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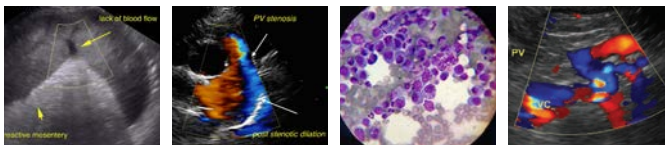

**PATIENT**
Fitzgerald Hein

**SPECIES**
Canine

**BREED**
Mini Schnauzer

**SEX**
Neutered Male

**AGE**
10 Years

**WEIGHT**
8.7 kg

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Erin Wicks

**HOSPITAL NAME**
Shores VEC

**REFERRING VET**
Dr. Miller

**INVOICE**
25824

**DATE**
9/27/21

## PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started 3 mo ago, dh++, vomiting off and on. Went to rdvm, put on lowfat food, checked parasites – negative, gave dewormer just in case, dh resolved over time. Then would flare back up again, seen several times in June here for dh, tx outpatient with probiotic, metronidazole, endosorb, panacur, got better then happened again once off medications. Bloodwork wnl. Seemed to do a little better until recently, now flared up again with dh, tx with Albon, Cerenia, Probiotic. Rec AUS. Previous Health Concerns: GI concerns, bad bouts of dh
Abnormal PE/Chem/CBC/UA Results: Radiographs showed subjective thickening of the GIT. No signs of FB or obstruction. 6/19-21 EPOC- NSF Pre-surg ALP 208(H) CBC- NSF cPI- normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented a shadowing calculus measuring 4.0 mm, non-obstructive. Mild chronic cystitis pattern noted.

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 and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The right kidney measured 4.43 cm. The left kidney measured 4.94 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 left adrenal gland measured 1.94 cm x 0.48 cm at the cranial pole and 0.5 cm at the caudal pole.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *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*

The upper **gastrointestinal tract** was unremarkable. However, an intestinal mass was noted in the mid abdomen with regional lymphadenopathy.

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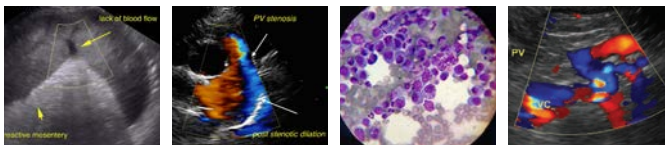

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## *Pancreas*

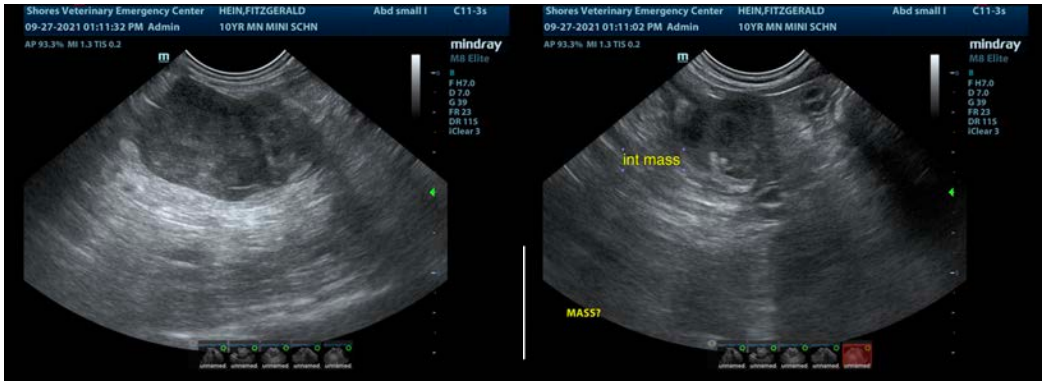
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

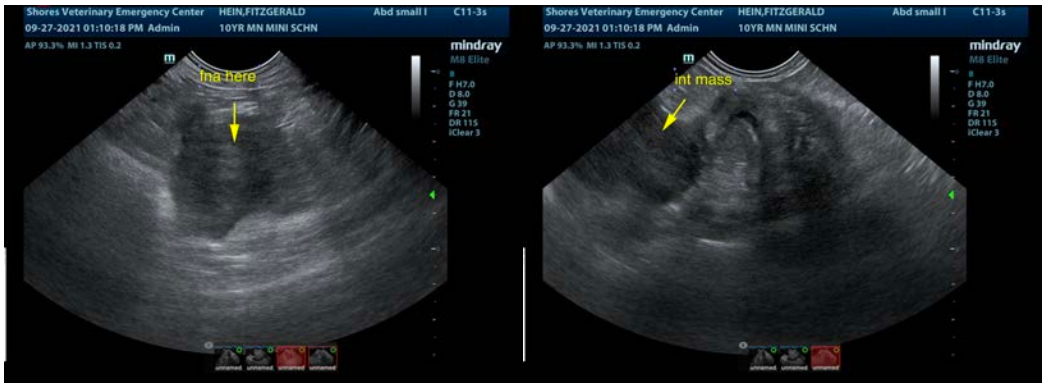
## ULTRASONOGRAPHIC FINDINGS

- Bladder calculus and renal calculi
- Mid to caudal intestinal mass with regional lymphadenopathy – lymphoma, leiomyosarcoma, carcinoma all possible. Minor potential for non-neoplastic granulomatous disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recent passage of calculi may be an issue in this patient, contributing to the clinical history. Given the regional lymph node enlargement, ultrasound guided FNA of the intestinal mass and chemotherapeutic intervention likely in the best interest in this patient. The mass is irregular and may not be cleanly resectable. However, an attempt at surgical approach could be considered. Cystotomy should be performed at the same time. 3-view chest radiographs warranted.



