**PATIENT**

Myron Krupp

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

3 Years

WEIGHT

36 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Witzel

INVOICE

40198

DATE

8/5/22

PRESENTING CLINICAL SIGNS

Patient History (required): Myron is a 3y 0m CM Bulldog (English) who presented on 8/5/2022 for vomiting, diarrhea (melena), and anorexia. Week of 7/18 - Presented to rDVM for intermittent vomiting and loose stool. AXR reportedly showed NSF. 7/26 - Presented to WVRC-Grafton for anorexia and continued vomiting. - Declined diagnostics - Given SQF + Ondansetron Myron improved for a few days but then started vomiting and stopped eating again. His diarrhea became dark. He was seen by his primary care veterinarian again on 8/3(?). Bloodwork reportedly showed concern for a bleeding ulcer. He was started on Sucralfate. Myron continues to be lethargic, is vomiting, and is not eating. He continues to have melena

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 prostate was uniform at 1.3 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 right kidney measured 5.24 cm. The left kidney measured 5.31 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 right adrenal gland measured 0.46 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** was enlarged with scalloping contour. Fairly uniform parenchyma.

Liver

The **liver** was swollen and hypoechoic to falciform fat. Some gallbladder debris present. Hepatic lymph nodes were enlarged up to 1.04 cm.

Gastrointestinal

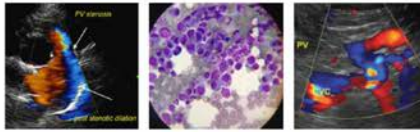
Upper **gastrointestinal** thickening noted, measuring up to 8.0 mm. A hypoechoic, rounded, 0.90 cm epigastric lymph node was enlarged. Small intestinal thickening noted with increased submucosal echogenicity, suggestive for inflammatory bowel. Mesenteric lymph nodes were enlarged, hypoechoic and irregular, measuring up to 2.4 cm x 0.70 cm.

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.

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fredgromalak@gmail.com



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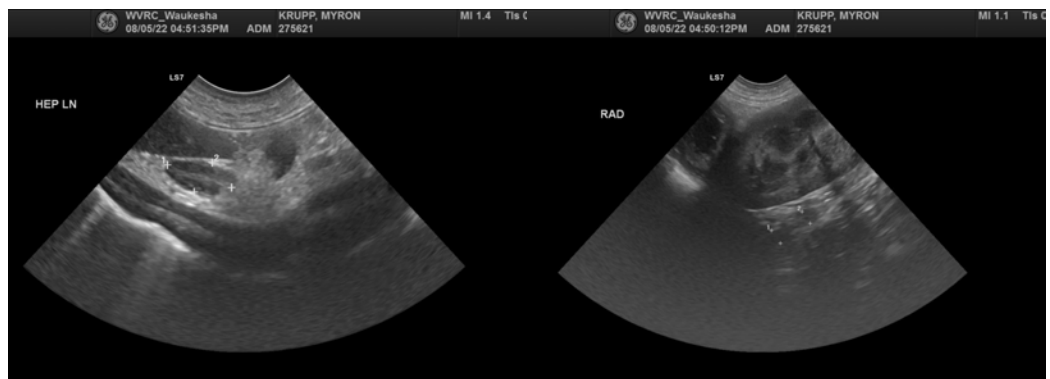
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ULTRASONOGRAPHIC FINDINGS

- Swollen liver and spleen with multifocal lymphadenopathy
- Variable gastric and small intestinal thickening – strong concern for round cell neoplasia

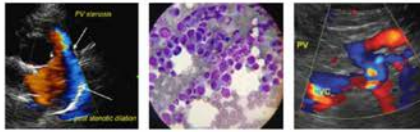
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, liver, lymph nodes, cytology and culture of the lymph nodes recommended. Guarded prognosis depending upon cytology results. No obvious gastric ulcers noted. However, some variable thickening was present. Microulceration cannot be ruled. However, underlying emerging round cell neoplasia of the stomach is a strong potential. Some areas of remodeled echogenic mucosa noted, which could represent microulcerations. However, penetrating ulcer is not evident. Sampling of the lymph node, spleen and liver are essential in this patient.



