

PATIENT

Sookie Locke

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Angell AMC

REFERRING VET

Brandi Lauer, DVM

INVOICE

16740

DATE

PRESENTING CLINICAL SIGNS

History: Presents for anorexia, weakness, and melena. On presentation (AFAST) she had an enlarged liver with an area of heterogenous foci; mild-moderate amount of serosanguinous abdominal fluid. TFAST showed no clear effusion, but difficult to image heart.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pyelectasia was present in the left kidney, measuring 0.37 cm. The left kidney measured 7.0 cm. The right kidney measured 6.37 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 0.55 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 0.67 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

The **spleen** revealed an iso- to hypoechoic expansive 2.4 cm mass, impinging upon and deviating the capsule. The remainder of the spleen was mildly heterogeneous.

Liver

Multifocal **hepatic** nodular changes were noted with mild disruption of architecture.

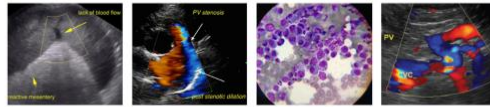
The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** in this patient presented concentric wall thickening with loss of mural detail and a 1.8 cm gastric wall with stasis in the fundus. The gastric thickening is primarily in the pyloric outflow. The small intestine and colon were unremarkable, other than minor luminal fluid.

Pancreas

The **pancreas** revealed some reactive mesentery deriving from the gastric mural pathology. Regional lymph nodes were also enlarged in the portal hilus.



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Free Abdomen

Sookie Locke

Free fluid was noted in the caudal abdomen, adjacent to the splenic fold.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative gastric pattern
- Splenic mass with nodular changes
- Hepatic nodular changes
- Gallbladder sludge
- Free fluid in the caudal abdomen
- Reactive mesentery with enlarged regional lymph nodes
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

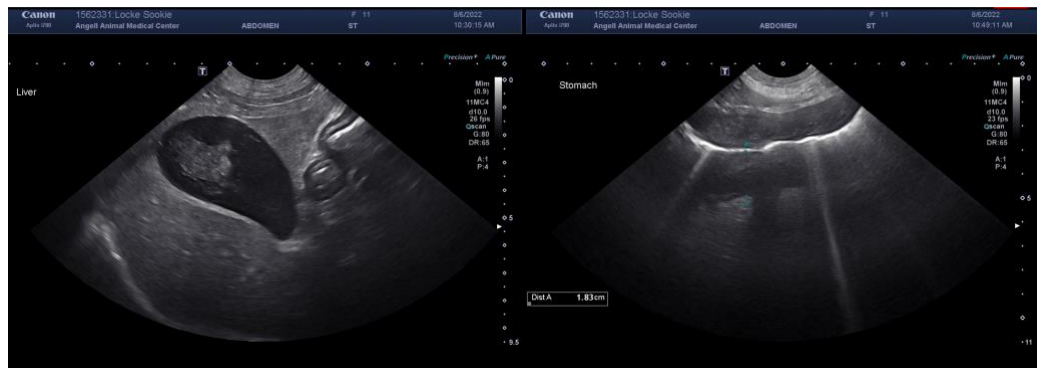
Ultrasound guided FNA of the spleen, liver and gastric wall is recommended. Strong concern for multifocal round cell neoplasia. Sampling is essential.