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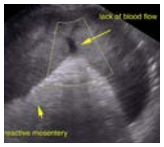
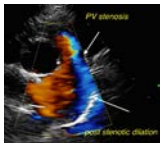
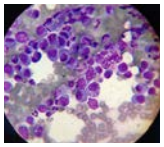
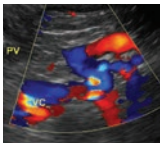

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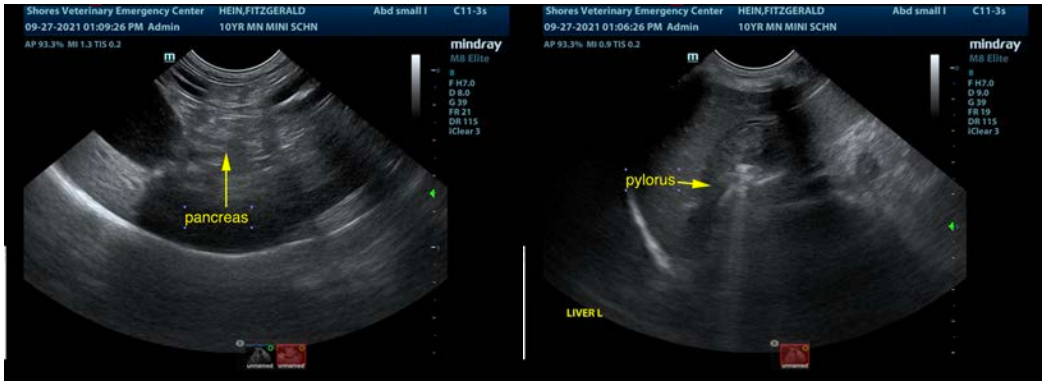


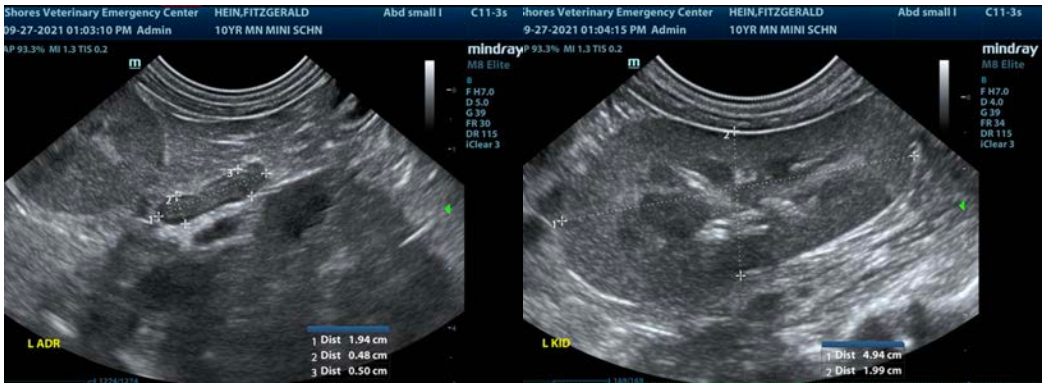


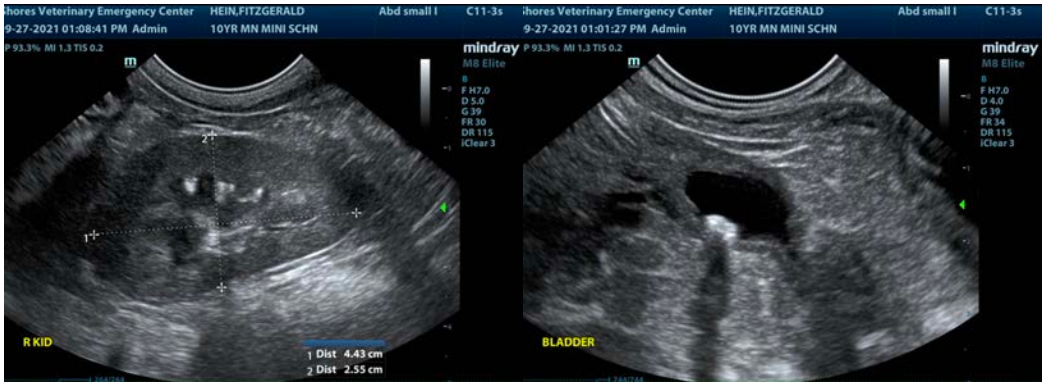


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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