

PATIENT

Ginger Mahdi

SPECIES

Canine

BREED

Carolina Dog

SEX

Spayed female

AGE

11 years

WEIGHT

68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown

REFERRING VET

Dr. Clegg

INVOICE

31708

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Enlarged spleen, thrombocytopenia, anemia, tick serology neg. Petechiae noted.
Abnormal PE/Chem/CBC/UA Results: ALT 376, Tbili 1.5 7/15-MCHC 30.3, RDW 23.3, RETIC-HBG 21.6, WBC 19.31, NEU 15.54, MONO 2.0, EOS 0.02, PLT *6, MPV 21.4, PCT 0.01 BW 7/9-HCT 32, RETICS 163, WBC WNL, PLT 2,
Radiographs revealed mild irregular splenomegaly and slight, excessive ileocecal gas.

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 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 6.41 cm. The right kidney measured 7.14 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 2.08 x 0.53 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 1.91 x 0.65 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

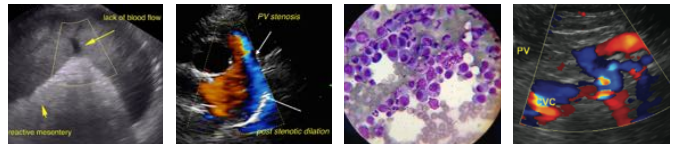
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. The spleen had a slight granular appearance. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was heterogenous with multi-focal, nodular changes. The gallbladder and common bile duct were unremarkable. There was a large amount of falciform fat present. The diaphragm appears intact.

Gastrointestinal

The **stomach** revealed pyloric thickening and measured up to 1.3 cm in wall thickness. There was loss of mural detail. The small intestines and colon were unremarkable.



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Pancreas

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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

A slight amount of free fluid was noted adjacent to the spleen. A large amount of falciform fat was present.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Subtle micronodular splenic changes with regional free fluid.

AGE

11 years

Nodular hepatic changes.

Diaphragm appears intact.

Pyloric thickening.

WEIGHT

68 lbs

Large amount of falciform fat appears present.

INTERPRETED BY

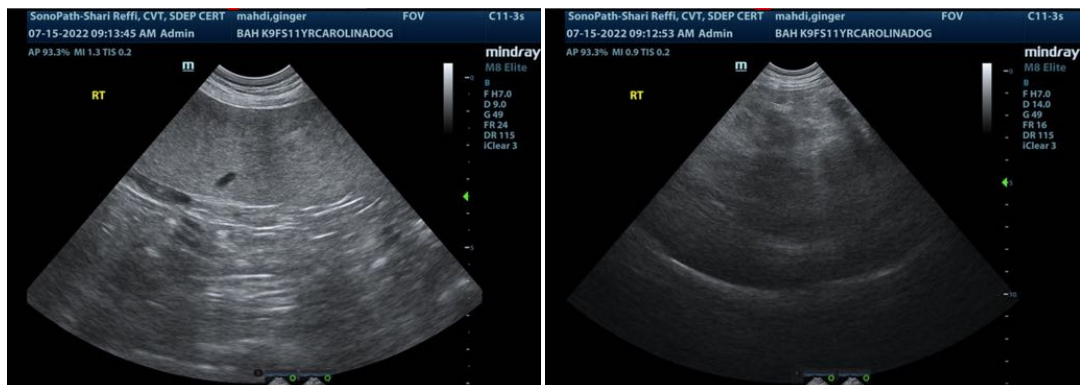
Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging round cell neoplasia. FNA of the spleen and liver as well as endoscopy with mucosal biopsies of the pyloric outflow are all indicated. The prognosis is guarded depending upon sampling results.

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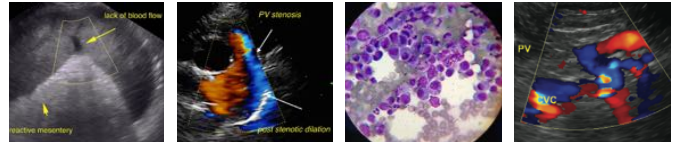
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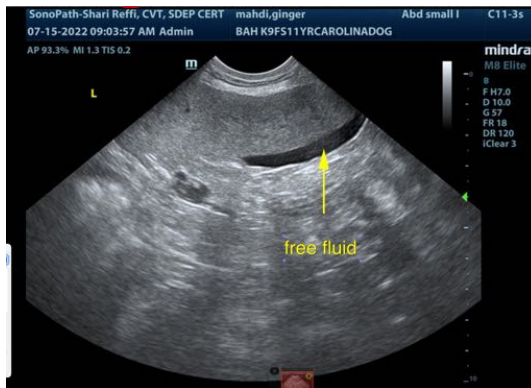
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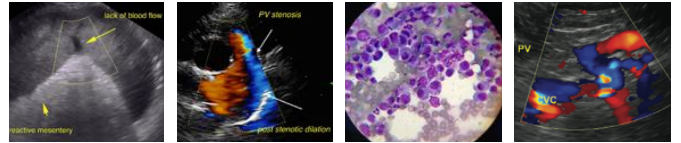
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
Info@SonoPath.com

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