



**PATIENT**

Lily Talbot

**SPECIES**

Canine

**BREED**

Weimaraner X

**SEX**

Spayed Female

**AGE**

11.6 Years

**WEIGHT**

66 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sorbo

**HOSPITAL NAME**

Back Bay VC

**REFERRING VET**

Dr. Sage/Gallerman

**INVOICE**

35012

**DATE**

1/21/22

**PRESENTING CLINICAL SIGNS**

11 year old weimeraner mix. Historical multiple SQ masses (lipoma). Recent ~1 mo right ~5 cm diameter fluctuant non-movable SQ thoracic mass (about level of 10th rib) halfway down thorax. Serosanguinous fluid aspirated. TMTC mast cells noted on cytology. AUS today is staging prior to sx, CxR pending, but appears clear.

Abnormal PE/Chem/CBC/UA Results: Mild elevation ALP (276 U/L)

**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 1.0 cm beyond the cystourethral junction.

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 6.0 cm. The right kidney measured 6.0 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 2.44 cm x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole.

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 were noted.

**Liver**

The **liver** presented generalized hepatomegaly and some hypoechoic non-disruptive nodular changes. Increased portal markings 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.



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**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.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate hepatic remodeling, not clinically significant

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mast cell disease. FNA of the liver could be considered for further definition. However, subjectively it appears benign with a moderate amount of remodeling.

