



PATIENT

Baya Bitner

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

12 years

WEIGHT

36.8 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

92030

DATE

9/29/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for transferring from RDVM. P woke O in the middle of the night which is very unusual. Then this morning P did not want to eat and O says P has never missed a meal. O had to encourage P to eat and was able to get food into P. Due to P acting out of character, O took to RDVM did bloodwork/rads and referred to ER. Previous Health Concerns: none

Abnormal PE/Chem/CBC/UA Results: Hemo abdomen confirmed at ER Rdvm bloodwork: ALT 2146; GLU 216; ALKP 588; RBC 5.59; HCT 36.1; HGB 12.7; WBC 20; NEU 17.33; PLT 32; PCT 0.05 ER bloodwork: WBC 20.54; NEU 19.25; LYM 0.69; PLT 46

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.29 cm. The right kidney measured 7.18 cm.

Adrenal Glands

The **adrenal glands** are not visualized. I cannot rule out the adrenal glands being involved in a primary process.

Spleen

The **spleen** was mildly irregular with slight, scalloping contour and hypoechoic, coarse architecture.

Liver

The **liver** was riddled with multiple nodules and masses. The gallbladder and common bile duct were unremarkable. The masses presented a significant disruption of architecture and enhanced surrounding mesentery. There was a large amount of free fluid noted. The masses occupied primarily the right liver and are non-resectable. A significant amount of reactive mesentery was noted throughout the midabdomen associated with the pancreas.



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Gastrointestinal

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Multi-focal, abdominal neoplasia, primarily involving the liver. However, there is a potential for pancreas and adrenal involvement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. Humane euthanasia should be considered in this patient.

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Erin Wicks

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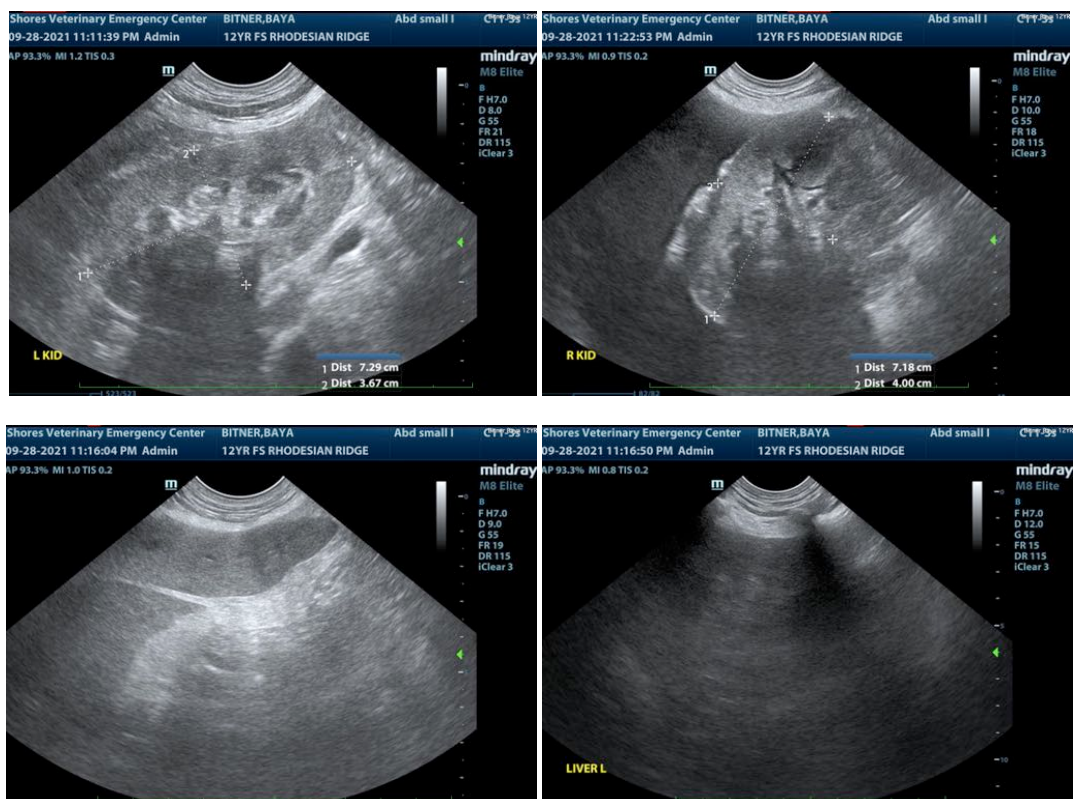
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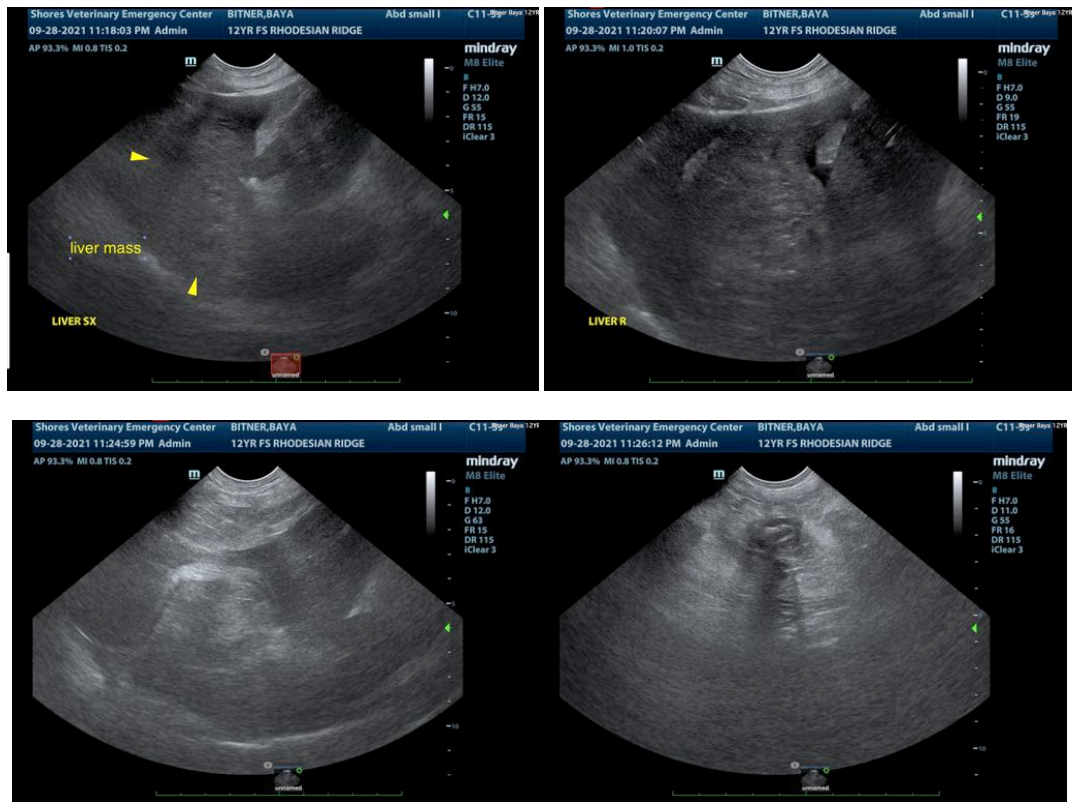
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Erin Wicks

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.

HOSPITAL NAME

Shores VEC

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info@SonoPath.com

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