



PATIENT

Parker Slade

SPECIES

Canine

BREED

Shperhed Mix

SEX

Neutered male

AGE

11 years

WEIGHT

45.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

DATE

8/26/22

PRESENTING CLINICAL SIGNS

History: Past 3d barely getting up, lethargic, inappetent, diarrhea. Hasn't eaten since yesterday am. Today collapsed in yard and not able to get up. No vomiting. Hx of ileus, managed on metoclopramide. Severe arthritis, on gabapentin, owner has been giving 2x dose of deramaxx.
Abnormal PE/Chem/CBC/UA Results: T- 37.8r, HR 136, panting. mm very pale Hct 22.0%, RBC 3.21, Hgb 7.5. 7.1% retics, 227.3 retics. WBC count normal aside from mild monocytosis 1.18 (0.16-1.12), thrombocytopenia 32 (148-484) BUN 37 (7-27), AlkP 781, remainder of chem normal
Abdominocentesis-frank blood, smear pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 kidneys 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.

Spleen

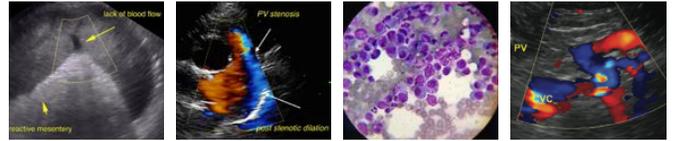
The **spleen** was swollen and irregular with multi-focal, hypoechoic parenchymal nodules and overt mass at the cranial pole measuring 3.0 cm.

Liver

The visible was unremarkable. **liver** images submitted revealed subjectively normal liver size, contour, and structure. infiltrative or regenerative pathology was evident. The gallbladder and common bile duct were unremarkable.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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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Free Abdomen

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The right cranial abdomen revealed omental nodules changes The lymph nodes were undifferentiated with reactive surrounding mesentery. Echogenic free fluid was noted throughout the abdomen. Nodular omentum was noted throughout the nodular mid abdomen was noted throughout the abdomen with envelopment of the intestinal tract.

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ULTRASONOGRAPHIC FINDINGS

Enlarged and nodular spleen with overt parenchymal mass at the cranial pole.

WEIGHT

45.9 lbs

Free fluid and nodular omentum with lymphadenopathy or pancreatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mastocytosis, lymphomatosis, carcinomatosis or similar is suspected. FNA of the spleen, abdominocentesis and cytospin of the free fluid +/- FNA of the lymph nodes is all indicated. Otherwise, direct exploratory surgery would be warranted.

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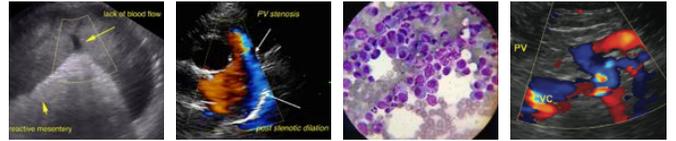
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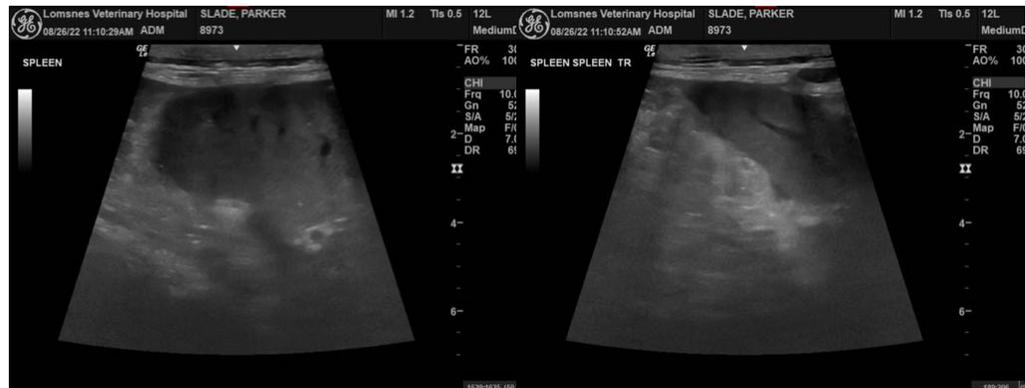
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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