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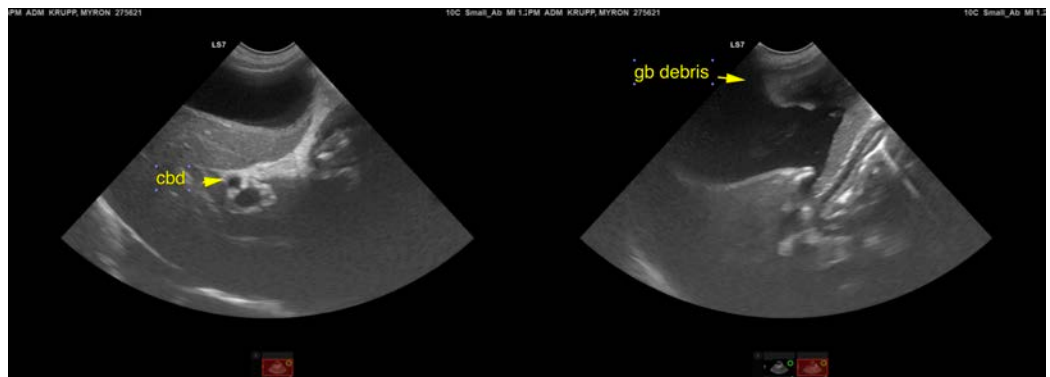
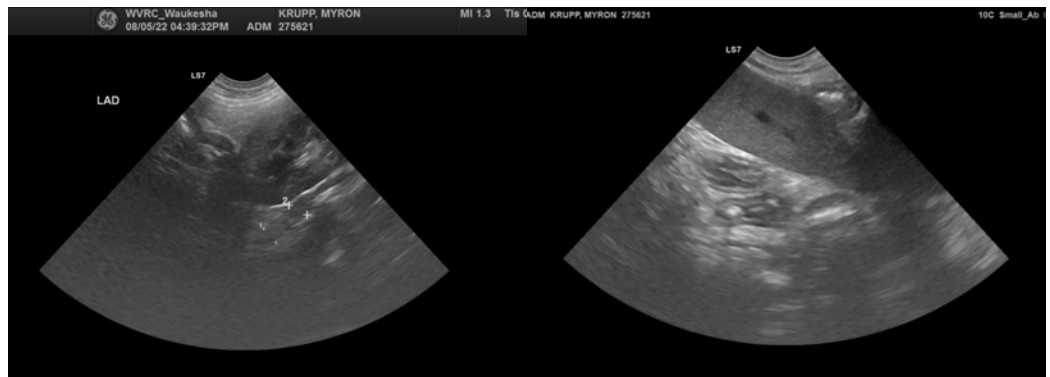
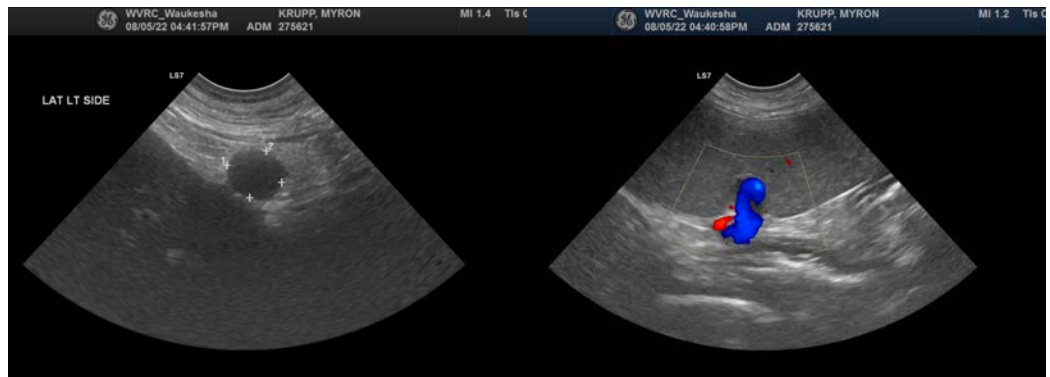
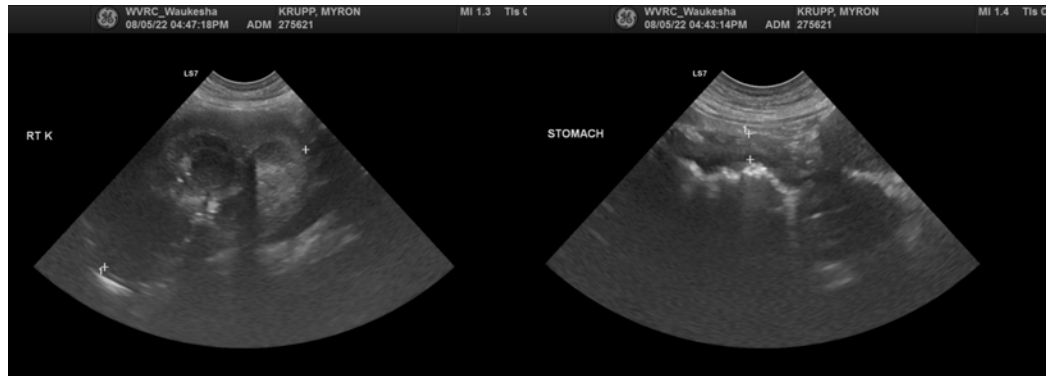
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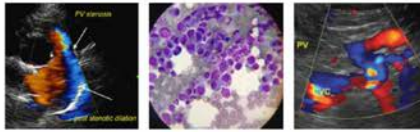
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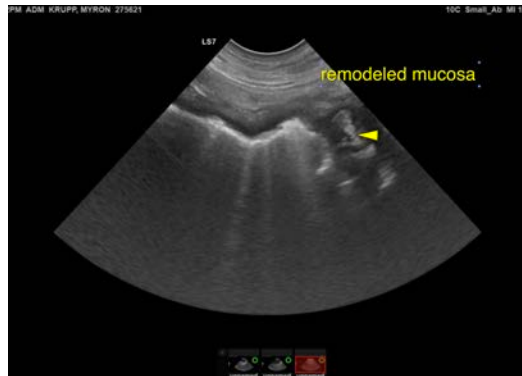
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

3 Years

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

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