



PATIENT

Shila Nutkovsky

PRESENTING CLINICAL SIGNS

PU/PD, inappetence, vomiting and diarrhea.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Schnauzer

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.

SEX

Spayed female

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 4.62 cm. The right kidney measured 4.76 cm.

AGE

12 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.39 x 0.5 cm. The right adrenal gland measured 2.04 x 1.1 cm at the cranial pole and 0.64 cm at the caudal pole.

IMAGING PERFORMED BY

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Spleen

The **spleen** revealed a hypoechoic nodule in the mid caudal body measuring 1.25 cm. The spleen was moderately vascular. The spleen was otherwise unremarkable.

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Zilberman

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

INVOICE

42521

DATE

11/15/22



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 5.2 x 3.4 cm intestinal mass was noted with mural, hypoechoic, infiltrative pattern and a luminal, irregular, echogenic and possibly mineralizing luminal mass. Regional inflammation was throughout the mid cranial abdomen especially associated with the intestine. Free fluid was noted with echogenic debris. Regional lymph nodes were also enlarged, hypoechoic and irregular. This is strongly suggestive for infiltrative disease. The lymph node measured and measured 4.8 x 2.18 cm. The mesenteric artery was thickened consistent with arteritis.

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BREED

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Pancreas

SEX

Spayed female

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.

AGE

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ULTRASONOGRAPHIC FINDINGS

Intestinal mass with aggressive mesenteric lymphadenopathy.

Mesenteric arteritis/vasculitis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mesenteric lymph node was performed without complication. Regional inflammation, carcinomatosis, lymphomatosis or similar presentation is suspected. Oncology consultation is recommended.

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ADDENDUM

Given the intestinal mass and cytology of the mesenteric lymph nodes that are consistent with pyogranulomatous and not overtly neoplastic, I recommend exploratory surgery in this patient. The expectations should be resection and anastomosis as well as abdominal lavage and lymph node removal, biopsy and culture would be recommended.

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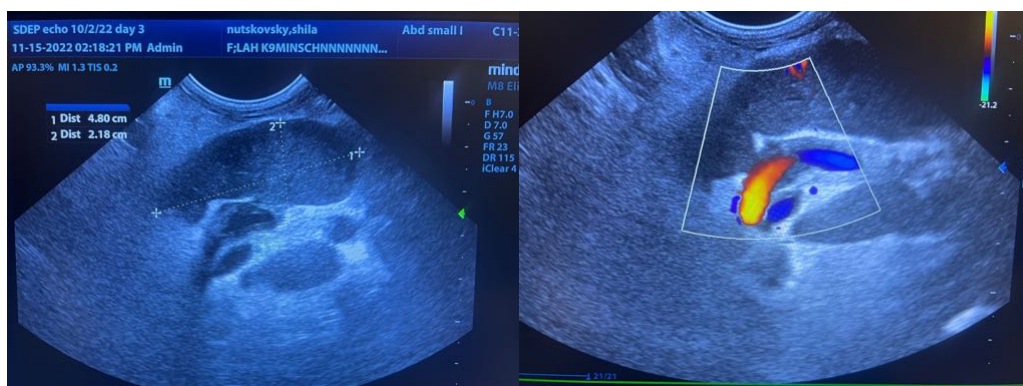
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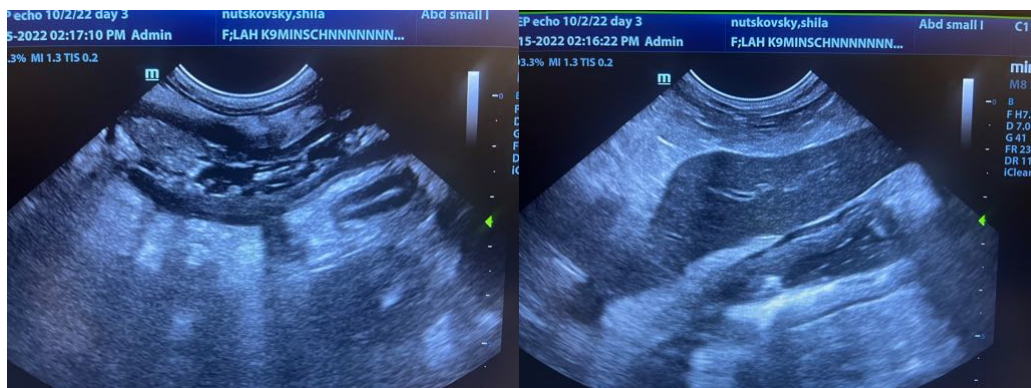
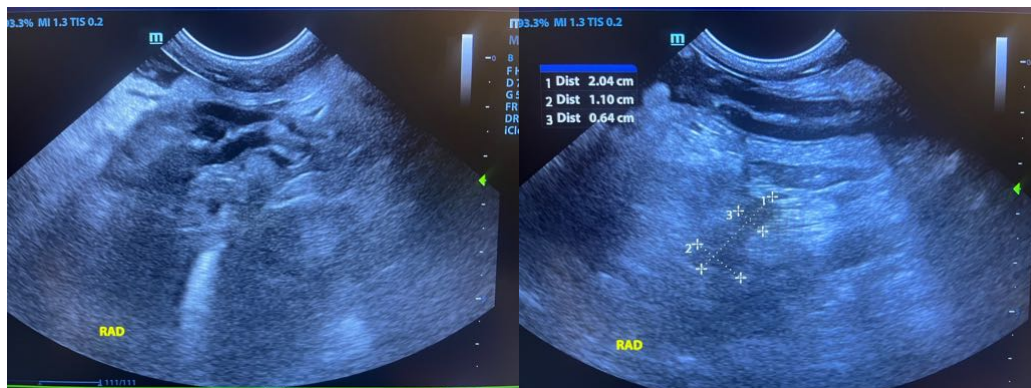
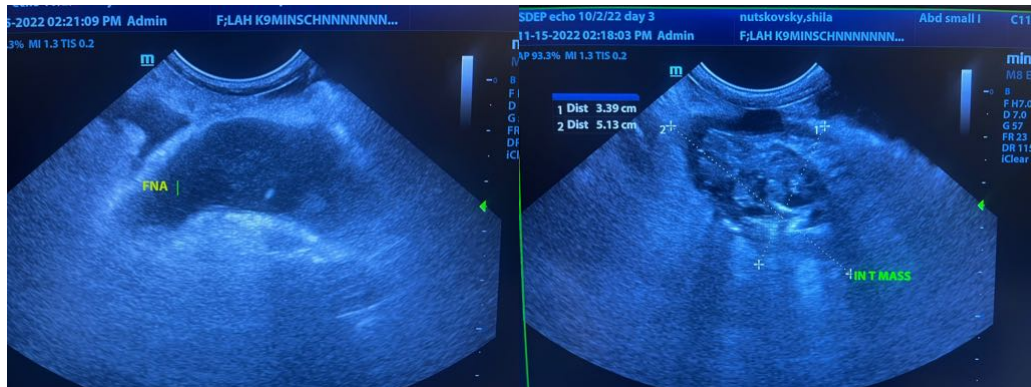
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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