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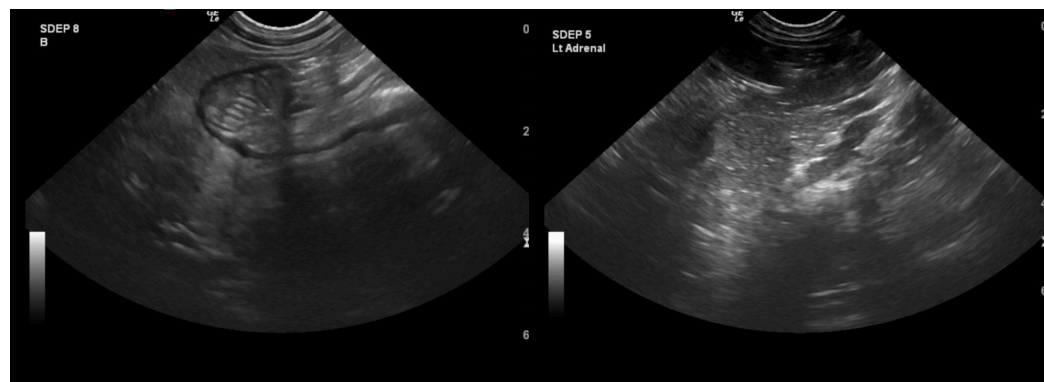
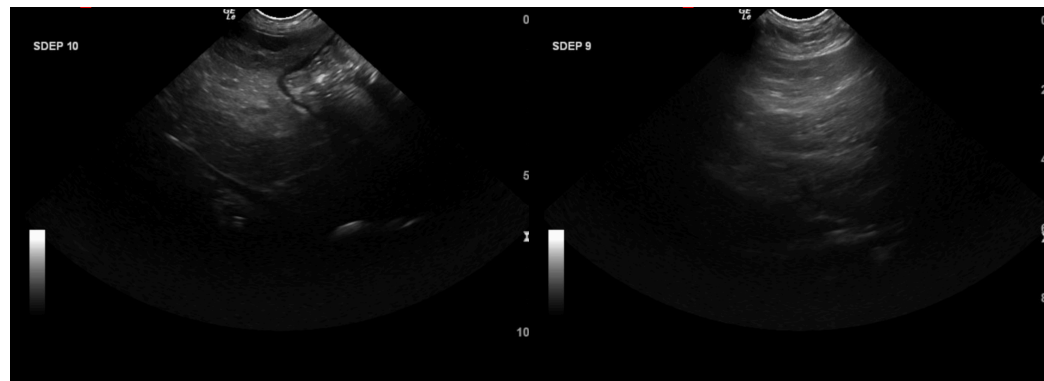
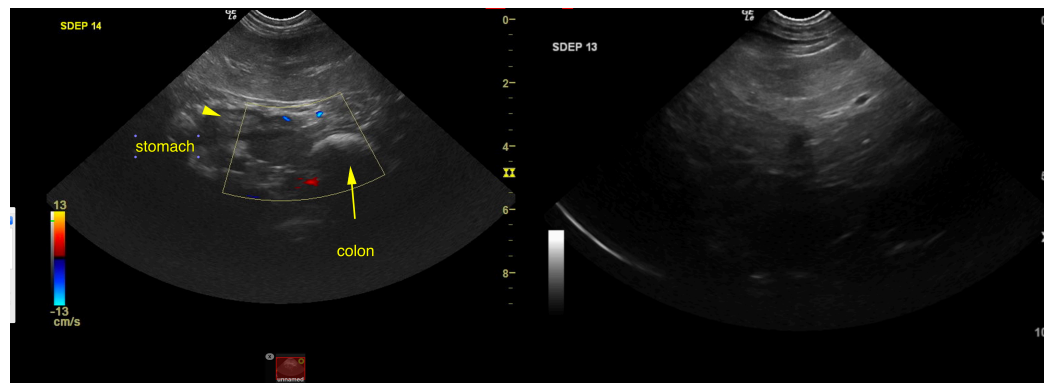
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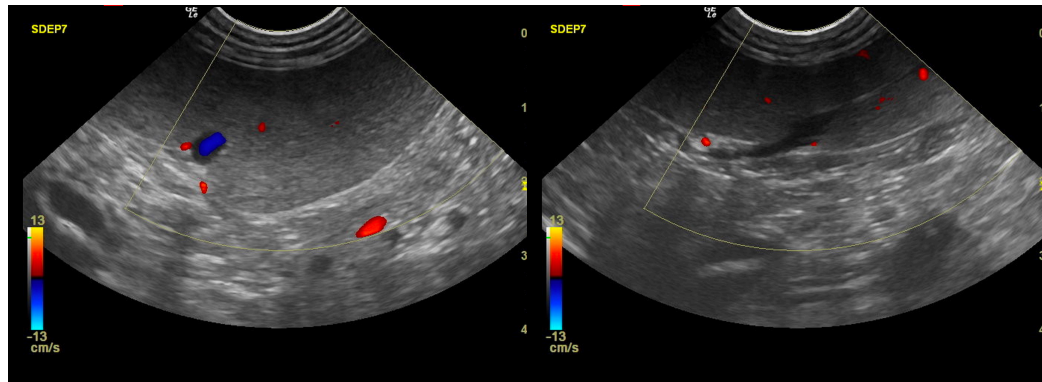
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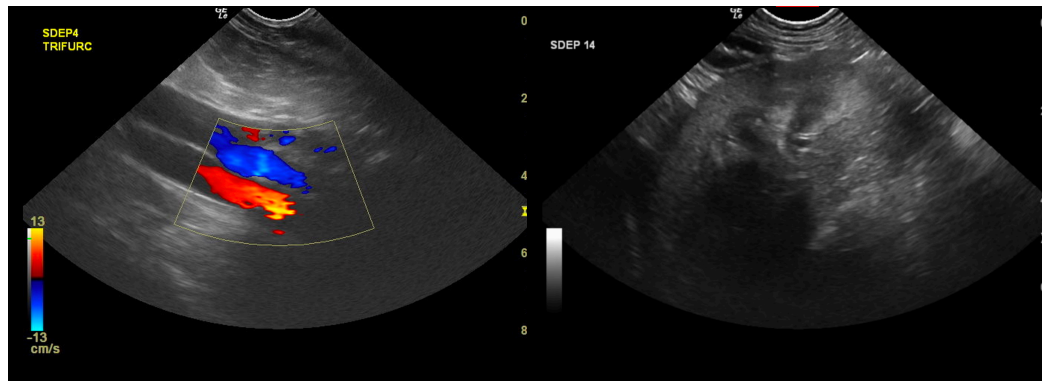
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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