

PATIENT

Tara Herris

PRESENTING CLINICAL SIGNS

History: Anorexia x 4 Mildly elevated BUN/Crea (resolved at recheck) PU/PD Current med: convenia 8/7

Lyme +, Na 162, Cl 121 UA: Protein++, Blood +++, WBC 5-15, RBC 20-30, SG 1.012 on 8/5 (1.005 on 8/9)

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

91095

DATE

8/10/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. Minor poor tone was noted in the bladder. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed normal size and structure, corticomodullary 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. The capsules were acceptably uniform without significant irregularities. The kidneys revealed pyelectasia. A hypoechoic nodule was noted at the caudal pole of the left kidney. This may be a developing abscess and measured approximately 1.5 cm. The right kidney measured 8.5 cm.

Adrenal Glands

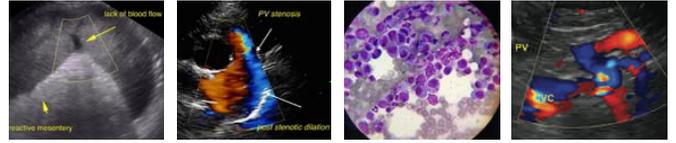
The left **adrenal gland** is mildly enlarged and measured 5.5 x 1.18 cm at the caudal pole and 1.21 cm at the cranial pole. The right adrenal gland measured 3.96 x 0.85 cm at the caudal pole and 1.69 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** is mildly enlarged with slight coarse architecture. The gallbladder was unremarkable, which is a non-specific presentation.



PATIENT *Gastrointestinal*

Tara Herris Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The cranial abdomen revealed an intestinal mass measuring 3.0 cm and a wall thickness of 1.5 cm. There are minor areas of intestinal thickening noted elsewhere. Reactive mesentery was noted.

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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.

SEX

Spayed Female

Free Abdomen

Enhanced, periserosal fat was noted. This is suggestive for transmural inflammation.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Pyelonephritis renal pattern with left renal nodule or possible developing abscess.

Intestinal mass.

Swollen spleen and liver.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Strong potential for multi-centric neoplasia.

Enlarged, irregular left adrenal gland. Hyperplasia, pheochromocytoma and adenocarcinoma are all possible.

IMAGING PERFORMED BY

Jessica Miller, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Newton VH

FNA of the intestinal mass, spleen and liver is recommended as well as urine culture and sensitivity and 72 hour IV fluid protocol to treat for pyelonephritis. There are two separate issues in this patient. Sampling is essential. The prognosis is guarded depending on cytology results.

REFERRING VET

Dr. Verhalen

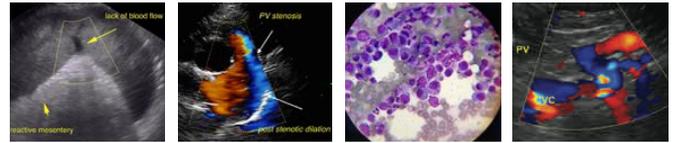
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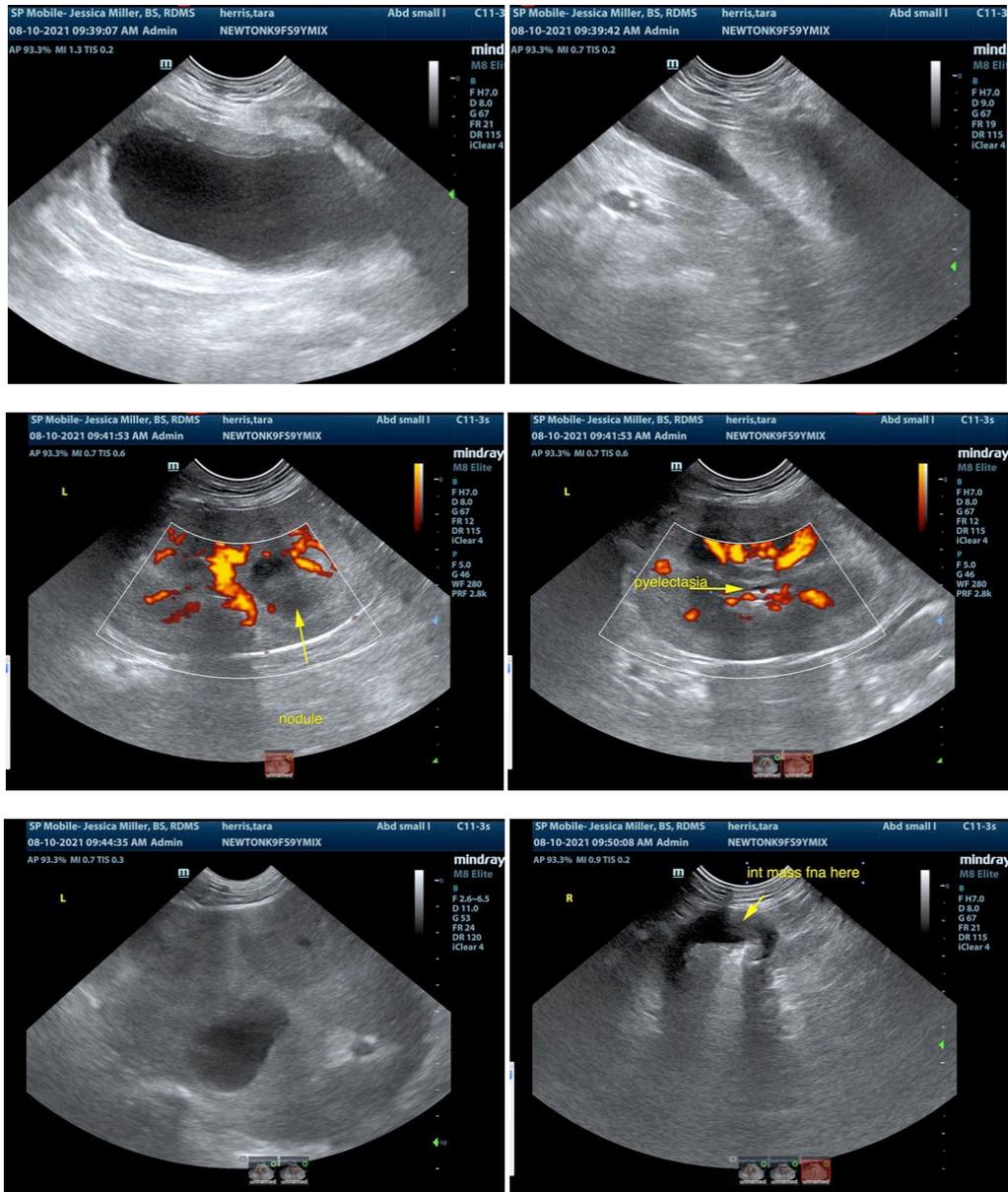
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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