



**PATIENT**

Boomer Miller

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

47.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

12556

**DATE**

8/17/21

**PRESENTING CLINICAL SIGNS**

History: Weight loss, hypoalbuminemia, elevated neutrophils, chronic UTI?, not eating well. Current meds: Adequan 1.1ml q4wks, Gabapentin 100mg 1-2 capsules 1 8-12h. Carprofen 100mg 1/2 bid.

Abnormal PE/Chem/CBC/UA Results: wbc 30k, neuts 17,487, bands 1402, hct 34%, Alb 2.2, ALKP 200, USG 1040, Prot 2+, wbc 11-20, cocci 26-50,upc .6

**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 residual prostate was uniform, measuring 1.09 cm.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 6.7 cm.

The **right kidney** was swollen and irregular with enhanced surrounding mesentery. An early metastatic event may be present. The right kidney measured 7.32 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** presented multiple mixed hypoechoic masses, measuring 2.0 + cm. No evidence of cavitation. Other target type nodules were noted in the spleen.

**Liver**

The **liver** revealed normal size and contour, however, subtle multifocal hypoechoic nodular changes were noted without cavitation.

**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**

An undifferentiated mass was noted in the region of the right **pancreatic** limb with reactive mesentery- may be of lymph node or pancreatic origin. This is not a surgical presentation.

**Free Abdomen**



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A mild amount of free fluid was noted in the **abdomen**. Reactive mesentery was noted in the cranial abdomen.

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- Multicentric neoplasia involving the right pancreatic limb and portal hilus, likely splenic and possible hepatic involvement
- Age-related renal changes with right kidney swollen and irregular with enhanced surrounding mesentery

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver and mass in the portal hilus all warranted with immediate chemotherapeutic intervention. Prognosis is guarded to poor depending upon cytology results. Paraneoplastic protein losing nephropathy or enteropathy possible.

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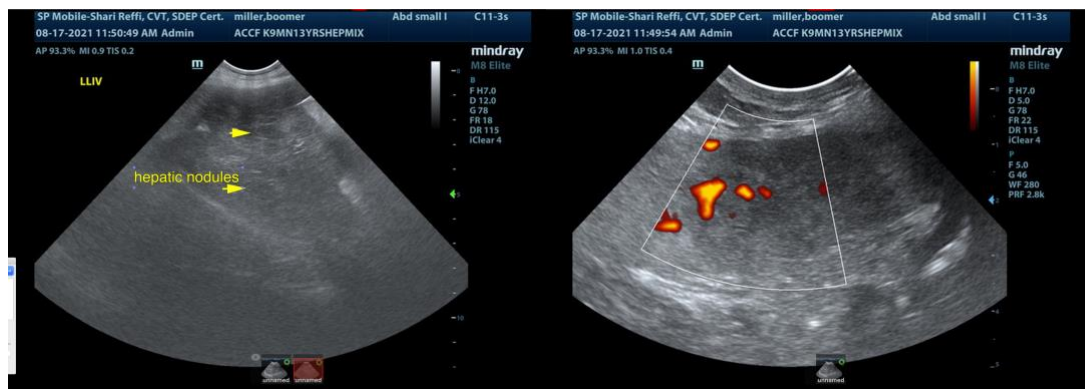
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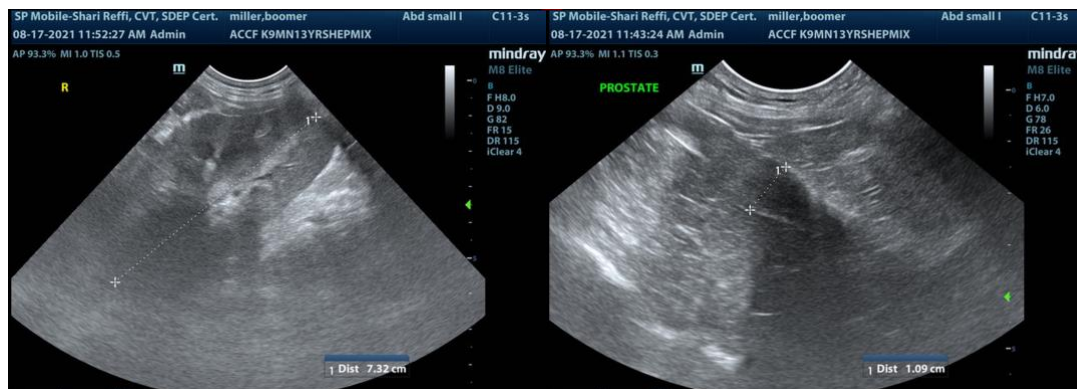
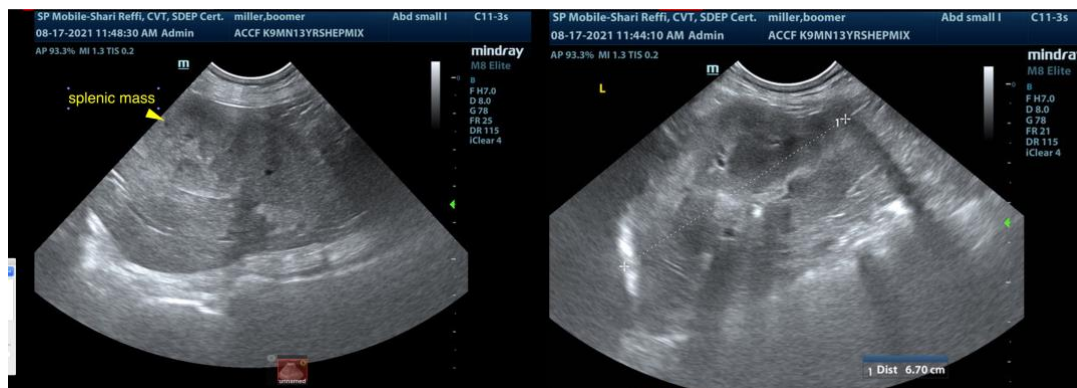
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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