



**PATIENT**

Rio Terry

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed female

**AGE**

7 ½ years

**WEIGHT**

53.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Allyn

**INVOICE**

32794

**DATE**

9/8/22

**PRESENTING CLINICAL SIGNS**

History: Has been having GI issues she is on and off her food. Has been lethargic and having bad diarrhea and vomiting for a few days. Has been picky with her food. They have been changing her food because she will eat the new food for awhile and then stop. She has lost 20lbs in a month. they are doing no meds as of right now. Rio has always had allergies. Blood work came back all normal from the other clinic they have been going to.  
Abnormal PE/Chem/CBC/UA Results: PE: Thin and mild tartar the rest looked good. Did blood work from another clinic.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.46 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 1.45 x 0.62 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland was not visualized.

**Spleen**

The **spleen** was mildly enlarged. Subtle micronodular changes were noted with heterogenous parenchyma. FNA is warranted to assess for reactive versus infiltrative event.

**Liver**

The **liver** was enlarged with epigastric and hepatic lymphadenopathy. Coarse hepatic architecture and irregular contour was noted. This is strongly suggestive for infiltrative disease. Regional inflammation was present. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**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. An intestinal mass was noted and measured up to 5.0 cm with regional inflammation. Other variable areas of small intestinal thickening was noted. Regional lymph nodes were enlarged. Reactive mesentery was present.

**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.

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric round cell neoplastic pattern involving the lymph nodes, intestine, liver and likely spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the accessible pathology is recommended for a definitive diagnosis and chemotherapeutic intervention is recommended.

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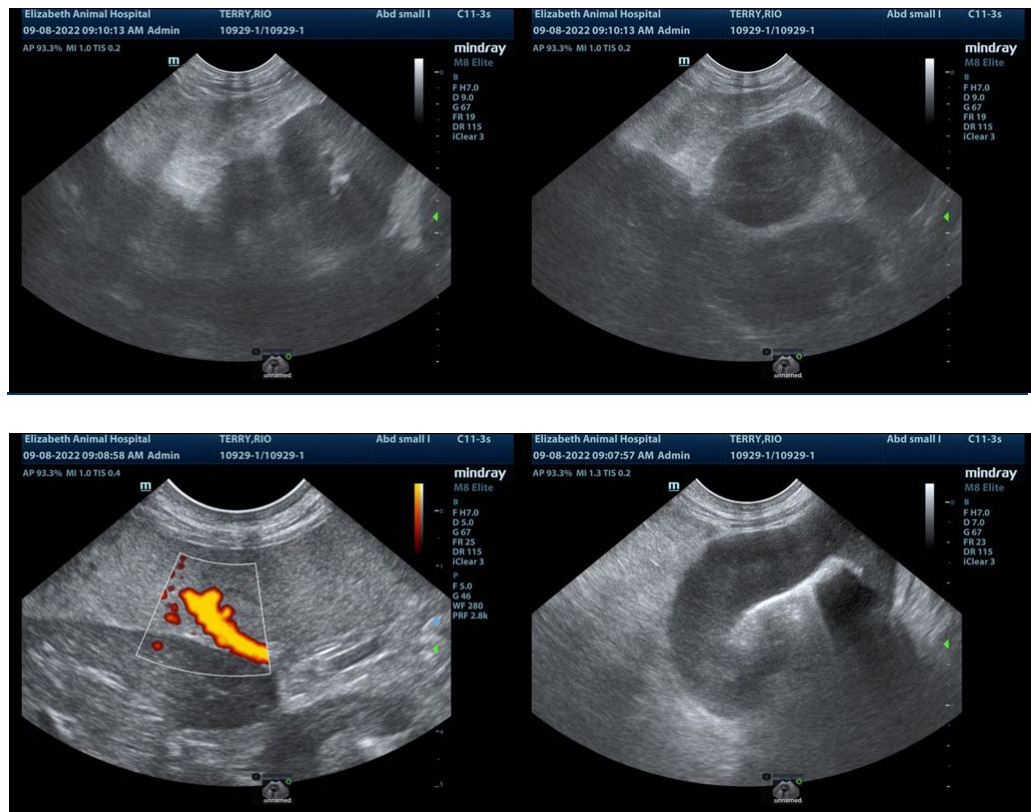
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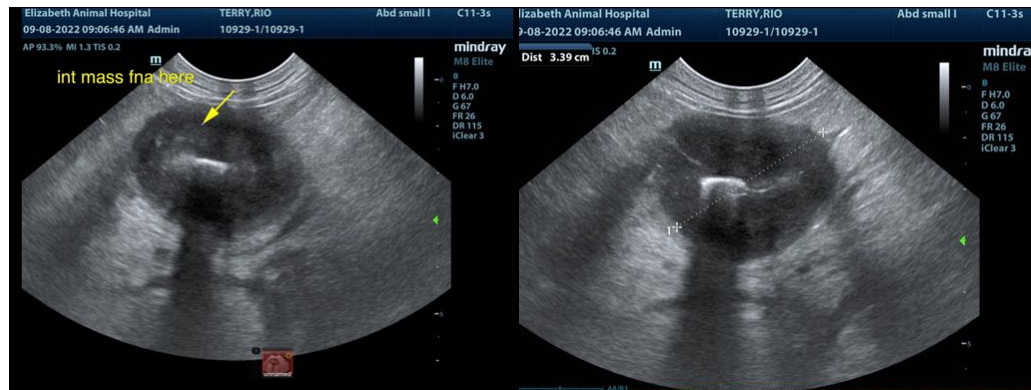
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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