



PATIENT

Buddy Geraghty

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9

WEIGHT

13 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emerging
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

23604

DATE

7/22/23

PRESENTING CLINICAL SIGNS

History: P presented for probably anemia. P was seen on 7/3 and was diagnosed to be anemic (HCT 29%) - unknown cause. P was vomiting and having bloody stool, BW showed pancreatitis as well as anemia - fecal was negative. P was also having breathing problems, had rads that shows hepatomegaly and lower airway disease. was treated for pancreatitis and vomiting and bloody stool resolved ,but p is more lethargic and breathing harder now. O advises p was coughing but has not for a few weeks. O thinks has lost 8 pounds overall but has lost 4 since 7/3. Labored breathing and panting heavily at home. Radiographs performed, report still pending

Abnormal PE/Chem/CBC/UA Results: CPL Positive ALP 365 PHOS 9 Saline Agglutination was negative Radiographs performed, report still pending

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 **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 kidneys measured 5.0 cm each.

Adrenal Glands

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

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 0.5 cm.

Spleen

The **spleen** was enlarged and irregular with micronodular changes. Infiltrative pattern was present. The spleen revealed a thrombus formation, extending for at least 2-3 cm from the splenic hilus.

Liver

The **liver** in this patient was swollen, hypoechoic and irregular with increased portal markings. The liver was dramatically hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** presented variable intestinal thickening without overt loss of mural detail.

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

The hepatic **lymph nodes** were enlarged, rounded and hypoechoic, measuring up to 2.5 cm. Significant regional inflammation was noted in the cranial abdomen. The sublumbar and cranial abdominal lymph nodes were enlarged and irregular.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Multifocal infiltrative pattern involving the spleen, liver and lymph nodes with paraneoplastic splenic thrombus.
- Variable GI thickening with paraneoplastic inflammation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the spleen and liver with immediate chemotherapeutic intervention is recommended. This is likely round cell neoplasia.

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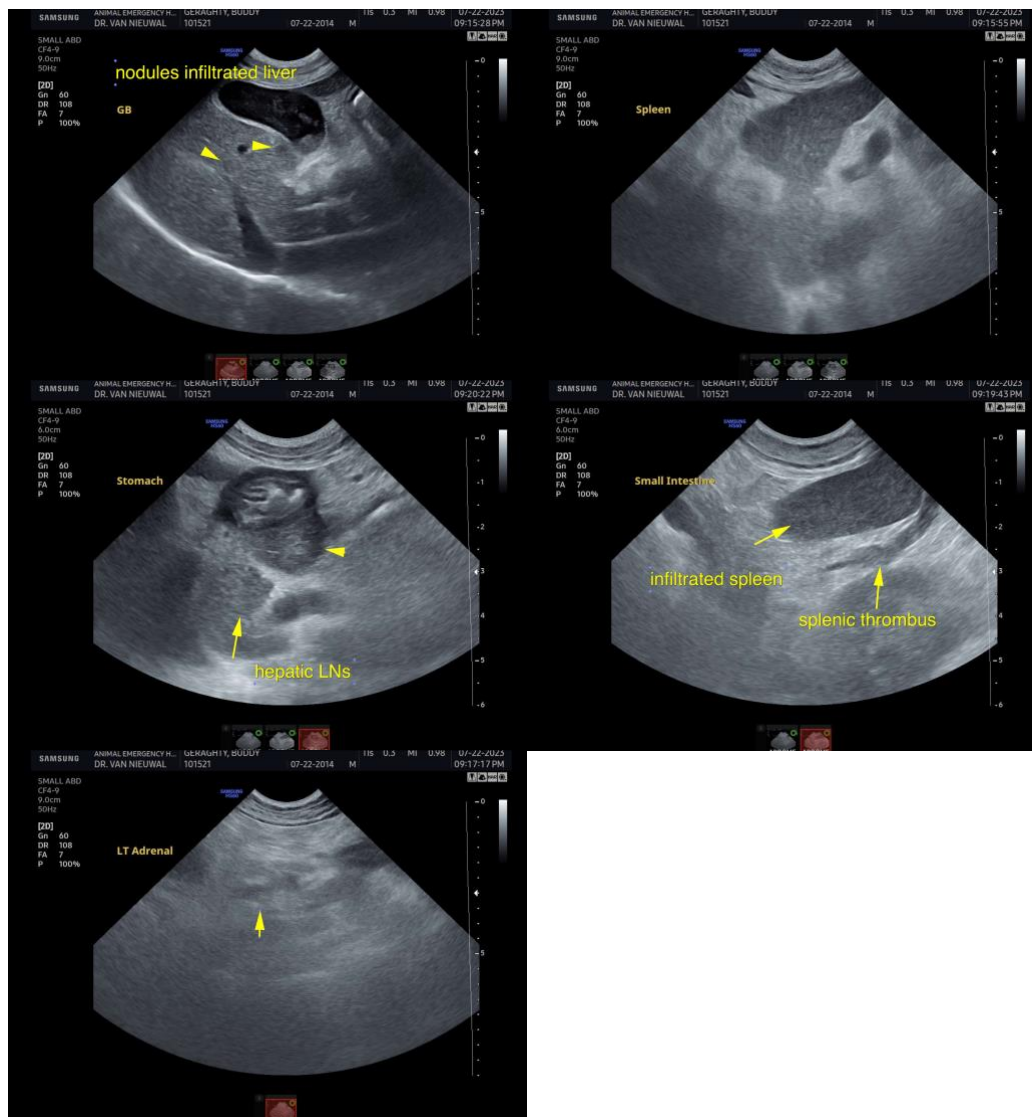
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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