



PATIENT PRESENTING CLINICAL SIGNS

Koda Young Diarrhea, inappetence x6+ day, s pyrexia, anemia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX 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 4.53 cm. The right kidney measured 5.96 cm.

AGE

7

Adrenal Glands

WEIGHT The **left adrenal gland** was 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 0.50 cm.

16.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** was enlarged and folded upon itself, possibly involved in a neoplastic process.

IMAGING PERFORMED BY

Dr. Natasha Stanley

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

HOSPITAL NAME

Viking Vet Hospital

REFERRING VET

Dr. Natasha Stanley

Comet tail lung pattern/b-lines noted through the diaphragm.

Gastrointestinal

INVOICE

44629

The **intestine** revealed a distal small intestinal mass measuring approximately 3.0 cm x 6.0 cm. Regional inflammation noted. Variable upper gastrointestinal thickening noted without loss of detail. Regional mesenteric lymph nodes also enlarged.

DATE

8/3/23

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.



PATIENT

Koda Young

SPECIES

Canine

BREED

Corgi x

SEX

Neutered Male

AGE

7

WEIGHT

16.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Natasha Stanley

HOSPITAL NAME

Viking Vet Hospital

REFERRING VET

Dr. Natasha Stanley

INVOICE

44629

DATE

8/3/23

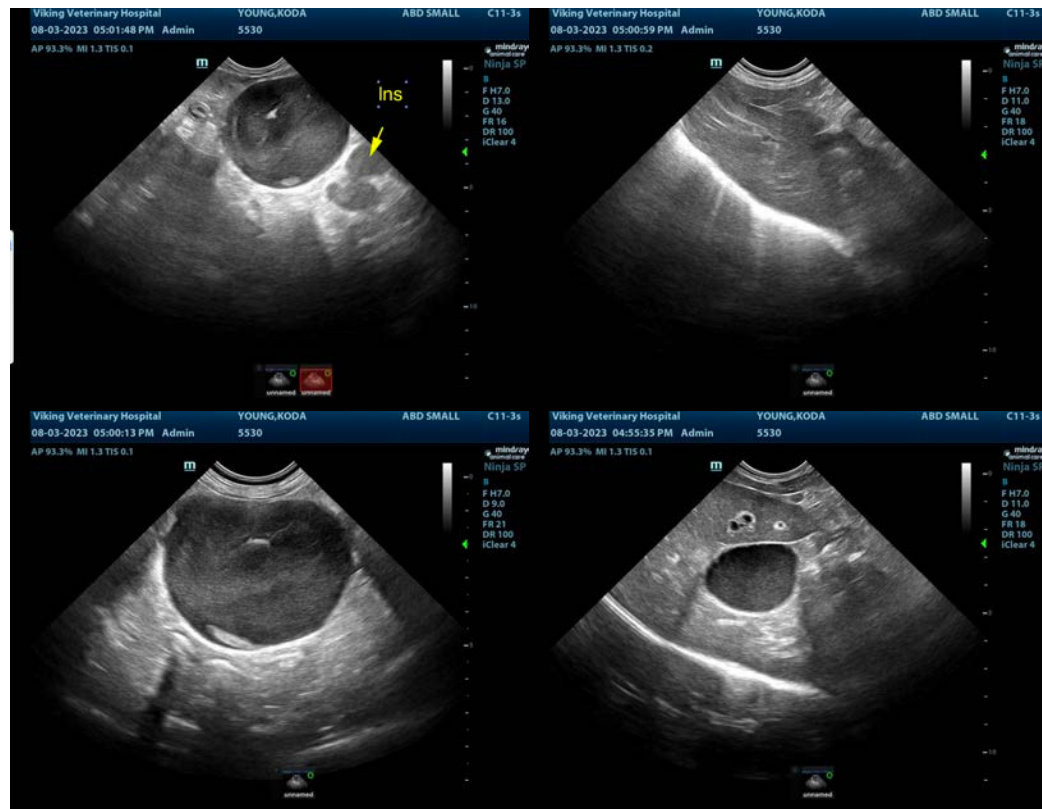
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass and variable gastrointestinal thickening with reactive mesentery
- Enlarged, folded spleen
- Comet tail lung pattern/b-lines

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs warranted to assess for metastatic disease. FNA of the intestinal mass, spleen and liver warranted for staging purposes. This is not a surgical presentation. Lymphoma likely.

