

**PATIENT**

Dora Hendrickson

**SPECIES**

Canine

**BREED**

Corgi Cross

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

19 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Biederbeck

**INVOICE**

91879

**DATE**

9/16/21

**PRESENTING CLINICAL SIGNS**

History: Ultrasound for neighboring clinic Very depressed and lethargic, progressively worse over the summer. Decreased appetite and spontaneous bruising noted by owner and referring DVM in the summer as well as on the weekend. Radiographs showed splenic mass  
Abnormal PE/Chem/CBC/UA Results: Bloodwork run at referring clinic July 6, 2021, CBC: low platelets 120 (N: 170-400) Chem: Elevated ALT 130 U/L (N: 12-118), TBili 7.4 umol/L (N:0-5.1) Otherwise bloodwork wnl PT/PTT normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed multi-focal, hypoechoic metastatic masses. This is consistent with a metastatic pattern. The right kidney also revealed subtle nodular changes. The kidneys both 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**

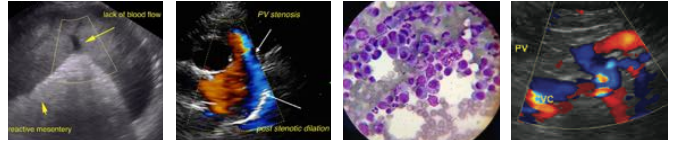
Multiple, expansive **splenic** masses were noted with significant disrupted architecture.

**Liver**

The **liver** was riddled with multiple, mixed, hypoechoic masses and disrupted architecture deviating the gallbladder.

**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. There was some retention of ingesta noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. Secondary inflammation was also present. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**Free Abdomen**

Multi-focal, hypoechoic, distorted lymph nodes were noted in the caudal abdomen and measured 3.0 x 2.0 cm in the iliac trifurcation. Regional inflammation was noted in various portions of the cranial abdomen with minor amounts of free fluid.

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**ULTRASONOGRAPHIC FINDINGS**

Aggressive, multi-centric sarcoma type neoplastic pattern involving the spleen, kidneys, liver and lymph nodes.

Secondary pancreatic inflammation.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of any of the pathology should prove diagnostic. Immediate chemotherapeutic intervention is warranted with palliative therapy to maintain quality of life.

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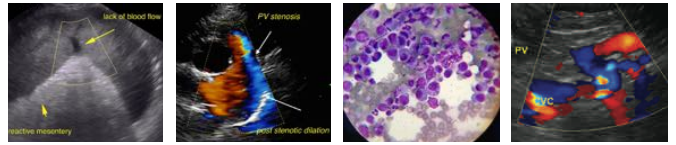


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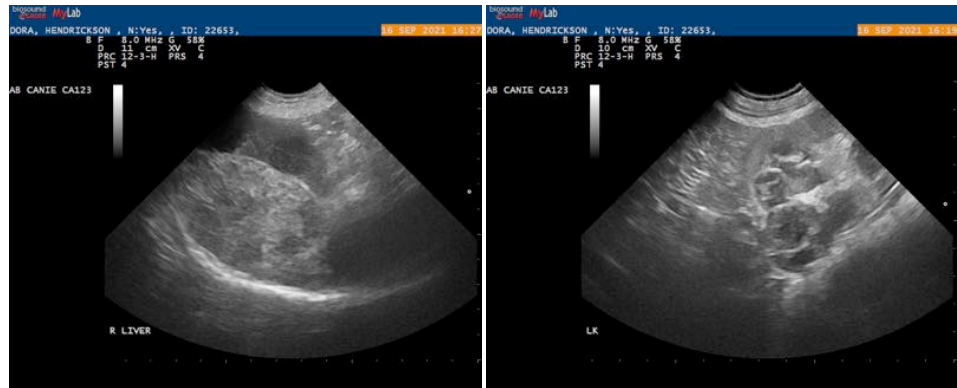
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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