



**DATE**

7/8/22

**PATIENT**

Charlie Levett

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Neutered Male

**AGE**

1/4/10

**WEIGHT**

74 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**INVOICE**

39299

**PRESENTING CLINICAL SIGNS**

Syncopal episode.

Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Requested/Approved.

**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. The right kidney measured 6.22 cm. The left kidney measured 6.0 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 2.74 cm x 0.83 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland measured 3.05 cm x 1.0 cm at the caudal pole and 1.07 cm at the cranial pole.

**Spleen**

The **spleen** was largely uniform with subtle heterogeneous parenchymal changes. Surrounding free fluid present.

**Liver**

The **liver** was slightly subnormal in size. Hypoechoic irregular nodules or cysts noted in the left medial liver, a grouping of which measured 2.0 cm x 1.0 cm. Hepatic veins were not dilated. No evidence of passive congestion. Gallbladder edema noted.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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**

A moderate amount of free fluid noted in the abdomen.

The right abdomen revealed a cellulitis pattern with mixed hypoechoic, ill-defined tissue. FNA indicated to assess underlying cause, such as mast cell disease or similar. The edematous and tissue proliferative pattern on the body wall appears to be extending cranially and caudally along fascial planes, and does not appear to be cleanly resectable.

### Thorax

Rapid view of the heart revealed trace pericardial effusion. No obvious masses. Slight comet tail lung pattern noted.

### PRIMARY FINDINGS

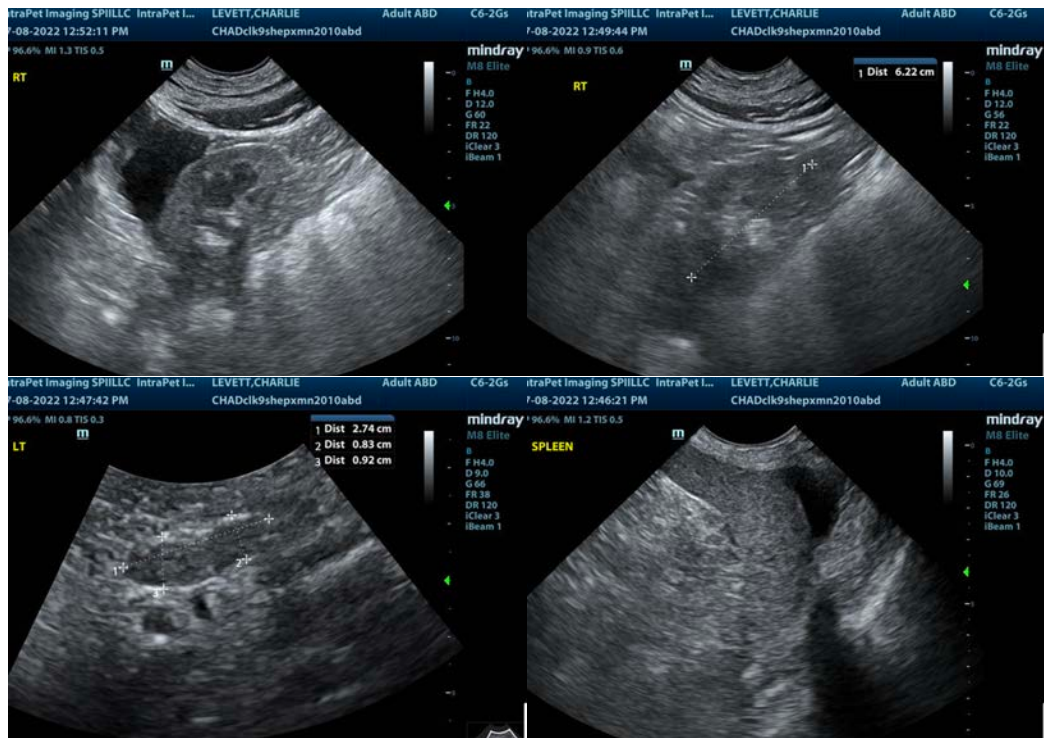
- Undefined body wall lesion – cellulitis versus round cell neoplasia, mast cell disease or similar
- Undefined free fluid
- Slight hepatic nodules or cysts
- Edematous gallbladder – secondary to ascites.

