

## PATIENT

Bastian Skinner

## SPECIES

Canine

## BREED

Staffordshire

## SEX

Neutered male

## AGE

12 years

## WEIGHT

24.1 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Silver Creek AC

## REFERRING VET

Dr. Ferguson

## DATE

2/6/23

## Invoice

43110

## PRESENTING CLINICAL SIGNS

**History:** Pt presented 2/2/23 for lethargy and skipping meals intermittently for 3-4wks. Has stiff hips and mod. dental calculus, started on carprofen. Represented 2/17 same symptoms, would not eat the carprofen, declined bloodwork, switched to flavored tablets and recommended trying to take on more walks for mental stimulation, and sent with RC recovery canned and GI low fat which pt ate readily in room. Represented 3/3 continued lethargy and not wanting to eat. QAR and intermittently standing in corner staring at wall, and slightly distended abdomen, no free fluid noted on aFAST.

**Abnormal PE/Chem/CBC/UA Results:** 3/3/23: HCT 25.2%, microcytic and hypochromic, non-regenerative Monocytosis 4.26K/uL mild eosinopenia 0.05 K/uL PLT 36 K/uL, increased MPV 17.2 no platelet clumps noted on smear and rough confirmation of thrombocytopenia, nRBCs present, and acanthocytes and schistocytes. mild hypoglycemia 60mg/dL SDMA 24 TP 4.7, ALB 1.7 ALT 262, ALP 1937 TT4 too low to read, <0.5 USG 1.020, 3mg/mL bilirubinuria PT/PTT and platelet count send out pending Current Medications carprofen discontinued several days ago. Started 3/3 on metronidazole 7.5mg/kg BID and gabapentin 10mg/kg BID-TID.

## 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 residual prostate was uniform and measured 1.18 cm.

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 left kidney measured 5.8 cm. The right kidney measured 5.8 cm.

### Adrenal Glands

The right adrenal gland was uniform and measured 3.69 x 1.62 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 0.8 cm at the caudal pole and 0.75 cm at the cranial pole.

### Spleen

The **spleen** presented infiltrative coalescing nodular pattern with scalloping contour and enhanced surrounding mesentery. This is suggestive of an aggressive process. There was severe splenomegaly present. There was no evidence of thrombosis on power doppler assessment.



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**Liver**

The **liver** was mildly swollen with compact parenchyma. The gallbladder and common bile duct were unremarkable with slight irregular contour.

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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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon was mildly thickened and empty.

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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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**Free Abdomen**

Slight areas of free fluid were noted.

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**Heart**

Rapid view of the heart revealed no evidence of pathology.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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Infiltrative splenic pattern with peri serosal enhancement.

Possible hepatic involvement.

Minor bladder debris.

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Upper limits of normal left adrenal gland.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a strong concern for round cell neoplasia. FNA of the spleen and liver is warranted for staging purposes. Platelet count needs to be at least 70000 prior to FNA. Prognosis is extremely guarded to poor. Chest radiographs are warranted to assess for comorbidities.

