



PATIENT

Odie Shequen

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

12 years

WEIGHT

78.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Hensel

INVOICE

42351

DATE

1/26/23

PRESENTING CLINICAL SIGNS

History: Mass on the right hip noted for some time (months/year?). Previously seen with another vet, has not investigated. Patient is hypothyroid. Attitude is normal, appetite and thirst normal. Good energy.

Abnormal PE/Chem/CBC/UA Results: 1/5/23 Integ: ab -R hip large ulcerated mass-very dense when FNA performed. GU: ab - large mass on R side of prepuce. Chem - ALKP elevated, ownl CBC - wnl Site 1: Hip INTERPRETATION: Sarcoma Site 2: Groin INTERPRETATION: Chronic suppurative inflammation with possible sarcoma 1/26/23 Hip mass distal aspect is necrotic where the FNA was completed, a "bubble" of tissue on the inguinal mass at the site of the FNA was noted and the mass seemed larger today. Radiographs: OA present (normal for age), thorax appears clear of obvious metastasis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 right kidney measured 7.75 cm. The left kidney measured 7.72 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 left adrenal gland measured 3.6 x 0.74 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 2.51 x 1.01 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular changes and was relatively normal in size to slight uniform swelling. There were no overt masses noted.

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



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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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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Free Abdomen

The iliac lymph node was mildly enlarged, expansive and rounded measuring 2.3 x 3.5 cm.

The inguinal mass was undifferentiated and mixed and hypoechoic. An 8.0+ cm structure was noted invading regional tissue. This does not appear resectable.

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ULTRASONOGRAPHIC FINDINGS

Inguinal mass with iliac lymphadenopathy and potential early splenic involvement.

Polypoid bladder changes.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the inguinal mass, spleen and iliac lymph nodes are warranted for staging purposes. Chest radiographs with focus on cranial mediastinum is indicated.

