

**DATE PRESENTING CLINICAL SIGNS**

7/7/23

PATIENT

Leia Marshall

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

11/16/16

WEIGHT

57.3 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Saubier

INVOICE

23201

History: Seen yesterday 7/5 for decreased appetite and vomiting. Symptoms started last Monday (June 26th) - started vomiting. Owner had started on different flavor of food - concerned GI signs from diet change. Switched to bland diet - chicken and rice. Was eating and seemed to improve. Then Thursday owner left for long weekend - pet sitter watching - feeding bland diet - wound not eat regular food. Started again with vomiting. Owner got home Tuesday night - significant weight loss brought into AEH. BW CBC Anemia - regenerative (CBC path pending) HCT 35.4 Reticulocytes 142.8 Neut 12K Monocytosis Platelets 647 Chem TP 4.6 CA 7.6 Alb 1.9 ALKP 19 Amylase 2151 4DX negative Xrays - ingesta in stomach, colon - gassy Spondylosis Owner elected outpatient therapy for GI symptoms Gaba Ondansetron Provable Since going home has started with dark tarry stool. No known toxic or foreign ingestions - is not known to eat things.

Current Medications: Gabapentin, Ondansetron, Provable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 left kidney measured 6.31 cm. The right kidney measured 6.14 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 2.51 cm x 0.82 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland measured 2.51 cm x 0.89 cm at the caudal pole and 0.85 cm at the cranial pole.

Spleen

The **spleen** was enlarged with scalloping contour and granular appearance. This may be involved in the 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

The **stomach** itself was unremarkable. The jejunum in this patient revealed an infiltrative mass with wall thickness up to 1.31 cm. Reactive surrounding mesentery was noted. Variable intestinal thickening was noted as well with a specific region of loss of mural detail in the jejunum extending for approximately 6.0 cm.

Pancreas

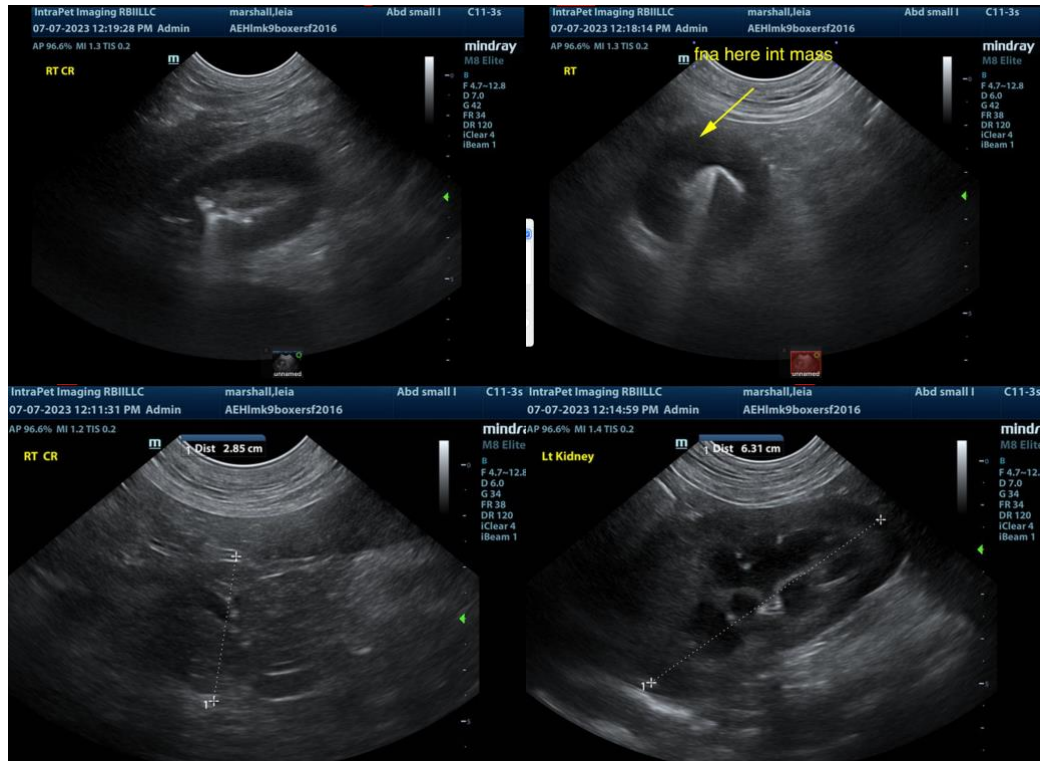
The **pancreas** was hypoechoic with dilated duct and undulating contour. A history of pancreatitis is likely. Possible low-grade inflammation is present.