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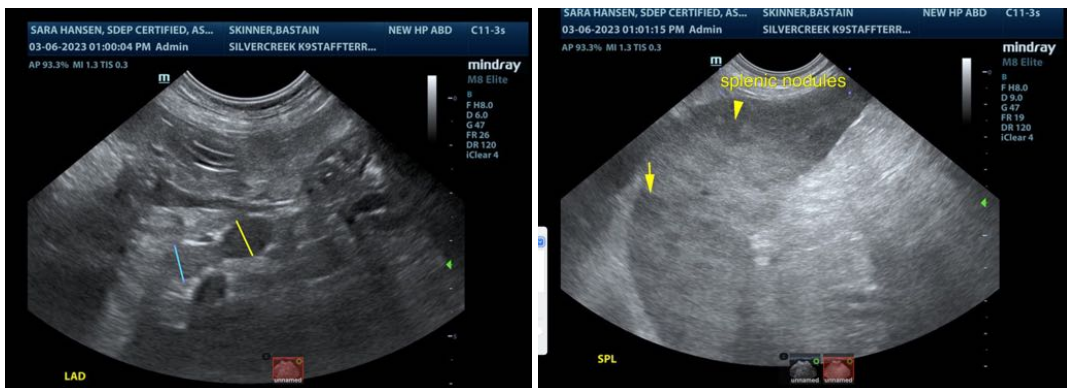
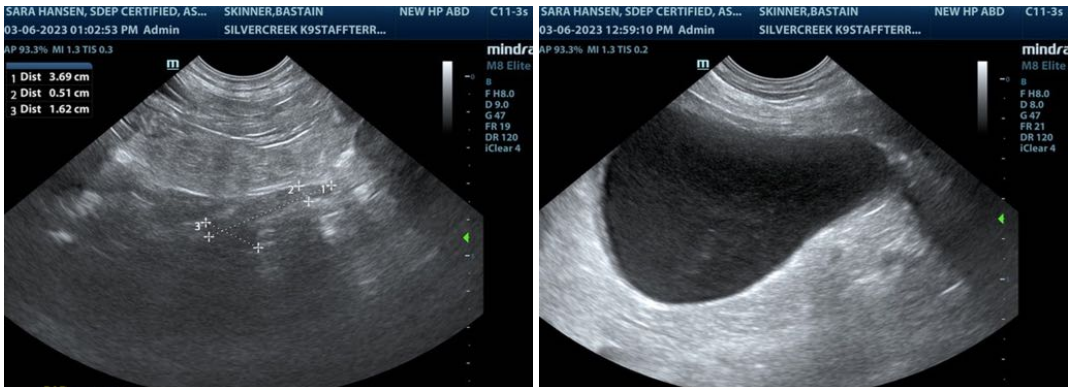
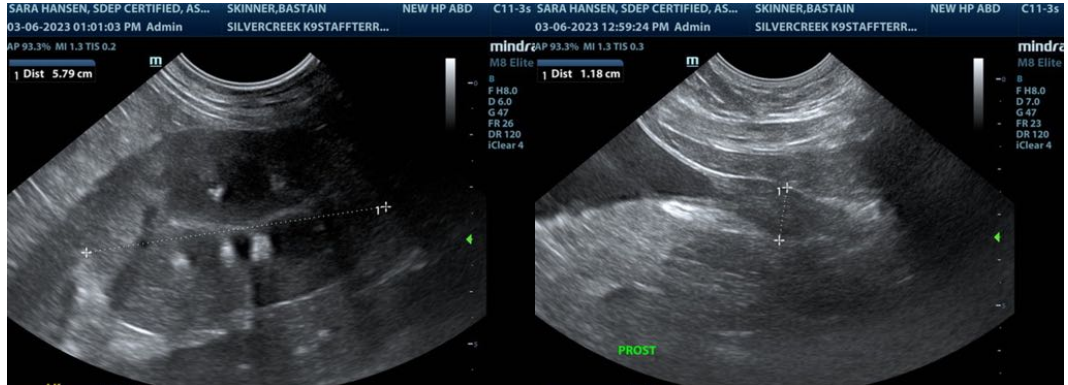
Dr. Ferguson

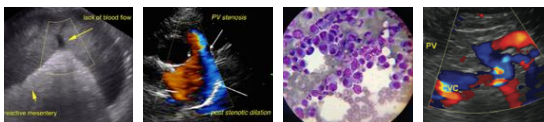
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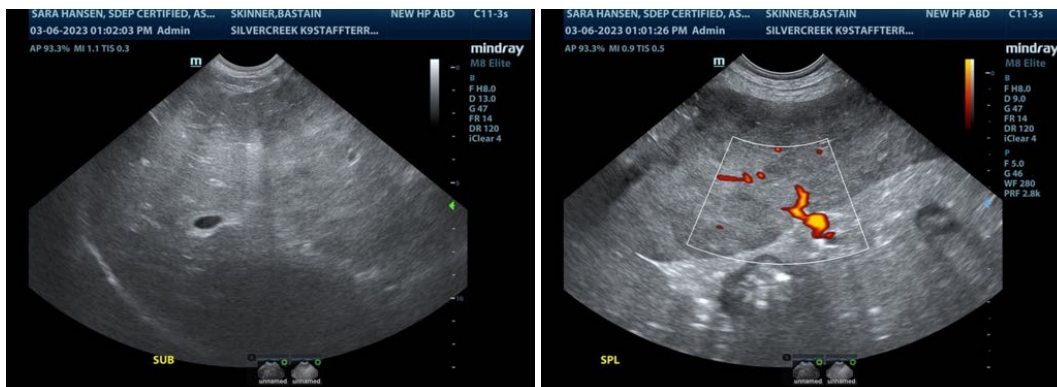
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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