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Clinical Sonography & Telecytology
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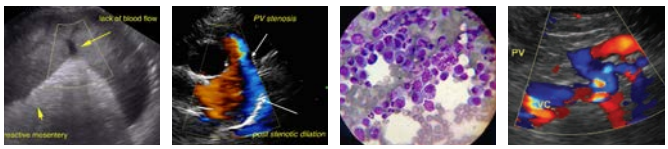

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brody St. Onge

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered Male

AGE
12 Years

WEIGHT
89 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Goodman

INVOICE
34982

DATE
1/21/22

PRESENTING CLINICAL SIGNS

Not eating dog food, but will eat homemade diet, chicken, etc. No weight loss, and did eat this morning. Current medications: Tramadol, Galaprant, Pepcid and Cerenia. Sedated with Torbugesic and Dexdomitor.
Abnormal PE/Chem/CBC/UA Results: BW: all WNL except mildly elevated Lipase. Previous AUS 6/2021, report 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.36 cm. The right kidney measured 7.07 cm. Hyperechoic cortical infarct noted in the cranial pole of the right kidney.

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 0.77 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.43 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially. Slight heterogeneous parenchymal changes noted, yet no disruption of architecture.

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 and common bile duct were unremarkable.

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.

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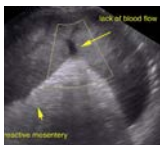
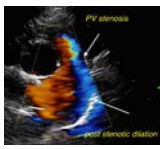
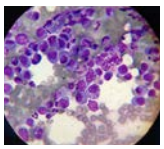
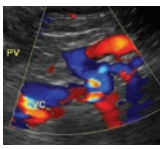

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Other

The caudal thorax revealed lung consolidation or mass and pleural effusion.

The diaphragm in the dorsocranial abdomen was ill-defined. I cannot rule out diaphragmatic rent.

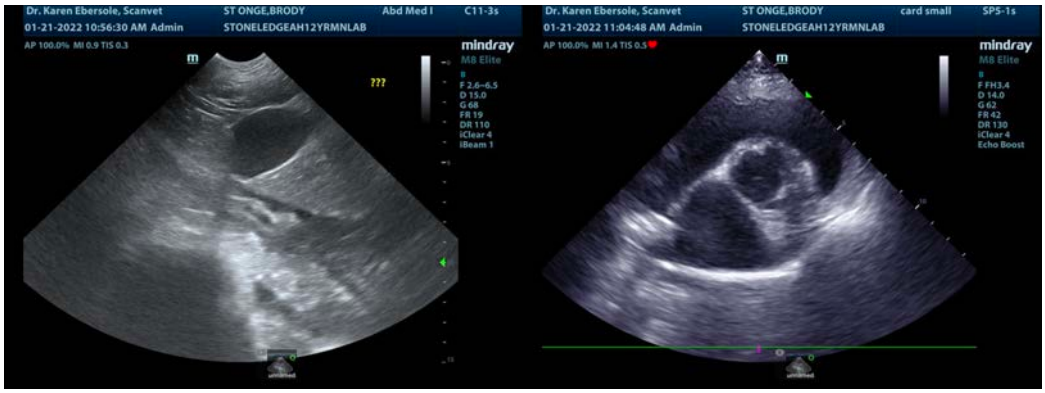
Rapid view of the heart revealed normal contractility, volume and structure. No evidence of primary cardiac disease noted.

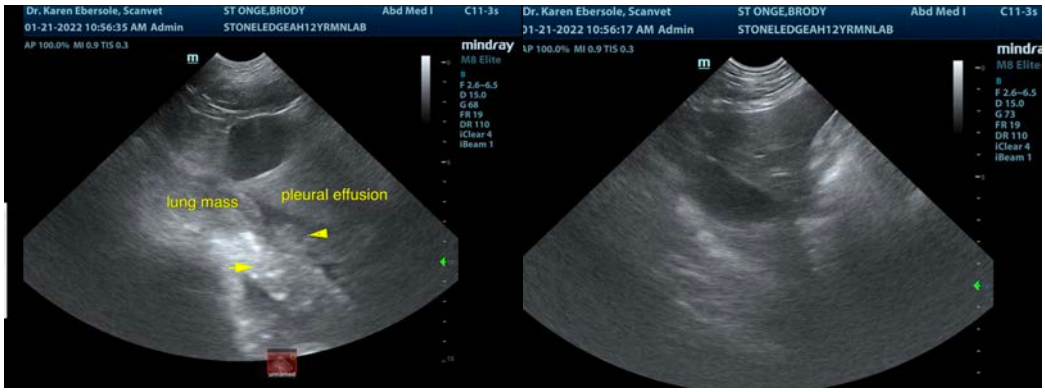
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with minor cortical infarct right kidney
- Caudal thoracic pathology, pleural effusion and lung mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion was relatively minor in the views noted. However, if accessible through ultrasound guided imaging of the intercostal spaces, pleurocentesis and cytospin would be recommended. CT evaluation of the thorax would be warranted. Recommend focusing further diagnostic evaluation on the thorax. CT with contrast would be ideal. No evidence of primary abdominal disease. Lung neoplasia is suspected. Lung lobe torsion, lung lobe necrosis with pleural effusion all possible. Essentially the abdominal sonogram is similar to the prior sonogram from 6/21. However, the thoracic pathology is a new development.





