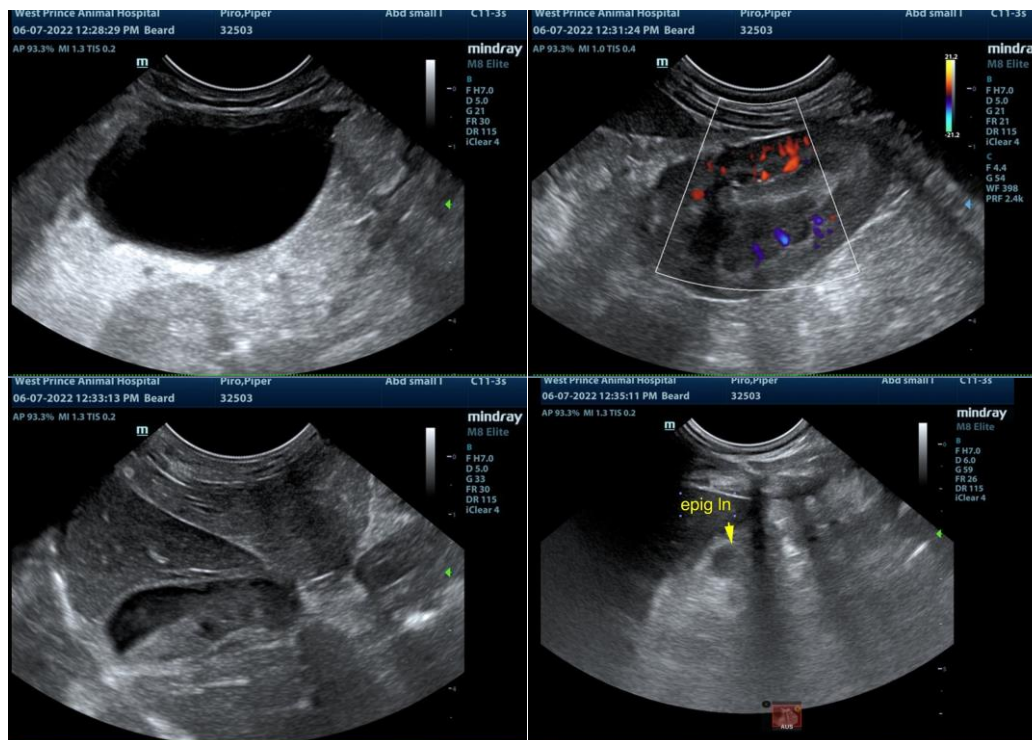
Harold Mike Beard

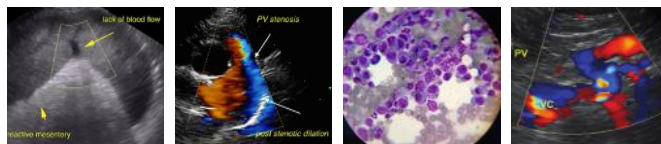
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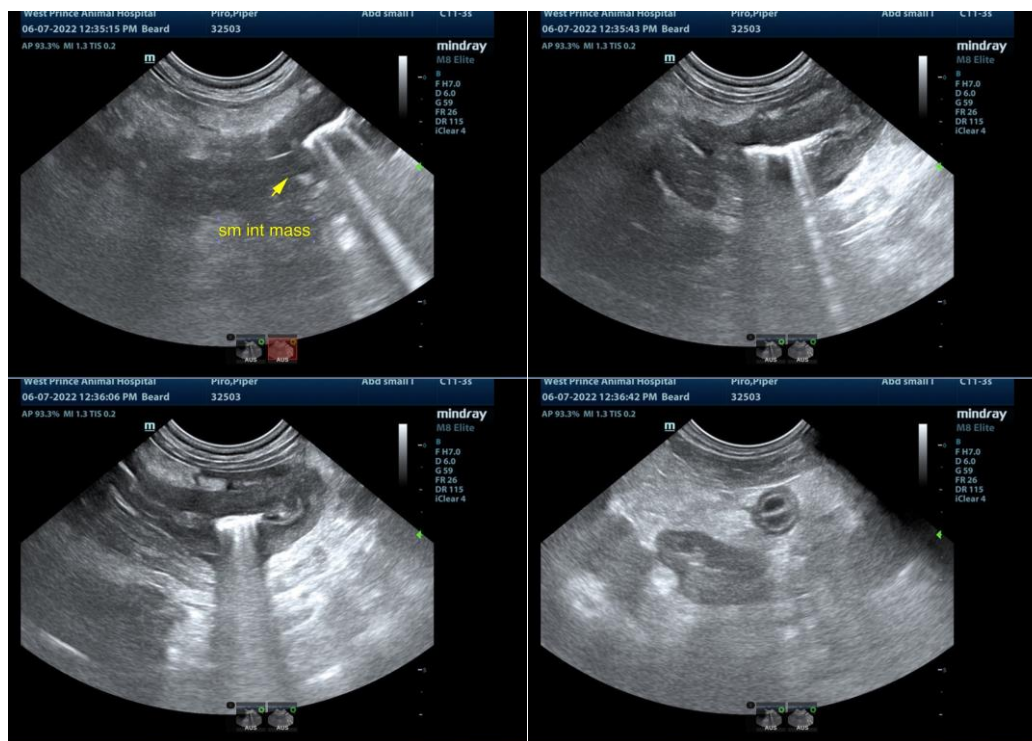
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DABVP, Cert. IVUSS

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
Eric.Lindquist@SonoPath.com

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