



PATIENT

Samantha Sutton

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

26.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

25446

DATE

9/16/21

PRESENTING CLINICAL SIGNS

Presented for 3 weeks of intermittent vomiting, then protracted vomiting/anorexia/lethargy for 3 days. Owner found moldy dog food in her dish. Does not think she would have gotten into anything, but does have some free roaming on property. Was taking an NSAID (owner unsure of medication name) and glucosamine supplement. Vomitus contains rust-colored liquid. Owner reports possibly constipated. Abnormal PE/Chem/CBC/UA Results: Exam - severely dehydrated, painful on cranial abdominal palpation, very lethargic and weak. Rectal exam contains scant green/black fecal material. CBC - RBC 5.15, HCT 31.1%, HGB 10.5, MCV 60.4, MCH 20.4, Retic 170, WBC 33.37, Neu 28.62, Mono 1.89, Eos 0.01, Plt 575 (shark fin on dot plot) Chem - Glu 146, SDMA 10, Cre 1.0, BUN 16, Glob 4.6, Cl 106, K 3.6 UA - USG 1.035, pH 7, WBC 3/hpf, RBC 2/hpf, sediment suspects casts

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The right kidney measured 6.1 cm. The left kidney measured 6.5 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 2.5 cm x 0.6 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 2.6 cm x 0.6 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged with mild scalloping contour.

Liver

The **liver** was slightly swollen. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was significantly thickened with loss of detail. Regional lymph nodes were enlarged. Wall thickness measured up to 2.0 cm. The small intestine and colon were unremarkable.

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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Free Abdomen

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Enhanced mesentery noted associated with the upper gastrointestinal tract, liver and spleen. Some of the reactive mesentery entered into the pancreas. Secondary inflammation likely.

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ULTRASONOGRAPHIC FINDINGS

- Gastric thickening with regional lymphadenopathy and reactive mesentery
- Mild Splenohepatic enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

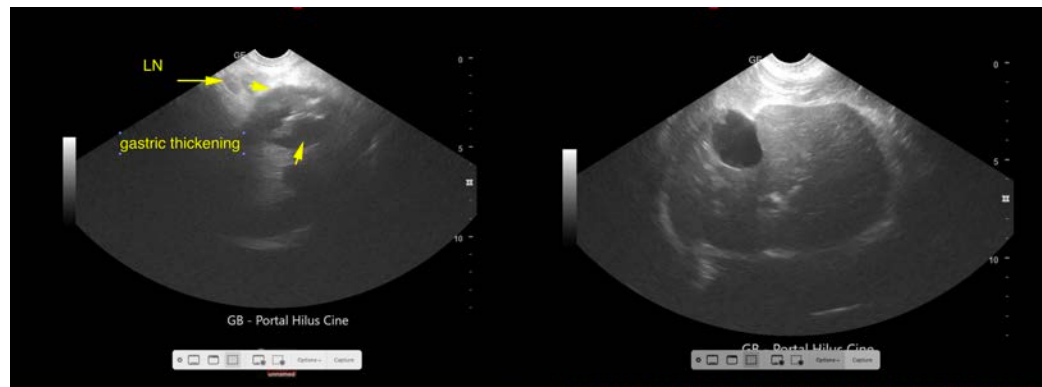
Strongly concerned for gastric neoplasia/lymphoma in this patient. Screening FNA of the spleen and liver could be considered and could be attempted upon the stomach. However, exfoliation of the stomach, which is the primary organ in question, would likely be difficult. Endoscopy would be warranted to assess mucosal biopsies, as the majority of the pathology appears to enter into the lumen. Ideally, full thickness and gastric and lymph node biopsies would be performed from a surgical perspective. Prognosis is extremely guarded. Gastric lymphoma, carcinoma, severe gastritis all possible. Reactive spleen and liver versus infiltrative neoplasia/round cell neoplasia.

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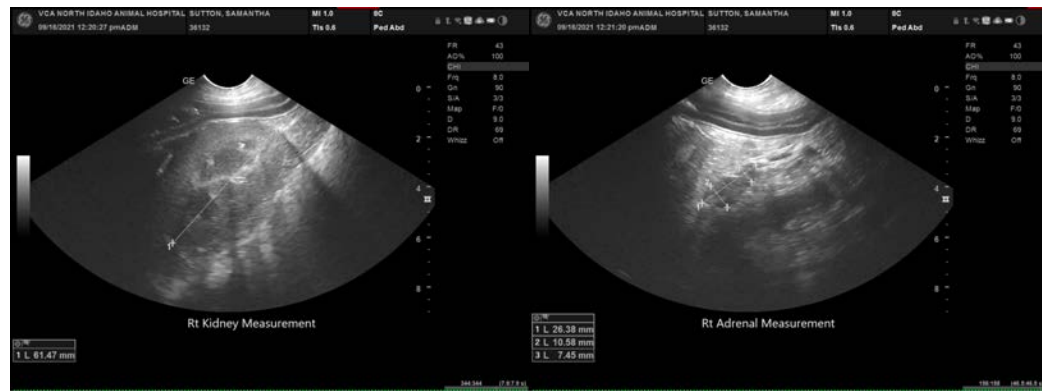
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

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

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info@SonoPath.com

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