



PATIENT PRESENTING CLINICAL SIGNS

Lyla Casal History: Acute onset lethargy and hyporexia. Has been investigating underlying cause of uveitis present since May 2021. Thoracic radiographs recently obtained were WNL, fungal serology negative.

SPECIES Abnormal PE/Chem/CBC/UA Results:P.E.: Moderate abdominal distension with palpable fluid wave. Splenic cytology pending CBC: WBC=17.83 (6.0-17.00 K/uL, lymphocytes=910 (1000-4800) /uL, neutrophils=1562 (3000-12000) /uL CHEMISTRY: albumin=2.0 (2.5-4.4) g/dL, ALP=189 (20-150) U/L, BUN=30 (7-25) mg/dL, Cr=1.3 (0.3-1.4) mg/dL, P=7.2 (2.9-6.6) mg/dL, Na=137 (138-160) mmol/L, TP=5.2 (5.4-8.2) g/dL

BREED

Rhodesian Ridgeback
Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of minor chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

AGE

9 Years

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 and no evidence of pelvic dilation was present. The kidneys measured 6.0 cm each.

WEIGHT

96 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **adrenal glands** were noted visualized.

Spleen

IMAGING PERFORMED BY

Desen Ertunc

The **spleen** revealed multifocal hypoechoic disruptive distorted target lesions with enhanced surrounding mesentery. An overt parenchymal mass was noted.

Liver

HOSPITAL NAME

Healing Spirit AW

The **liver** was swollen with heterogeneous irregular parenchymal changes and surrounding free fluid. Generalized hepatomegaly present.

Gastrointestinal

REFERRING VET

Desen Ertunc

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

INVOICE

13172

The **pancreas** was mildly heterogeneous secondary to the inflammation associated with the spleen and liver.

Free Abdomen

DATE

9/19/21

Free fluid was noted in the **abdomen**, likely owing to lymphatic obstruction, paraneoplastic effusion. Enhanced mesentery noted throughout the cranial abdomen.



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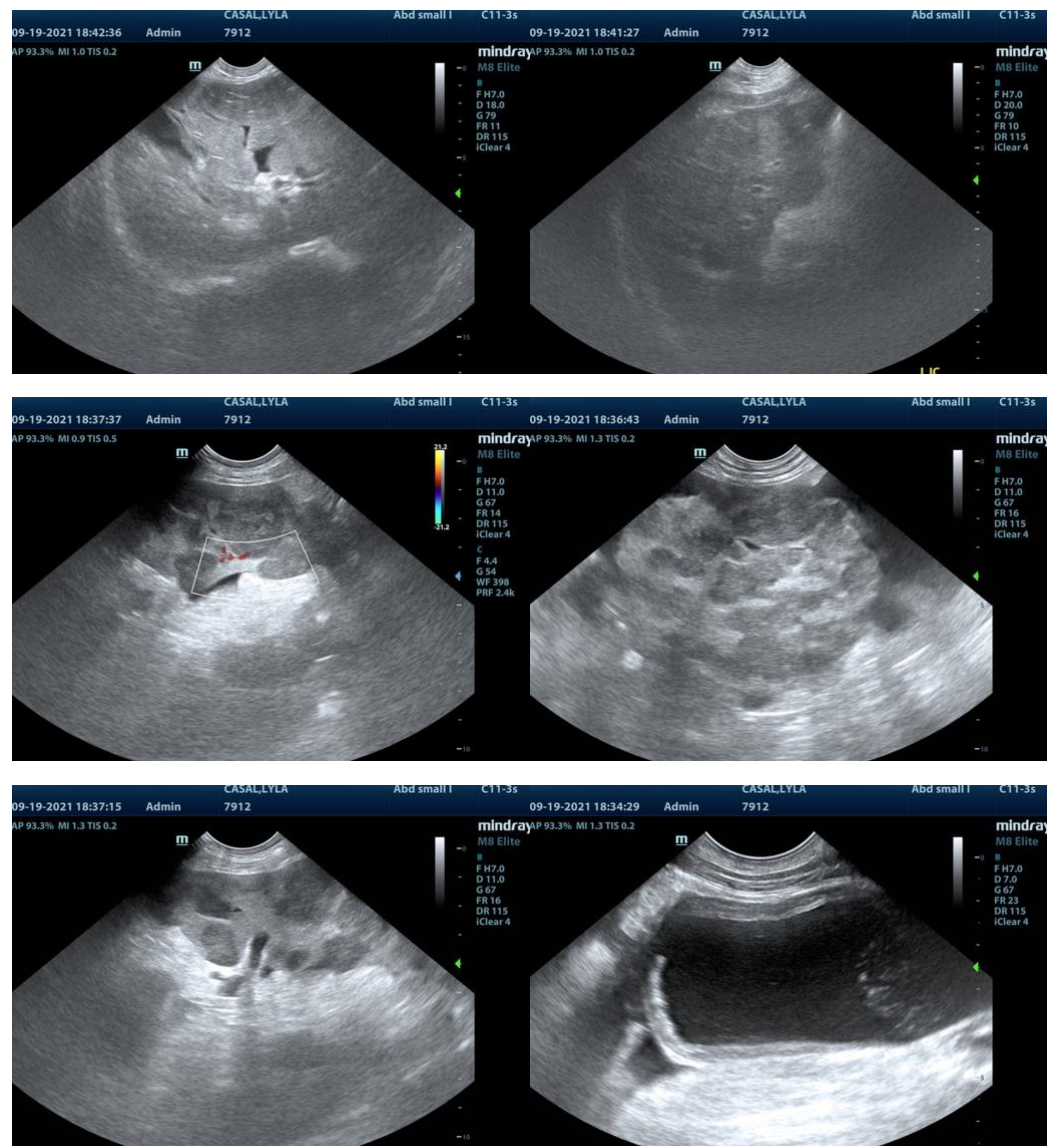
9/19/21

ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenic +/- hepatic pattern, round cell neoplasia pattern
- Secondary ascites owing to likely lymphatic obstruction and/or hemorrhage
- Age-related renal and urinary bladder changes
- Mildly heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver recommended. Abdominocentesis and cytospin of the free fluid also ideal.



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



PATIENT

can be of any further assistance please contact me.

Lyla Casal

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

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