



PATIENT

bandit Molsberger

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11yr

WEIGHT

40.2lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

arunachala kutagulla

HOSPITAL NAME

434 Animal Hospital

REFERRING VET

arunachala kutagulla

INVOICE

14320ag

DATE

07/08/2023

PRESENTING CLINICAL SIGNS

pet was presented for an abdominal ultrasound for a possible mass in the abdomen. pet was taken to the primary veterinarian for acute vomiting which improved after symptomatic treatment. On rads, they suspected a cranial abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Done on 07/02/2023 lymphocytes low (0.66k/uL), reticulocytes-HB 21.5. rest of CBC and chemistry- unremarkable. ALT -133 U/L, cPL - normal

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 5.5 cm in length.

The residual prostate measured 8.0 mm.

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 0.5 cm in width. The right adrenal gland measured 0.5 cm in caudal pole width.

Spleen

The spleen presented mildly enlarged with slight scalloping contour. This is possibly a related infiltrative event associated with the small intestine. The spleen was folded upon itself cranially.

Liver

Exam of the cranial abdomen demonstrated excessive liver size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was unremarkable. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal

Examination of the gastrointestinal tract revealed an infiltrative intestinal pattern with stasis. The intestinal mass was undifferentiated. It appears to be small intestine with regional inflammation. Chyme entrapment was noted. The mass measured ~ 6-8 cm.

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

SEX

- Intestinal mass with regional inflammation/peritonitis.
- Heterogenous splenic changes-potential splenic infiltrative disease.

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11yr

FNA of the spleen, liver and intestinal mural mass is warranted. If the spleen/liver is free of pathology, exploratory laparotomy should be considered however multicentric disease is suspected. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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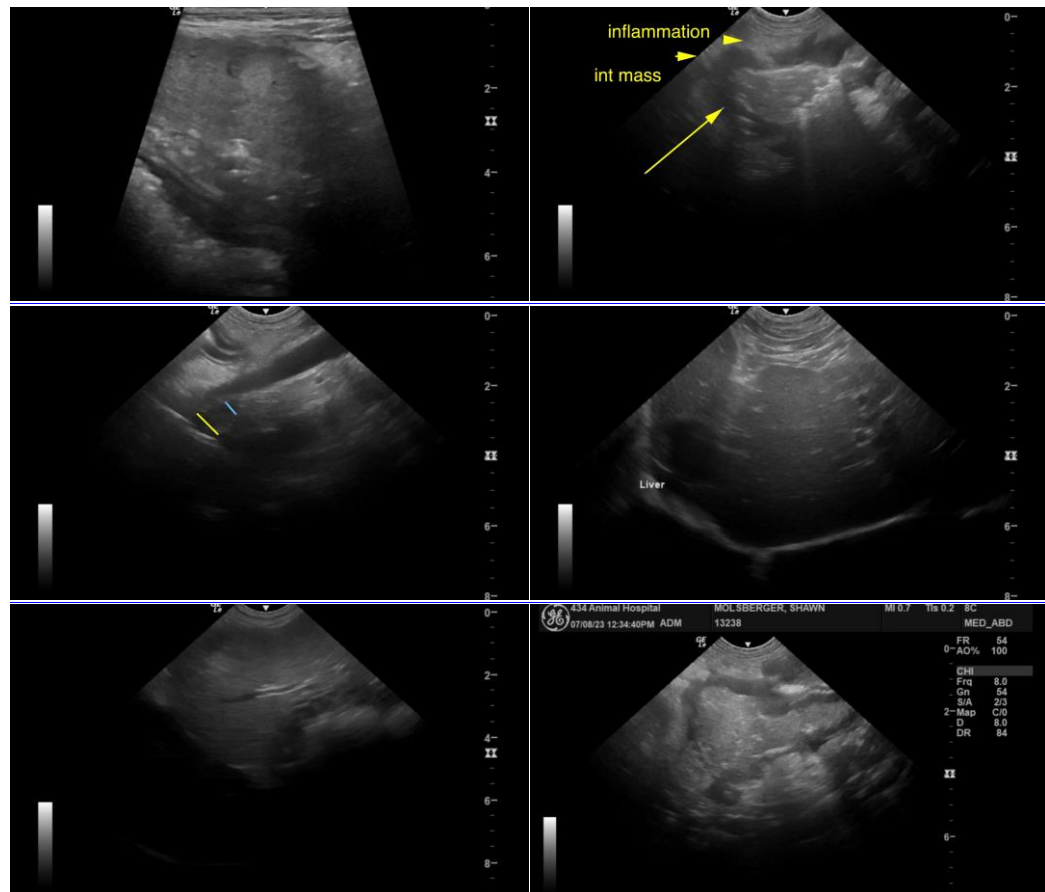
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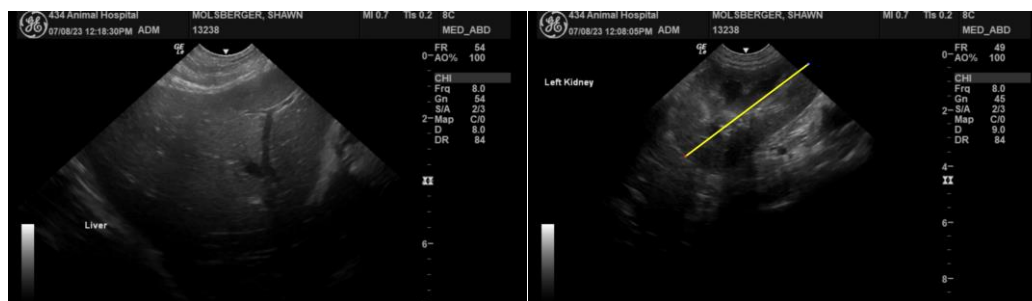
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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