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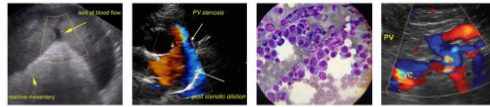
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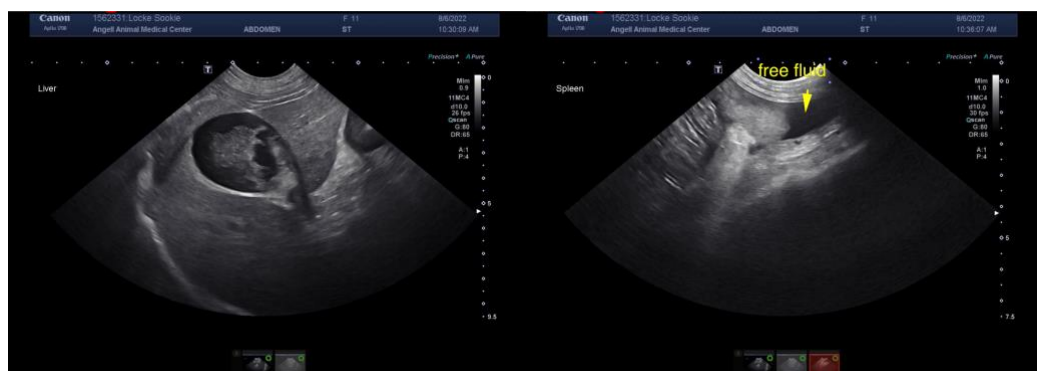
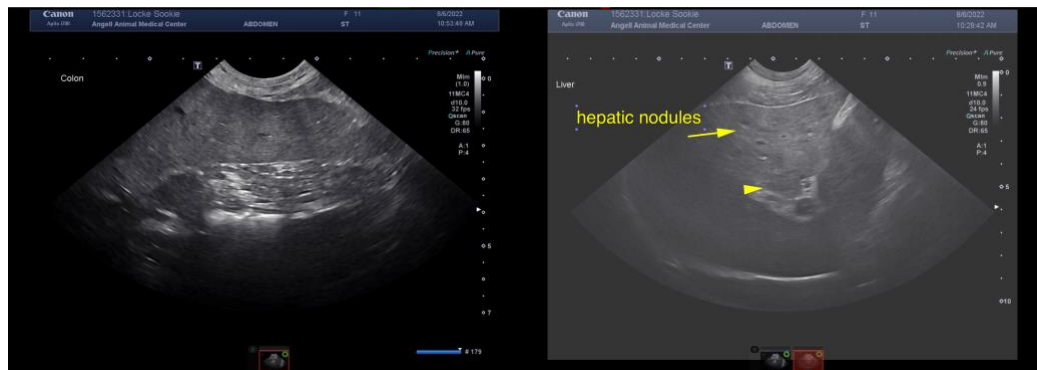
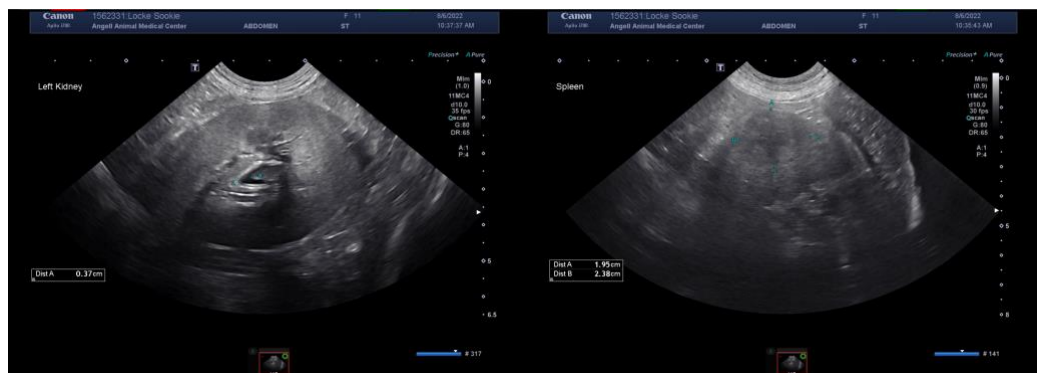
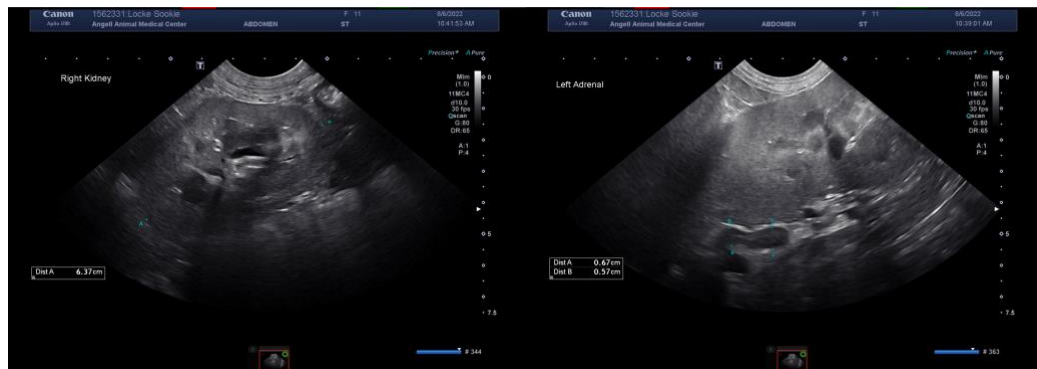
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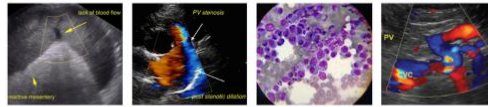
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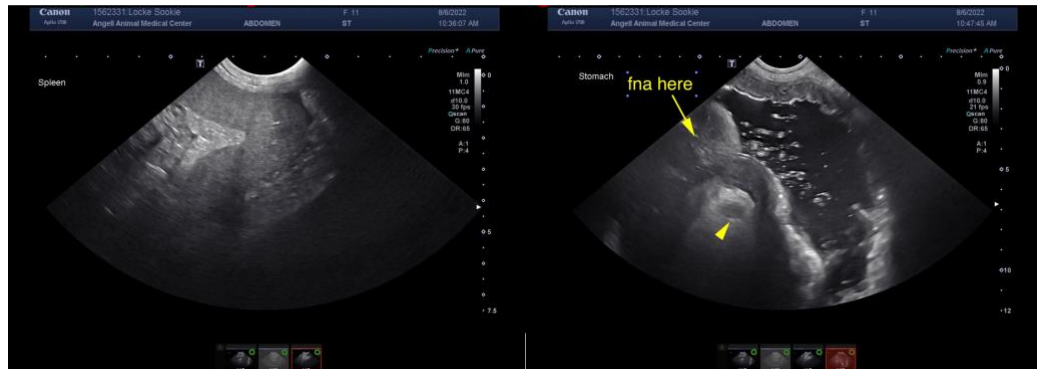
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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