



PATIENT

Bailey Molina

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

10 Years

WEIGHT

42.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

39907

DATE

7/28/22

PRESENTING CLINICAL SIGNS

not eating, lethargic, vomited bile, marked weight loss concern for underlying neoplasia Current meds Plyte Metro
Abnormal PE/Chem/CBC/UA Results: decreased Glu Potassium Increased Globulins

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 2.0 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 right kidney measured 5.04 cm. The left kidney measured 5.93 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 left adrenal gland measured 1.52 cm x 0.56 cm at the caudal pole and 0.70 cm at the cranial pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.40 cm at the caudal pole.

Spleen

The **spleen** was enlarged and hypoechoic with nodular changes and irregular contour, consistent with infiltrative disease. FNA indicated. Peripheral mesenteric inflammation noted and localized free fluid.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable upper GI thickening.

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

Reactive mesentery noted in the cranial abdomen, associated with the spleen +/- the liver.



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PRIMARY FINDINGS

- Variable gastrointestinal thickening with splenic nodules and infiltrative pattern, potential hepatic involvement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic and hepatic FNA indicated. Suspect lymphosarcoma or similar round cell neoplasia.

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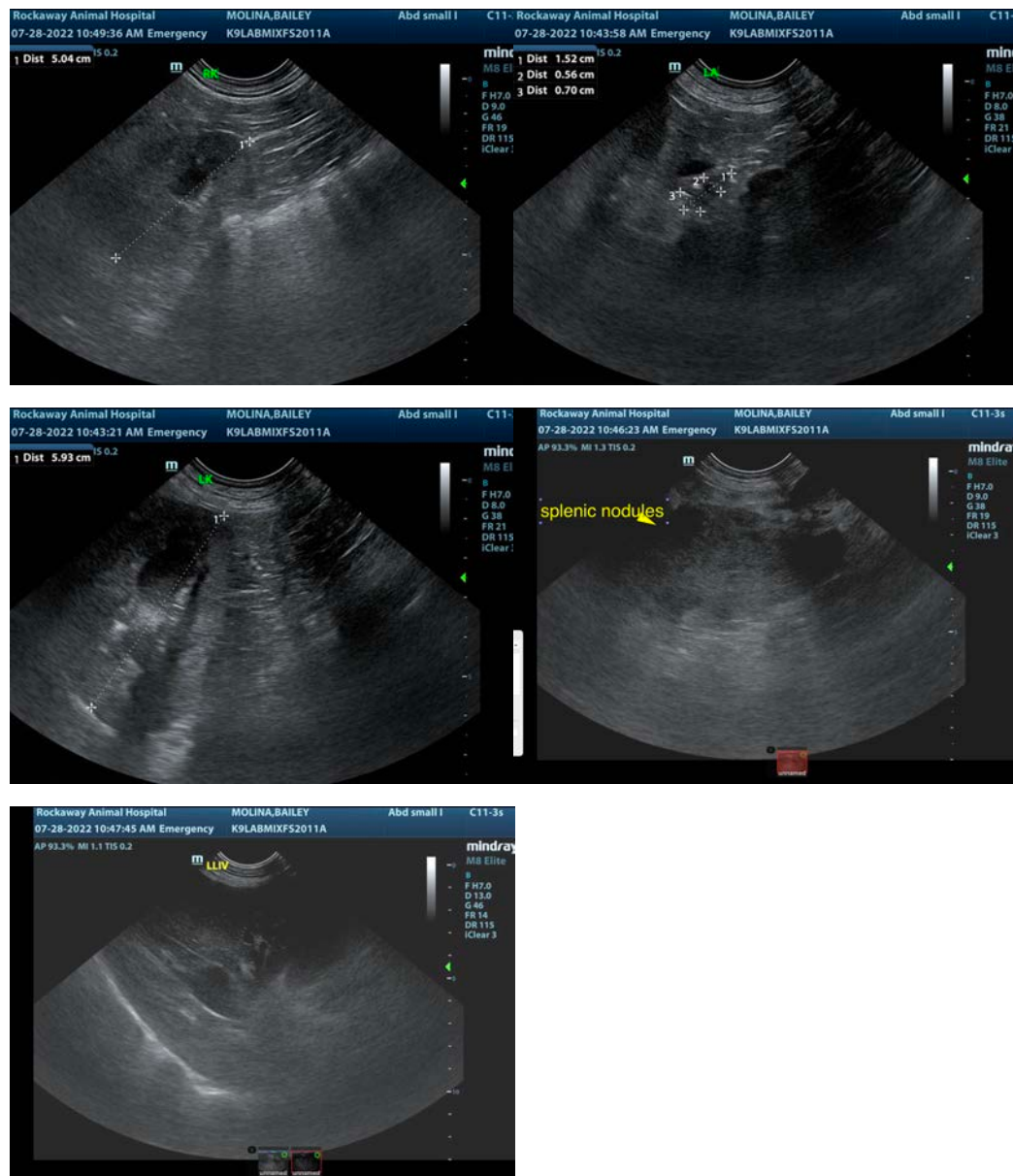
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

info@SonoPath.com

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