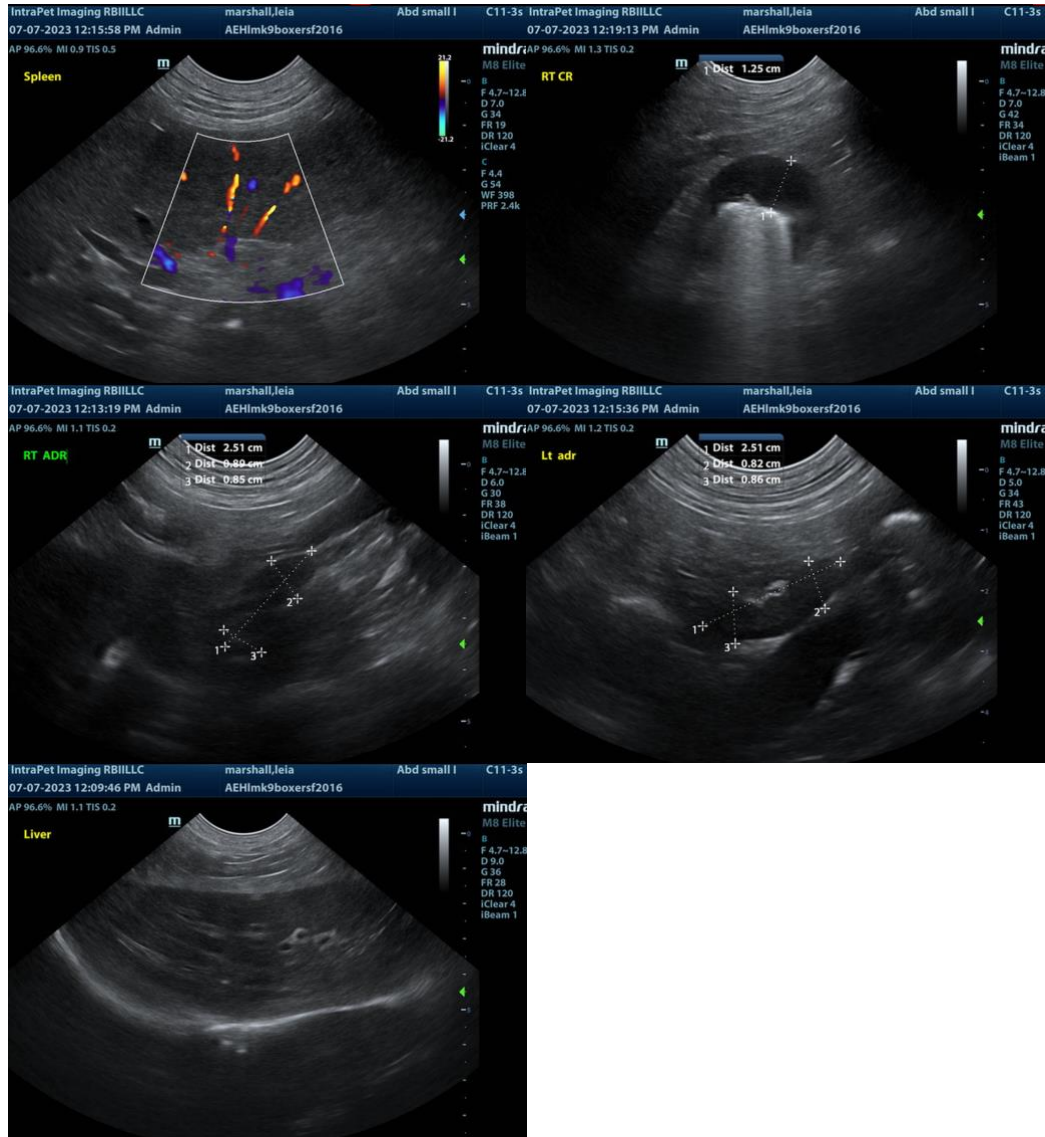
ULTRASONOGRAPHIC FINDINGS

- Early infiltrative intestinal pattern with probable splenic involvement.
- Reactive mesentery around the intestinal mass
- Hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen +/- intestinal lesion is recommended. Lymphoma is suspected. Chest radiographs are warranted to assess for comorbidities.





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.

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