



**PATIENT**

Bucky Richardson

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

90 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Dr. Richardson

**INVOICE**

42087

**DATE**

1/12/23

**PRESENTING CLINICAL SIGNS**

History: Sudden onset lethargy/presumed painful abdomen starting 2-3 days ago. Eating/drinking/urinating/defecating normally. Was restless and seemed to have difficulty getting comfortable.

Abnormal PE/Chem/CBC/UA Results: -BW relatively unremarkable on 1/11/23 (CRE slightly elevated at 1.5 mg/dL; USG: 1.028). Thoracic rads indicated possible mass in cranial abdomen?? -Mass removed from chest in December, 2021 -- pathology report: Haired skin, right thorax: Soft tissue spindle cell sarcoma, Grade I (Scale I-III) Mitotic count: 2 mitoses per ten HPFs Margins: The tumor contacts the deep subcutaneous margin. As such, excision cannot be assured deeply. The narrowest lateral/peripheral margin measures 4.5 mm. -No evidence of recurrence of masses. Was evaluated by an oncologist in December, 2021 who did not recommend any further treatment at that time.

**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. A cortical infarct was noted at the caudal pole of the left kidney measuring The left kidney measured 6.3 cm. The right kidney measured 5.5 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** in this patient revealed a subnormal size and heterogenous nodular parenchymal changes with irregular contour. Vascular and biliary tracts were of normal volume with no evidence of congestion.



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The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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**Gastrointestinal**

The stomach presented a minor amount of ingesta. Variable, minor intestinal thickening was noted with reactive surrounding mesentery noted. The cecum in this patient was thickened with enhanced mesentery. The cecal wall measured 1.2 cm.

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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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**ULTRASONOGRAPHIC FINDINGS**

Infarcting kidneys with moderate degenerative changes and mineralization.

**WEIGHT**

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Microhepatica with remodeling.

Gastroenteritis, Typhlitis pattern.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile is warranted. This is consistent with history of chronic inflammatory hepatopathy. Treatment for gastroenteritis, colitis and Typhlitis is recommended. I also recommend coverage for enterotoxins with Enrofloxacin and Metronidazole combination or similar. Probiotics are indicated. Fecal test and broad spectrum anti-parasitic protocol is warranted. I am most concerned about the long term viability of the liver and kidneys in this patient. However, the gastrointestinal presentation appears to be the primary issue at this time. The prognosis is very guarded. A recheck sonogram is recommended 72 hours after treatment.

