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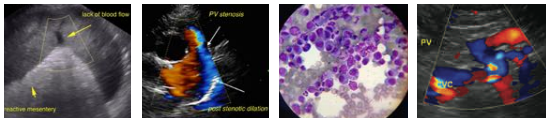

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Wesley Watson

SPECIES

Canine

BREED

Cavachon

SEX

Neutered Male

AGE

2012

WEIGHT

26.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

95177

DATE

01/11/22

PRESENTING CLINICAL SIGNS

History: Splenic mass vs cranial mass

Labs, Radiographs attached

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 residual prostate was slightly enlarged and uniform measuring 1.07 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.69 cm. The left kidney measured 5.8 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 right adrenal gland measured 2.34 x 0.47 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 1.92 x 0.42 cm at the caudal pole and 0.3 cm at the cranial pole.

Spleen

The **spleen** revealed multi-focal, hypoechoic, expansive nodules. The spleen revealed a separate, mixed, hypoechoic mass with other nodular changes and enlarged, irregular contour. The largest splenic mass measured 6.8 cm

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hyperechoic nodule was noted in the left lateral liver and measured 2.0 cm. 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.

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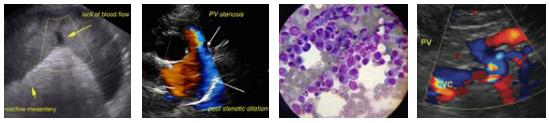

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Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

Minor free fluid was noted in the caudal abdomen. . A separate 4.47 cm cavitated mass was noted in the mid cranial abdomen. This appears to be lymph node origin.

ULTRASONOGRAPHIC FINDINGS

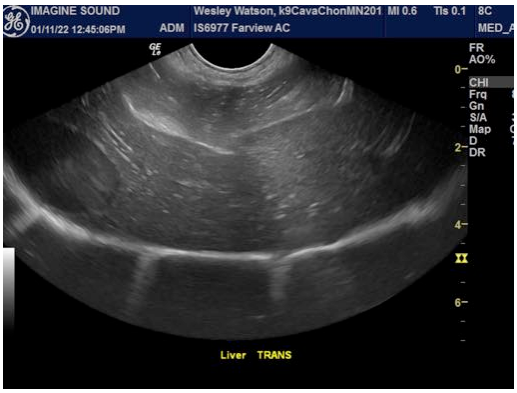
Multiple splenic masses with minor free fluid.

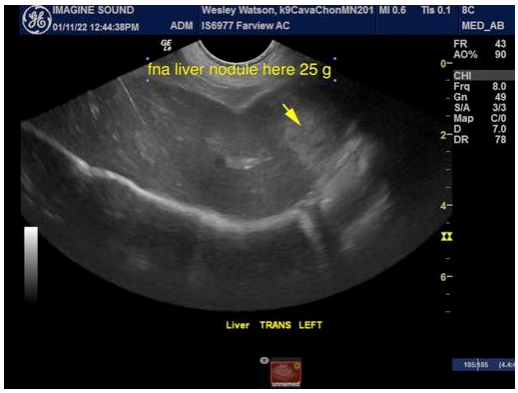
Separate, undefined cranial abdominal mass, suspect lymph node in origin.

Separate liver nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the parenchymal portions of the splenic mass, undefined cranial abdominal mass and liver nodule would all be indicated for staging. This does not appear to be an overt surgical presentation. Chest radiographs and rapid echocardiogram are recommended to assess for metastatic disease to the chest.





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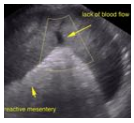
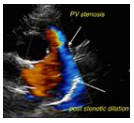
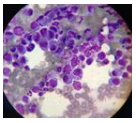
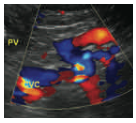

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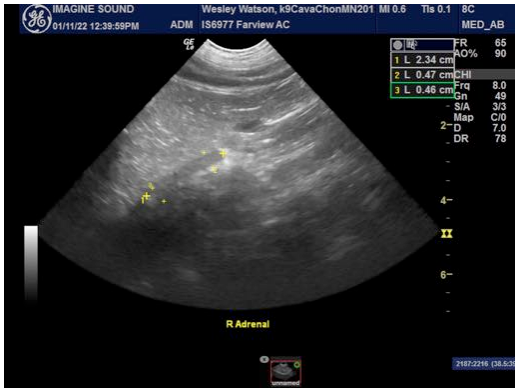

