



**PATIENT**

Edie Dalton

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

64.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12837

**DATE**

8/28/21

**PRESENTING CLINICAL SIGNS**

History: hx of intermittent dark stool, hepatopathy, acute onset lethargy

Abnormal PE/Chem/CBC/UA Results:

**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. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 right kidney measured 5.0 cm. The left kidney measured

**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 right adrenal gland measured 2.33 cm x 0.82 cm at the caudal pole and 1.31 cm at the cranial pole. The left adrenal gland measured 1.8 cm x 0.5 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with minor reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.3 cm.

**Liver**

The **liver** was enlarged and irregular with increased portal markings and isoechoic nodular changes. The gallbladder revealed minor excessive debris and irregular contour. This is strongly consistent with infiltrative disease.

**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**



## PATIENT

The left limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

Edie Dalton

## Free Abdomen

## SPECIES

A mixed hypoechoic undifferentiated mesenteric lymph node mass (3.3 cm x 2.57 cm) was noted in the mid **abdomen**. Regional inflammation was noted.

Canine

## ULTRASONOGRAPHIC FINDINGS

## BREED

- Infiltrative hepatic pattern
- Mesenteric lymphadenopathy
- Concurrent pancreatitis
- Possible splenic involvement
- Age-related renal changes

Lab

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the mesenteric lymph nodes, spleen and liver in this patient for further definition. Prognosis is guarded depending upon cytology results.

## AGE

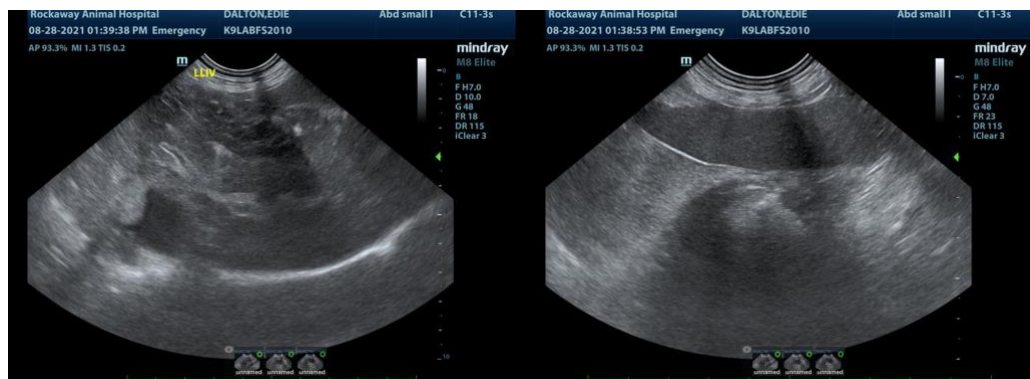
10 Years

## WEIGHT

64.5 Pounds

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## IMAGING PERFORMED BY

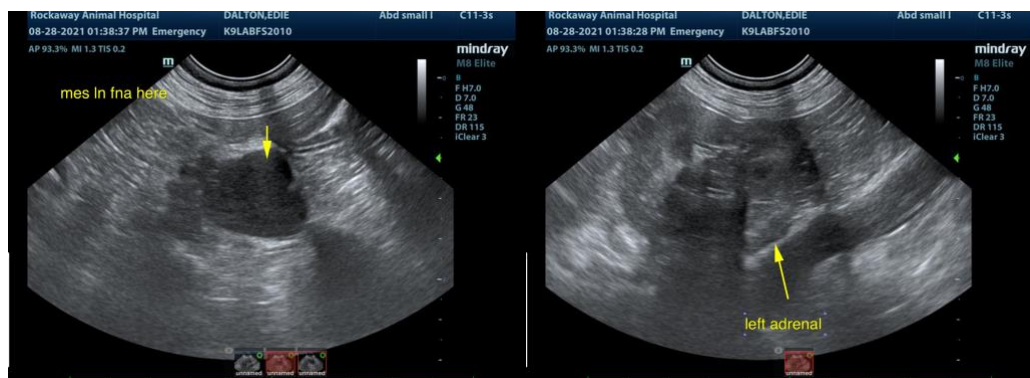
Jenn

## HOSPITAL NAME

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## REFERRING VET

Dr. Maniar



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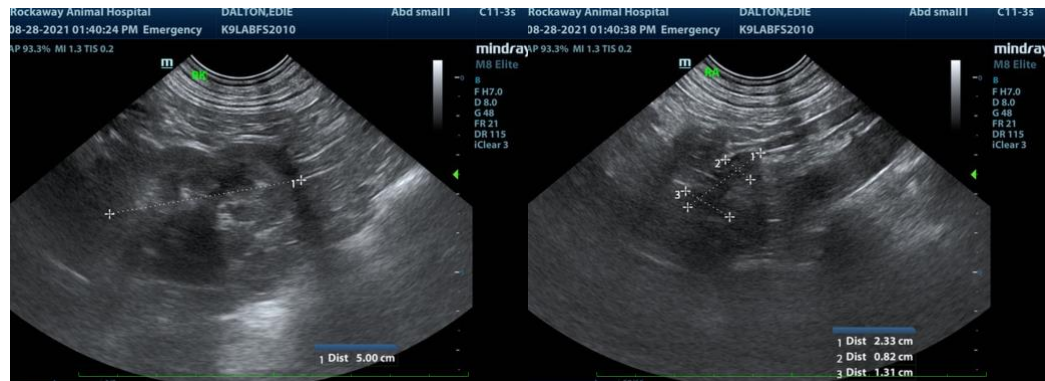
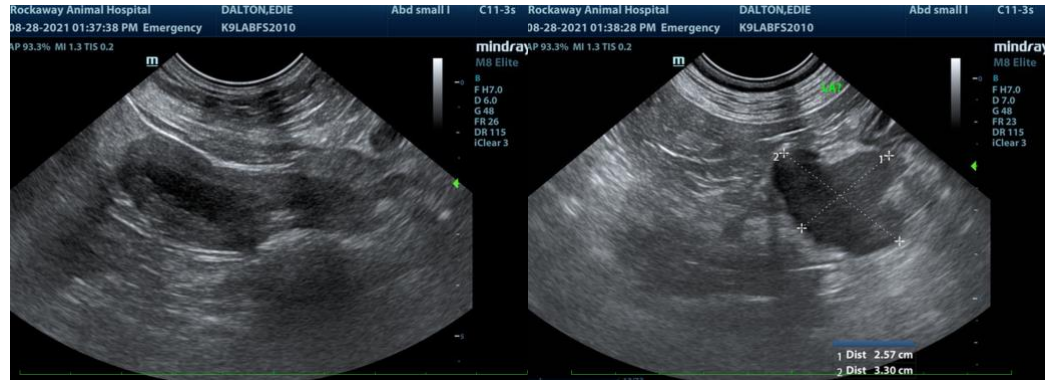
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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