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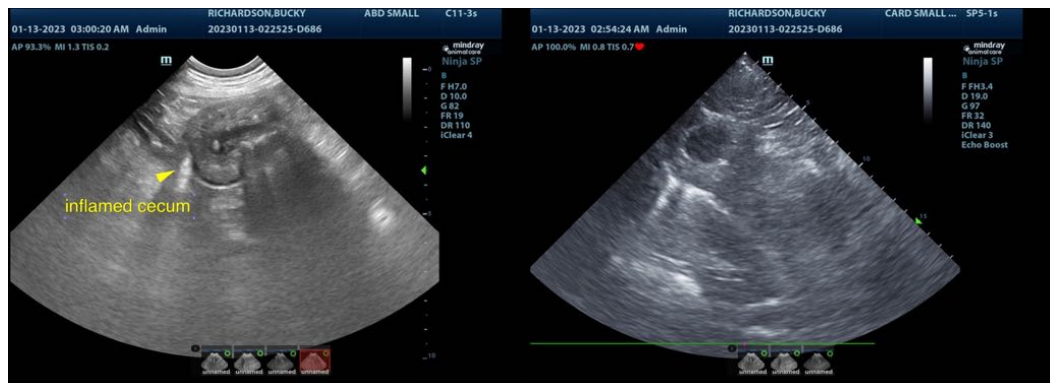
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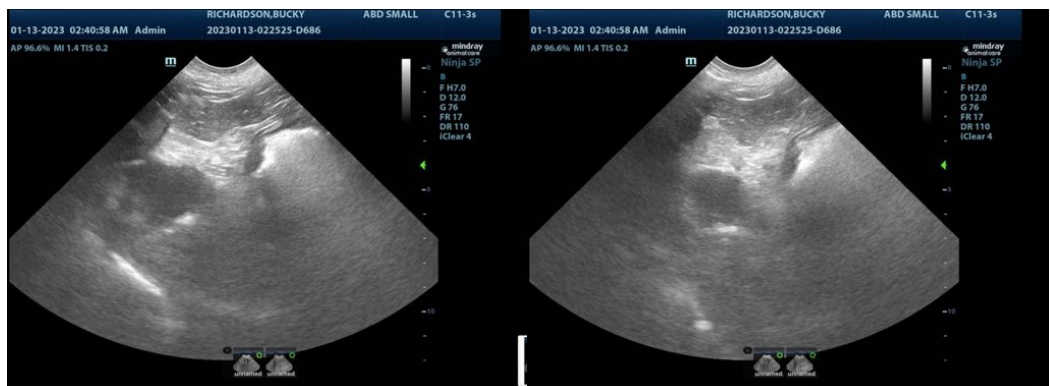
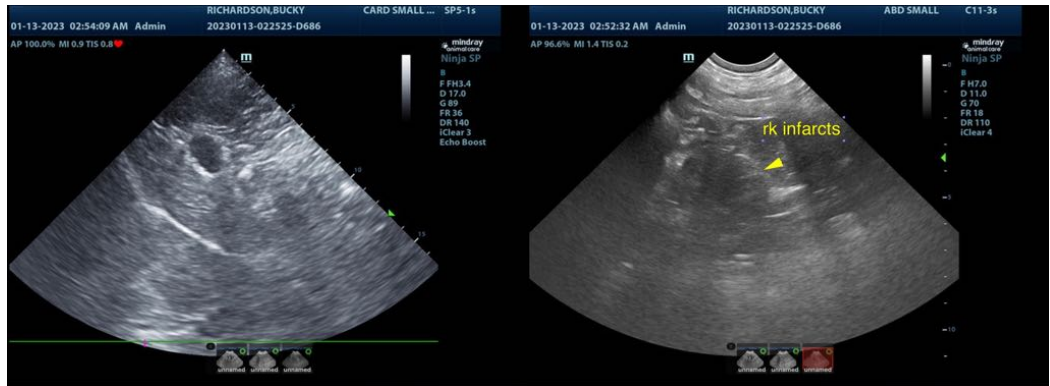
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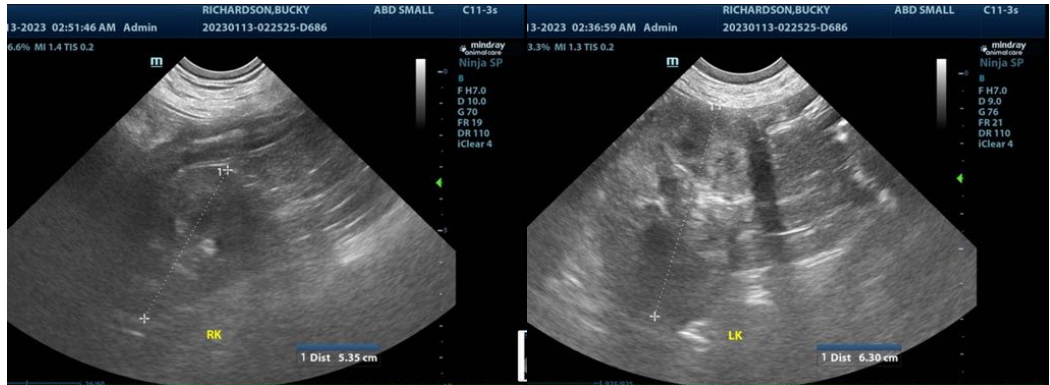
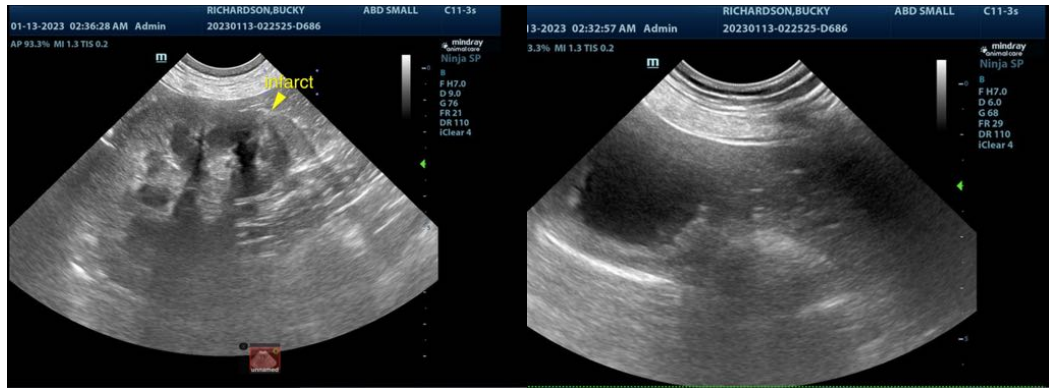
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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