



PATIENT

Moose McGovern

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 Years

WEIGHT

81 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Harmon

INVOICE

25447

DATE

9/16/21

PRESENTING CLINICAL SIGNS

hx OSA 3 yrs prior, amputation at that time (thoracic rads clear today), hx GI lymphoma (on budesenide), hx mass on face (biopsy pending), hx tcc, hx uti recently. P ate a blanket 24-48 hours ago, presented laterally recumbant and very tacky. Improved with fluid therapy and p now ambulatory. Abdominal rads-poor detail, stomach full, poss rock material present in stomach/proximal GI tract, Thoracic rads-no metastatic disease noted.

Abnormal PE/Chem/CBC/UA Results: labs: 9/15 PM (intake) CBC- WBC 2.21 (5.05-16.76), NEU 1/86 (2.95-11.64), LYM 0.13 (1.05-5.1), MON 0.14 (0.16-1.12) CHEM17/LYTES- GLU 94 (70-143) LAC- 3.57 (0.5-2.2) 9/16 6am- EPOC- HCT 58%, CA 1.07, CRE 2.71, LAC 5.1, BUN 27 CBC-HCT 60%, Neut 7k, bands, Lym 0.40, Eos 0.01_

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical polyp measuring 2.0 cm x 2.0 cm. The remainder of the bladder presented a minor amount of debris, yet was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The kidneys measured 6.0 cm each with trace pyelectasia.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed hypoechoic parenchymal changes and irregular nodules in the cranial pole. Other nodules were noted in the spleen

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Variable intestinal thickening noted in the upper **gastrointestinal tract** with retention of ingesta. Reactive mesentery noted around the GI tract.

Pancreas

Heterogeneous and ill-defined changes noted throughout the **pancreas**.

Free Abdomen

A moderate amount of ascites noted in the abdomen. Free fluid was echogenic, suggestive for a large amount of debris.



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A cranial abdominal lymph node mass was noted in this patient measuring 2.5 cm with reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Ascites
- Cranial abdominal lymphadenopathy
- Ill-defined pancreas and GI tract
- Splenic nodules and irregular contour - infarcts versus round cell neoplasia

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Rottweiler

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Given the lymph node mass and the splenic presentation with free fluid, lymphomatosis or similar presentation suspected. Abdominocentesis, cytospin, ultrasound guided FNA of the lymph node mass and spleen all indicated. Escape from remission likely in this patient.

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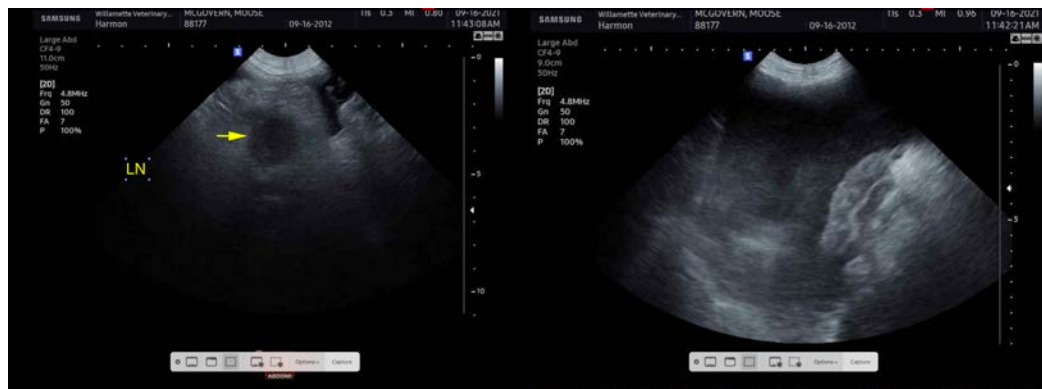


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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