

PATIENT PRESENTING CLINICAL SIGNS

Zoey Alves History: diarrhea for 3+ weeks with blood. Vomiting . Feeding bland diet with meds (tylosin, metronidazole, cerenia) but diarrhea persists.
Abnormal PE/Chem/CBC/UA Results: WBC 17.1, platelets 521, PSL lipase 197, T4 0.7, Ca 8.1

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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 5.5 cm and the right kidney measured 6.27 cm.

AGE

9 ½ years

WEIGHT

52.4 lbs

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 2.63 x 0.67 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 2.34 x 1.2 cm at the cranial pole and 0.39 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr Lenkowski

INVOICE

76271

DATE

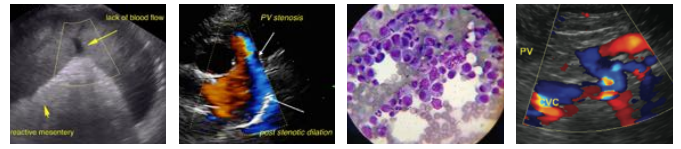
7/27/23

Spleen

The **spleen** was mildly enlarged with a granular appearance and scalloping contour measuring up to 3.0 cm in width. There is a strong concern for early infiltrative disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



PATIENT

Gastrointestinal

Zoey Alves

A mid jejunal mass was noted in this patient with regional inflammation. The mass measured approximately 3.0 cm. A second small intestinal mass was noted and measured 3.3 cm. Variable intestinal thickening was noted elsewhere with early loss of mural detail.

SPECIES

Canine

Pancreas

BREED

Pitbull

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Multi-centric GI lymphoma pattern involving the intestines. Regional inflammation was noted.

AGE

9 ½ years

Probable splenic involvement.

WEIGHT

52.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lesions are indicated. FNA of the spleen is indicated. Chest radiographs are recommended. The prognosis is guarded depending upon eventual responsiveness to chemotherapy.

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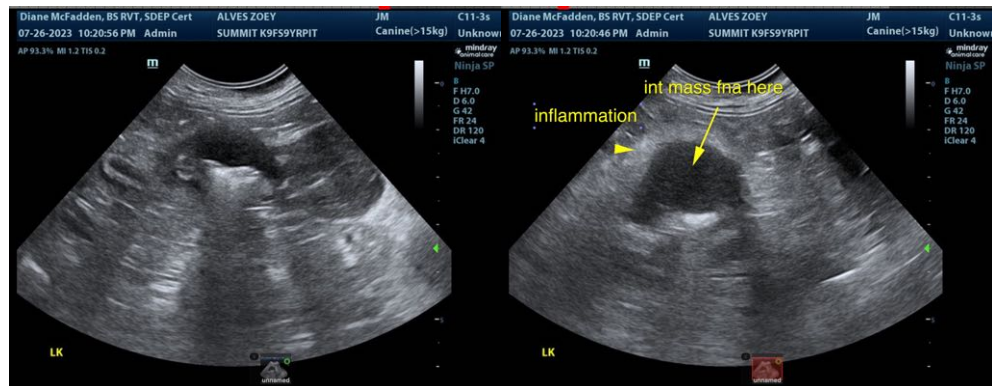
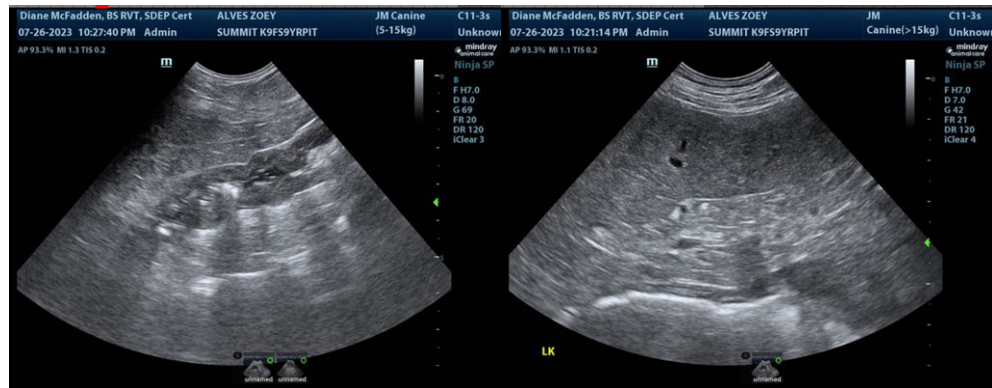
Dr. Lenkowski

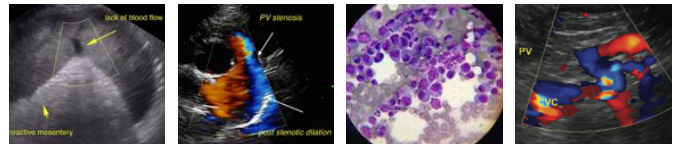
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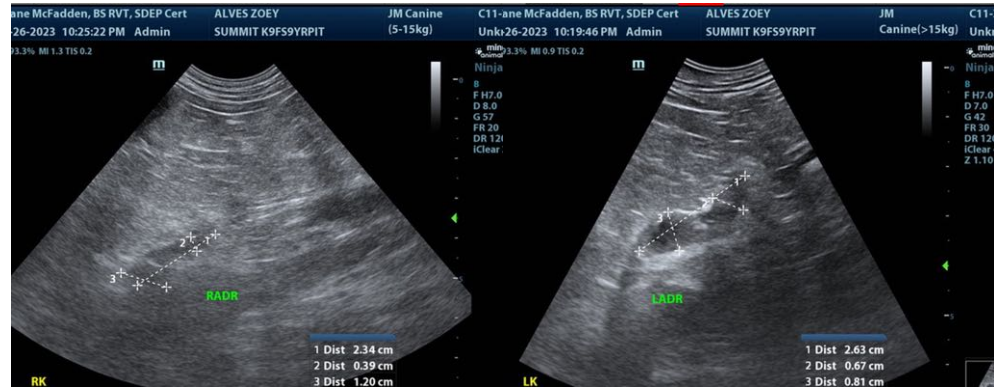
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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