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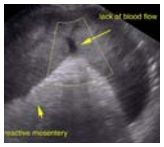
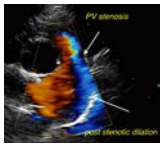
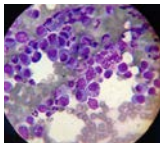
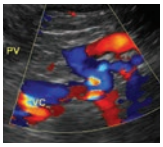

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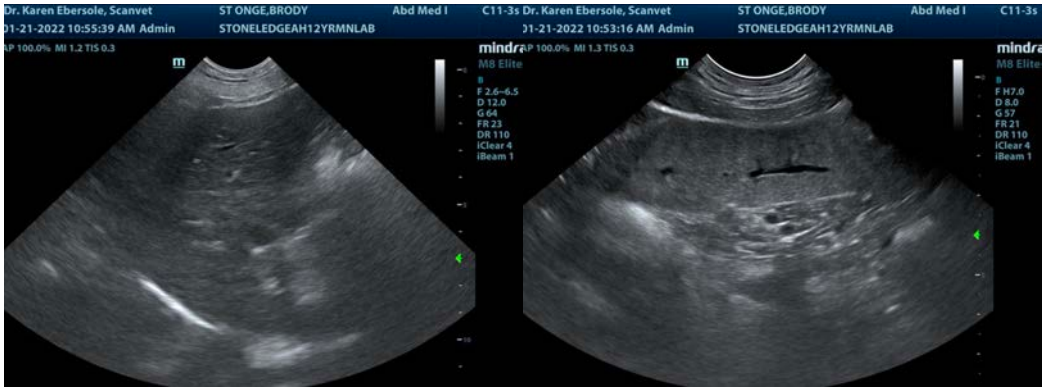

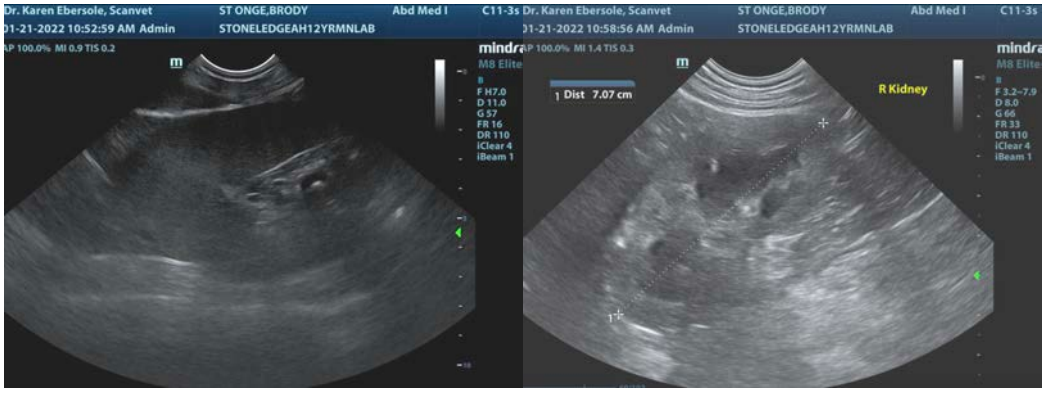

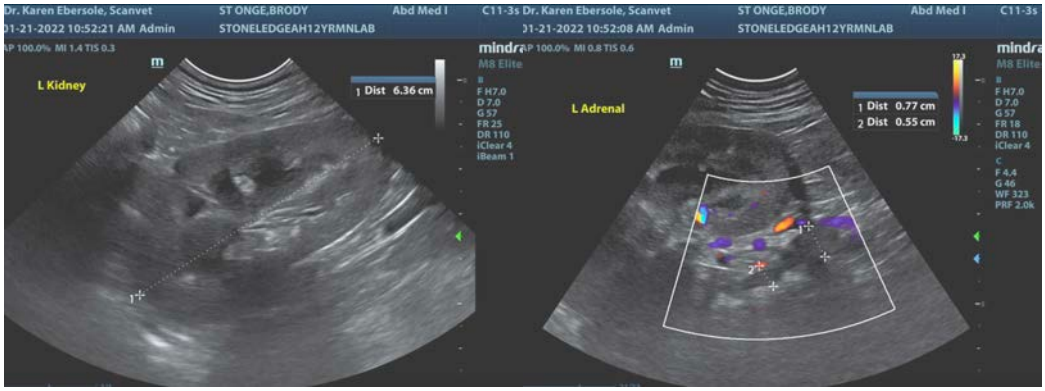

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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