



**PATIENT**

June Bordner

**SPECIES**

Canine

**BREED**

JRT X

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

39241

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for AUS. Started about 2 weeks ago with on and off dh, NE eating as much but sometimes a picky eater, NE got progressively worse. Lost 2.2lb since March. Took to rdvm last Friday, liver values elevated, cpl abnormal, lepto test pending, tx outpatient and rec AUS. Not vaccinated for Lepto. Previous Health Concerns: no Current Medications: Clavamox, Metronidazole, Denamarin Appetite/When did they eat last: 1pm today Diet: purina ONE, purina proplan, switched to freshpet and a/d to get her to eat Vomiting/Diarrhea: vomited 3 times last week, dh off and on Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork: CBC wnl; SDMA 18; ALT 659; AST 147; ALP 601; GGT 36; TBili 1.0; Bili uncon 0.6; Bili conj 0.4; Chol 107; Lip 389; CPL abnormal; TT4 0.9 Rdvm UA: dark yellow; UP 2+; Bili 3+; EPI 1+/hpf; mucus present Rdvm Fecal: none seen

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 3.86 cm. The right kidney measured 3.86 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was enlarged with subtle micro- and macronodular changes and irregular contour. Increased portal markings noted. Hepatic lymph nodes were enlarged. The largest hepatic lymph node measured 2.0 cm x 1.5 cm. Regional inflammation noted. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the upper **gastrointestinal tract** was unremarkable. However, a focal intestinal mass was noted measuring 2.0 cm. Variable small intestinal thickening noted elsewhere. Regional inflammation noted.



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**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.

**SPECIES**

Canine

**Free Abdomen**

Mesenteric lymph nodes were enlarged and irregular. The largest lymph node measured 3.0 cm x 3.0 cm. Reactive surrounding mesentery noted.

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**PRIMARY FINDINGS**

- Infiltrative pattern involving the mesenteric lymph nodes, liver, hepatic lymph nodes, and intestine – multicentric round cell neoplasia suspected.

**SEX**

Spayed Female

**SECONDARY FINDINGS**

- Age related renal changes

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12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

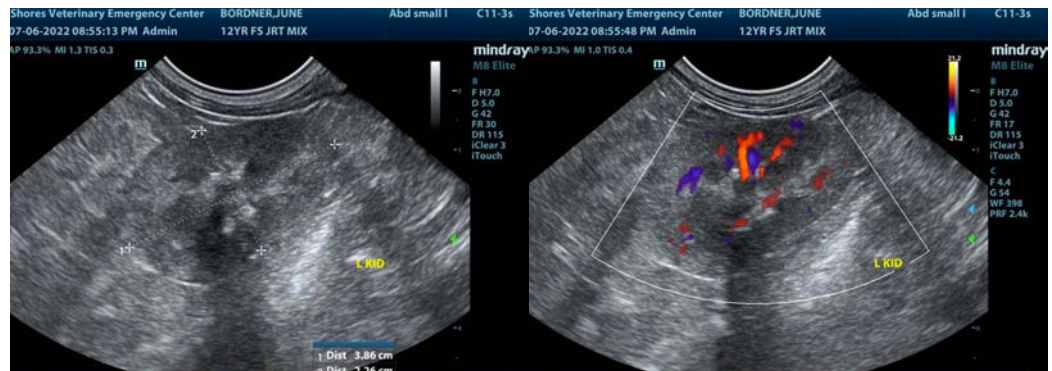
FNA of the liver and mesenteric lymph nodes recommended.

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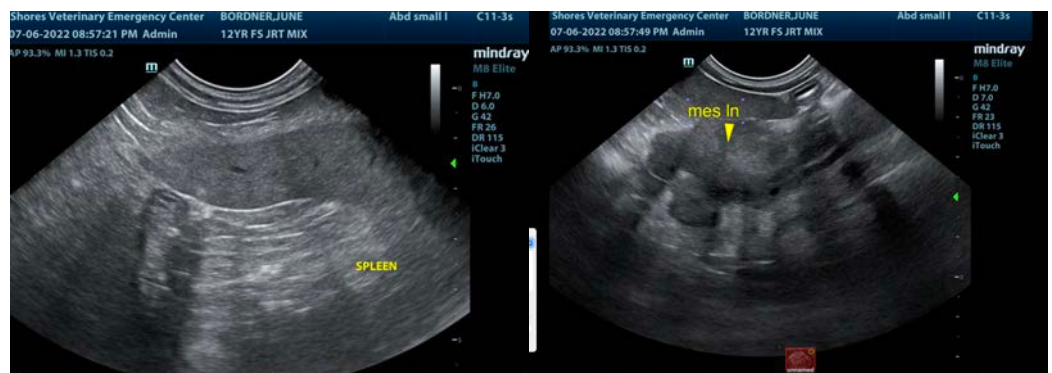


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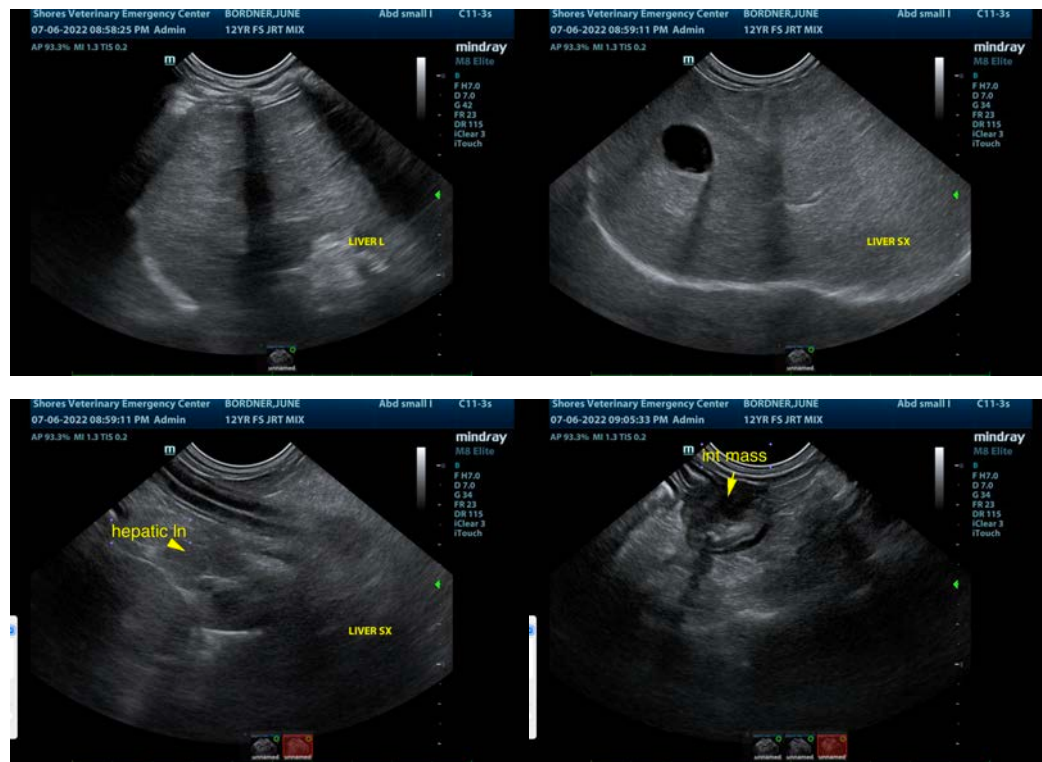
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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