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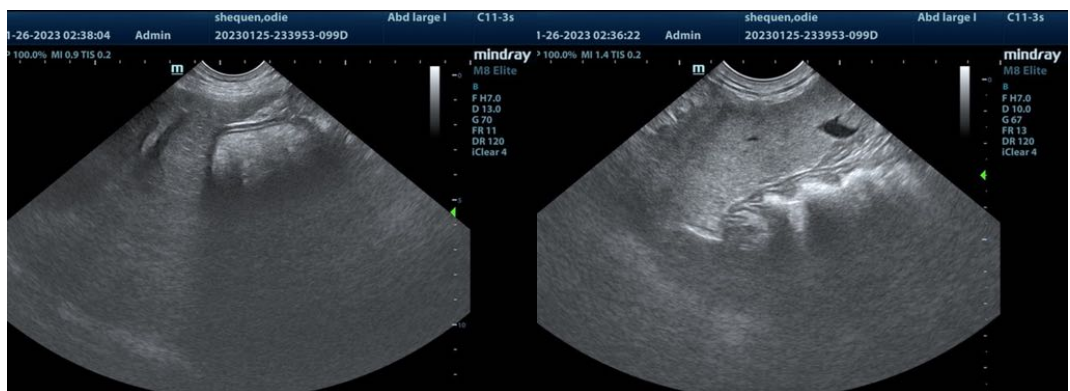
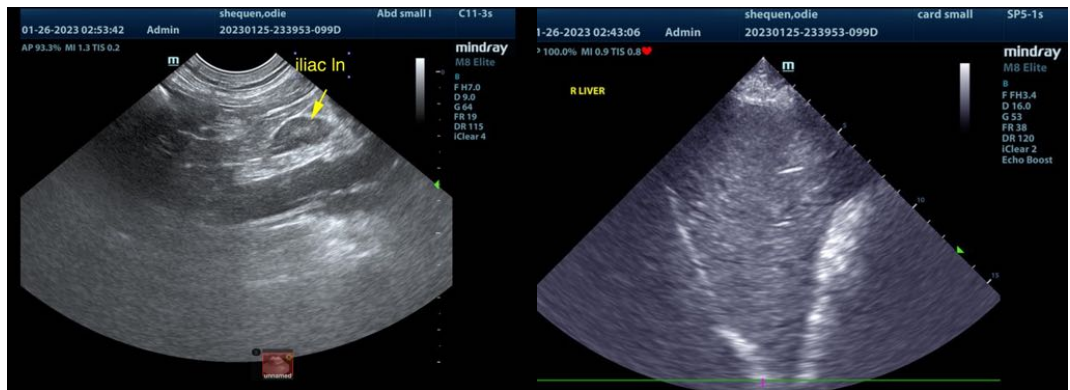
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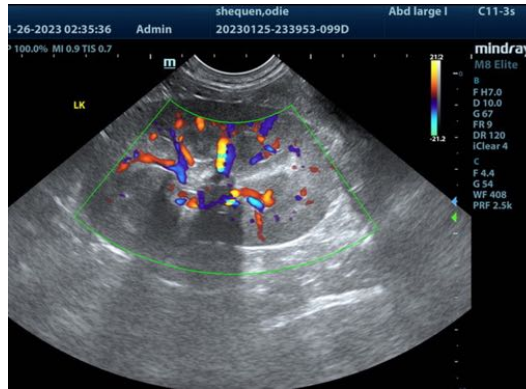
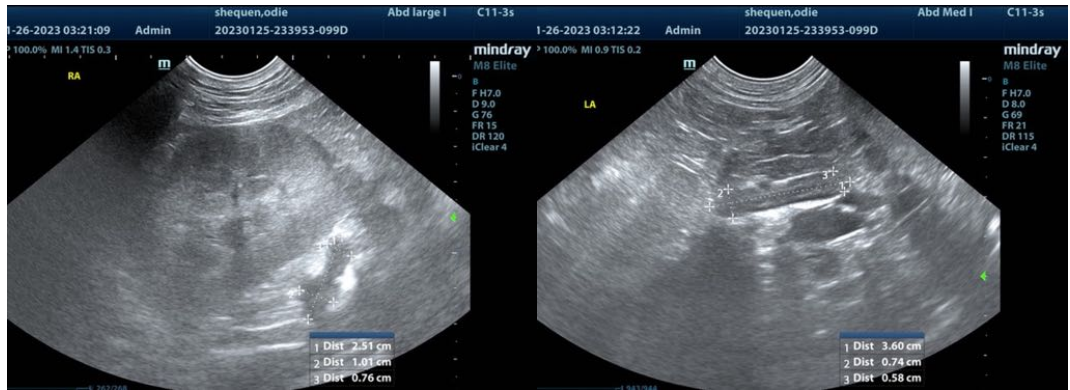
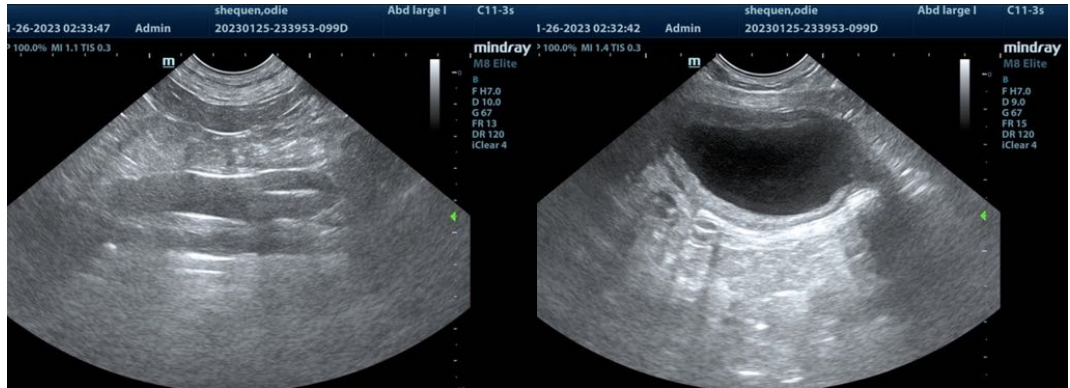
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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