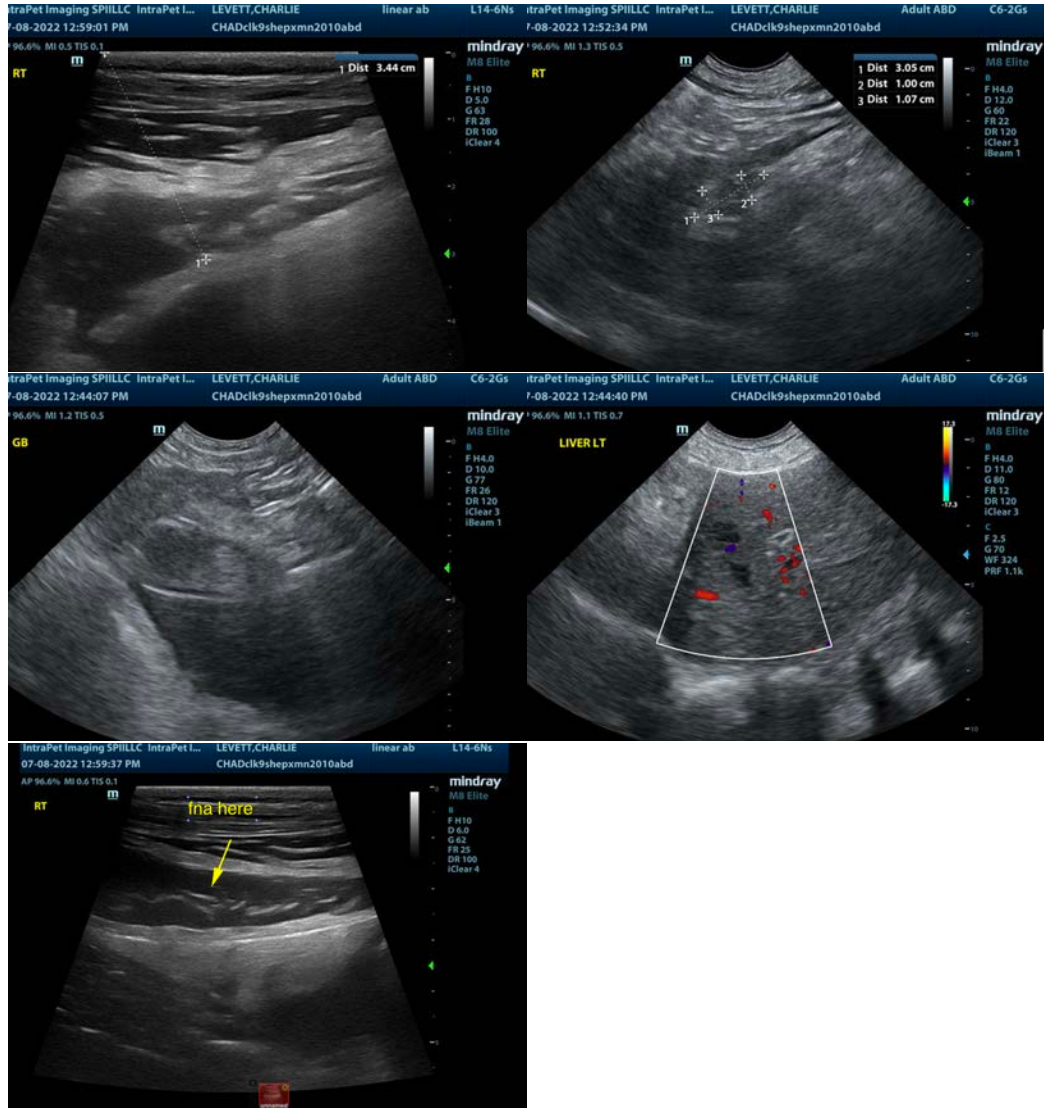
### SECONDARY FINDINGS

- Age related renal changes
- Subtle heterogeneous splenic changes

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Systemic inflammatory disease, coagulopathy, occult neoplasia such as mast cell disease should all be considered. Recommend ultrasound guided abdominocentesis and cytospin of the free fluid. FNA of the body wall lesion also recommended. Prognosis is very guarded.





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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