Radiographs: Hepatomegaly, excessive intestinal and colonic gas.





PATIENT

Koda Young

SPECIES

Canine

BREED

Corgi x

SEX

Neutered Male

AGE

7

WEIGHT

16.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Natasha Stanley

HOSPITAL NAME

Viking Vet Hospital

REFERRING VET

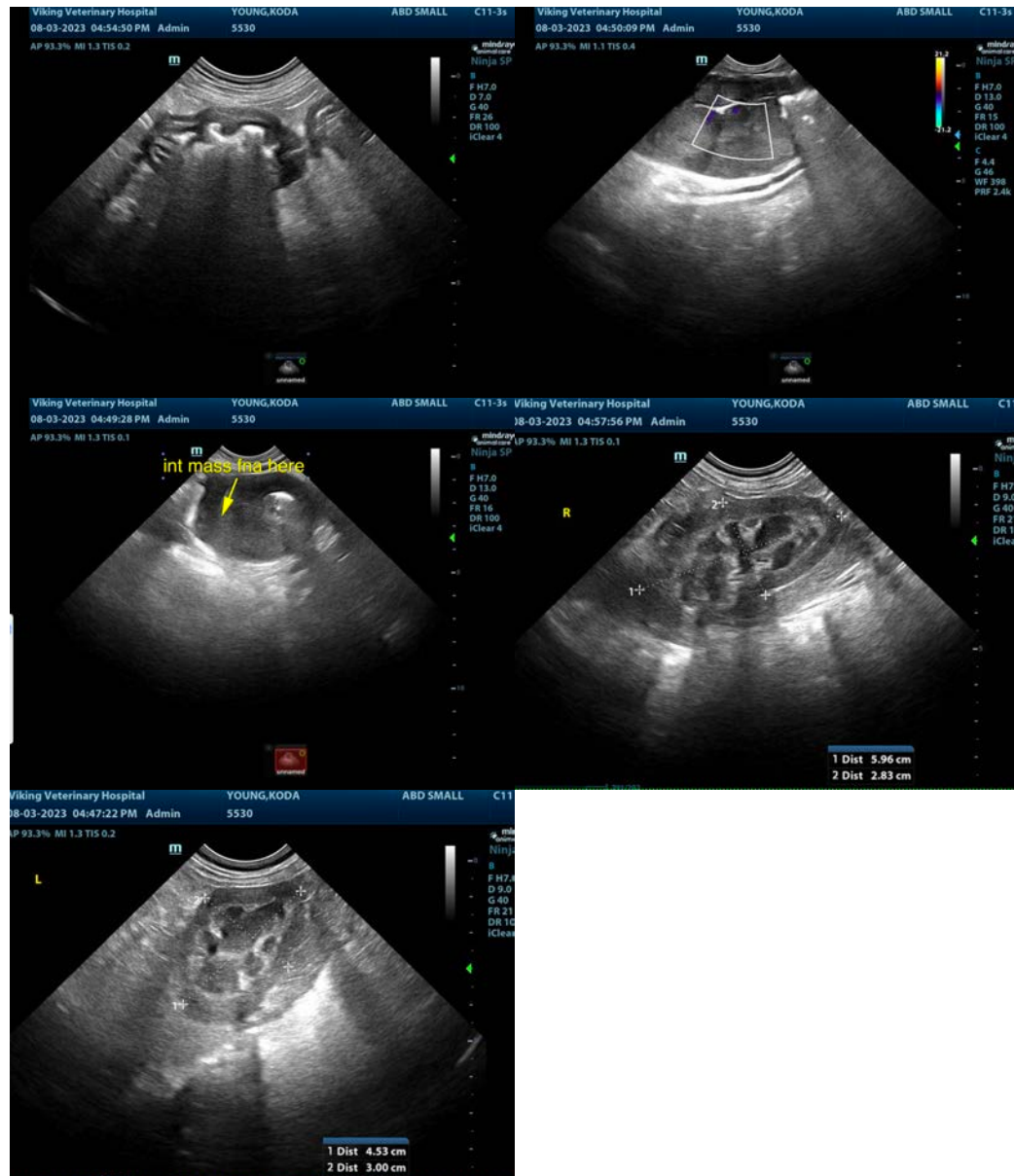
Dr. Natasha Stanley

INVOICE

44629

DATE

8/3/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com