

**PATIENT**

Jake Uhlenbrauck
273514

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

24.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Sevide

INVOICE

39169

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Jake vomited once two nights ago, then about every two hours yesterday during the day. Then last night urinated a dark brown color. His urinations before this were all normal yellow in color.

Abnormal PE/Chem/CBC/UA Results: CBC - Lym 0.2 (L), NEU% 94.5 (H), LYM% 1.7 (L) Ca 8.1 (L), ALT 541 (H), K 3.6 (L)

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. Residual prostate measured 1.3 cm.

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 right kidney measured 6.9 cm. The left kidney measured 6.87 cm.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 1.23 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 0.68 cm at the caudal pole and 0.75 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally with surrounding free fluid, likely not of splenic origin. Mild splenic enlargement, uniform. Slight scalloping contour. The spleen may be involved in a neoplastic process.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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

A concentric 4.0 cm x 3.0 cm gastric mass noted entering into the gastroesophageal inlet, deviating the **gastric** lumen. Regional inflammation noted. The small intestine was unremarkable. Minor reactive mesenteric lymph nodes noted, measuring 3.0 cm x 0.57 cm.

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.



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Free Abdomen

Anechoic free fluid noted in the abdomen.

PRIMARY FINDINGS

- Gastric mass with regional inflammation
- Free fluid – likely owing to inflammatory processes or lymphatic obstruction
- Mild splenic enlargement

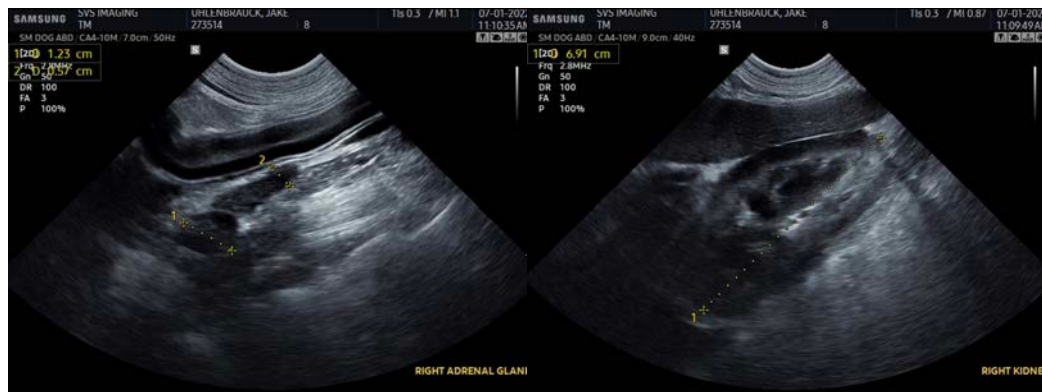
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass does not appear overtly resectable. Free fluid may be owing to perforation. Endoscopy should be adequate for definitive diagnosis or ultrasound guided FNA if the sonographer is comfortable with the procedure. Abdominocentesis of the free fluid also indicated with cytospin. Round cell neoplasia, gastrinoma, leiomyosarcoma, carcinoma all possible. Prognosis is guarded to poor.



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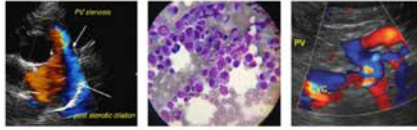
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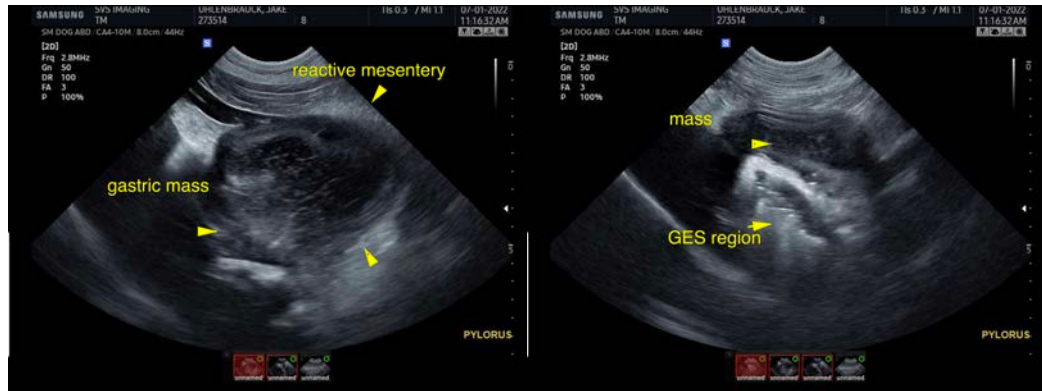
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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