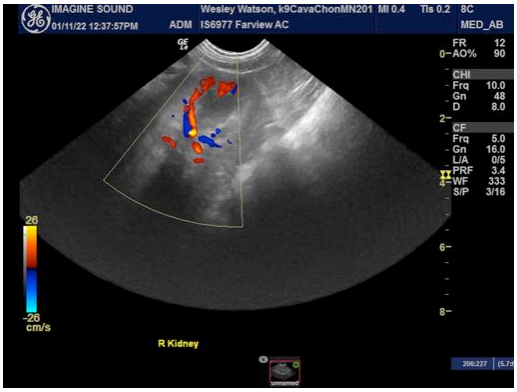

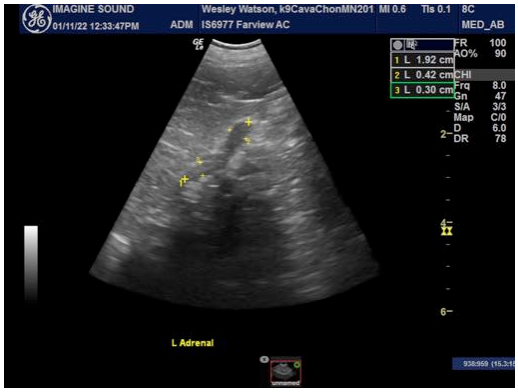

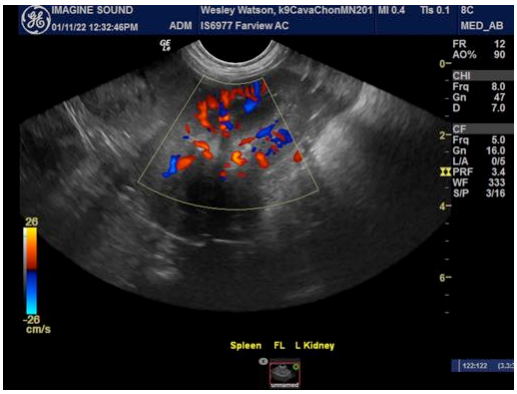

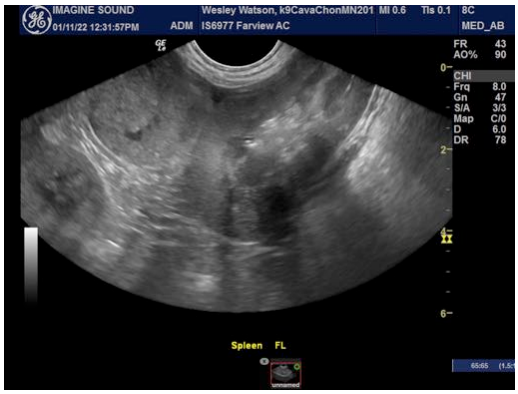

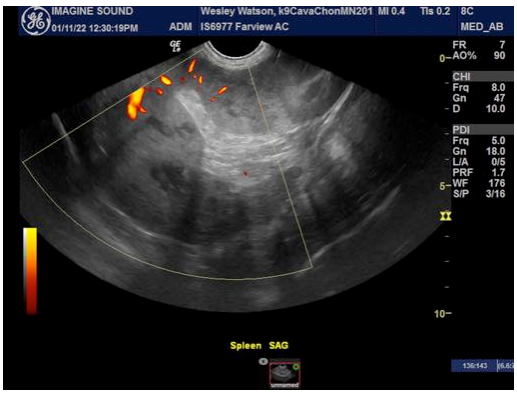

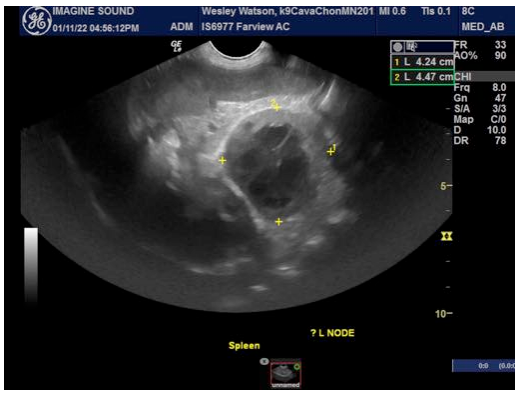

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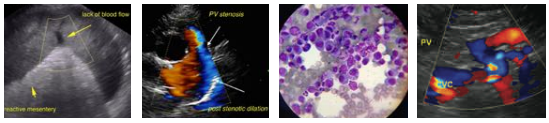

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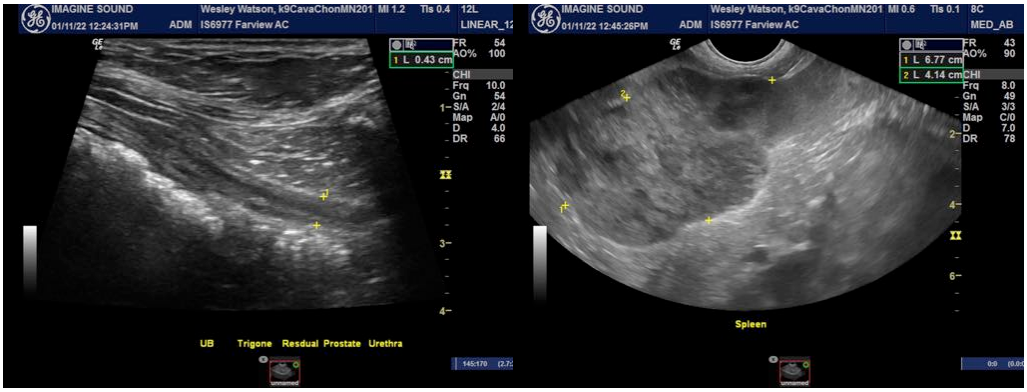

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com