



PATIENT

Ozzy Robertson

SPECIES

Canine

BREED

Bulldog

SEX

Neutered male

AGE

2 years

WEIGHT

68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

DATE

8/13/21

PRESENTING CLINICAL SIGNS

History: Ate a small amount last night. Recent wt loss of 13lbs. Diarrhea. Vomited the last few days. Lyme positive. Induced vomiting (kibble) prior to ultrasound
Abnormal PE/Chem/CBC/UA Results: WBC: 31.22 otherwise WNL

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.5 cm.

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 6.9 cm. The right kidney measured 6.69 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 2.66 x 0.62 cm. The right adrenal gland measured 2.34 x 0.69 cm.

Spleen

The **spleen** was mildly enlarged and folded upon itself caudally. Uniform parenchyma was noted.

Liver

The **liver** revealed mildly increased portal markings. The gallbladder was unremarkable.

Gastrointestinal

There was retention of ingesta noted in the **stomach**. Excessive gastrointestinal gas was noted. Variable small intestinal thickening was noted. The wall thickness measured up to 0.6 cm. The mesenteric lymph nodes were enlarged and slightly rounded, yet length to width ratio was largely maintained and measured 4.12 x 1.7 cm. There was some reactive mesentery associated with the small intestine, yet neoplastic criteria was not met.



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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Acute on chronic gastroenteritis pattern with lymphadenopathy.

Bulldog

Enlarged spleen.

Variable intestinal thickening.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for emerging round cell neoplasia versus inflammatory bowel and reactive lymph node. Ideally full thickness, GI lymph node, hepatic and splenic biopsies. I think that splenic and hepatic biopsies should all be performed from a surgical perspective; however, cursory evaluation for emerging round cell neoplasia with FNA of the spleen, mesenteric lymph nodes and liver. PCR or PARR for lymphoma may be necessary for a definitive diagnosis. Guarded prognosis. I believe that the primary issue is mural disease with potential lymphoproliferative pathology. Broad spectrum anti-parasitic protocol, maldigestion panel would be warranted as well as a 24 hour n.p.o. IV fluid support, treatment for enterotoxins would all be valid. However, emerging neoplastic process or aggressive inflammatory bowel is suspected. Reactive lymphadenopathy is likely playing a role.

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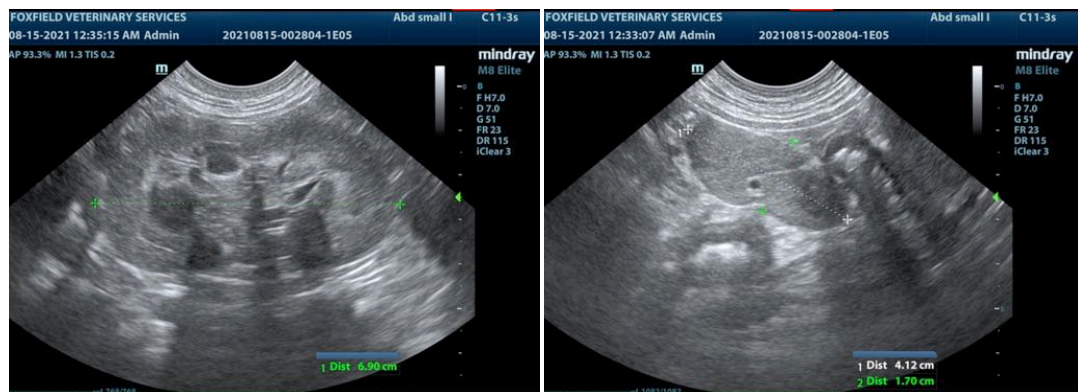
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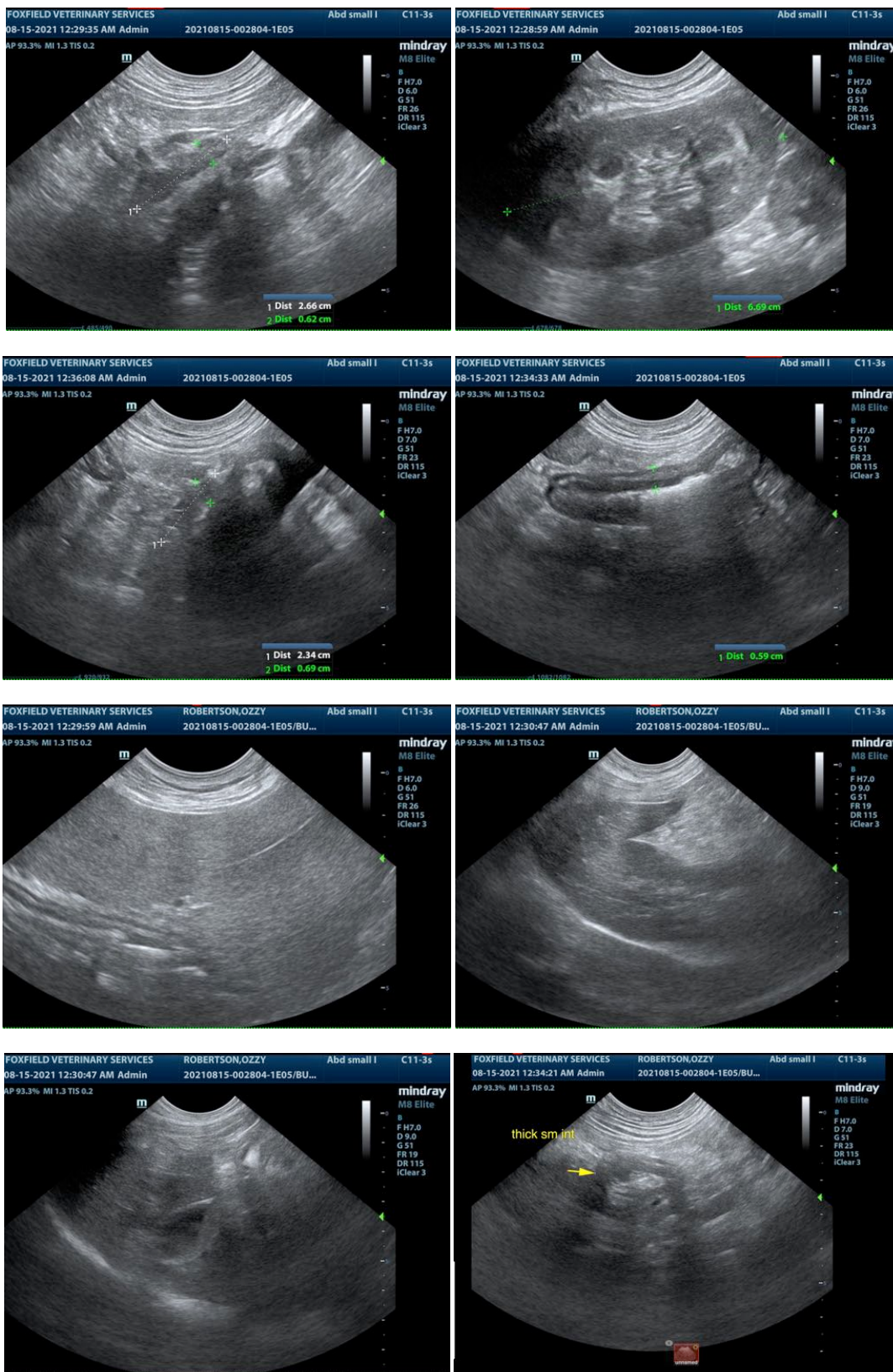
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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