



**PATIENT**

Chance Everett

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

66 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Milot

**INVOICE**

92301

**DATE**

10/11/21

**PRESENTING CLINICAL SIGNS**

History: losing weight, history of IBD, not eating at times, taking Pred and Gabapentin daily  
Abnormal PE/Chem/CBC/UA Results: normal BW

**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 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 5.6 cm. The right kidney measured 6.7 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 0.6 cm. The left adrenal gland measured 0.52 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself with a mixed, echogenic 2.5 cm mass at the mid cranial body. Other heterogenous, nodular changes were noted in the spleen. There was no evidence of rupture at this time.

**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 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**

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Small splenic mass and nodular changes.

**AGE**

12 years

Anechoic cysts were noted in the right kidney.

Otherwise, geriatric abdomen.

**WEIGHT**

66 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend three view chest radiographs and rapid echocardiogram to ensure that no metastatic disease to the heart followed by splenectomy, liver inspection and biopsy. The lesions in the spleen may be benign; however, they are precarious given the echotexture and microcystic components.

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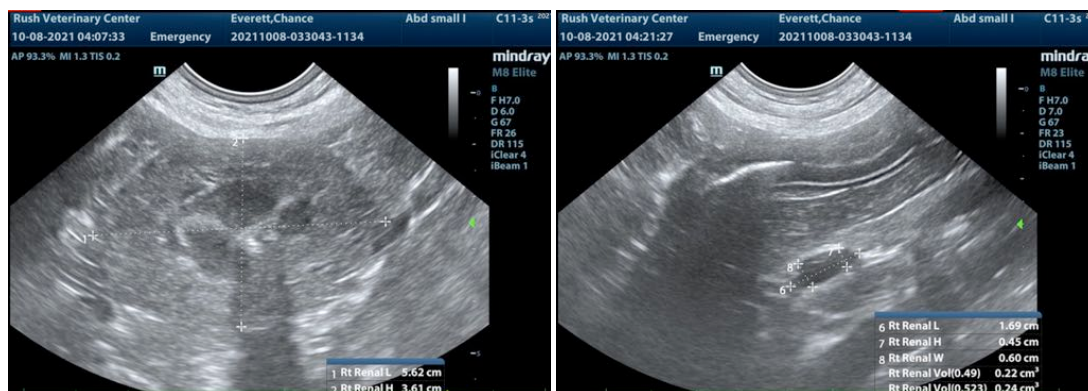
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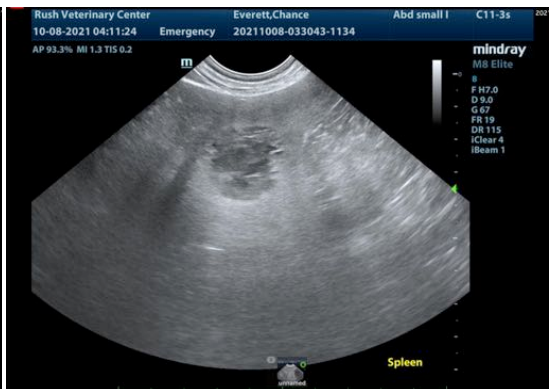
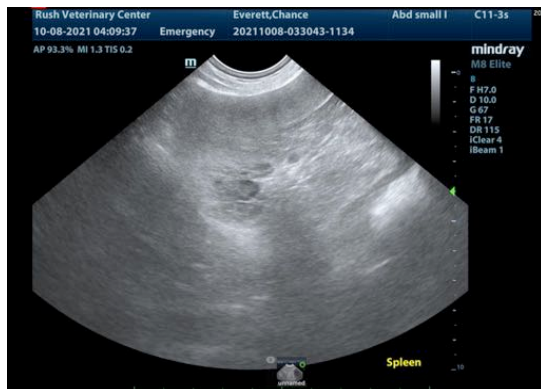
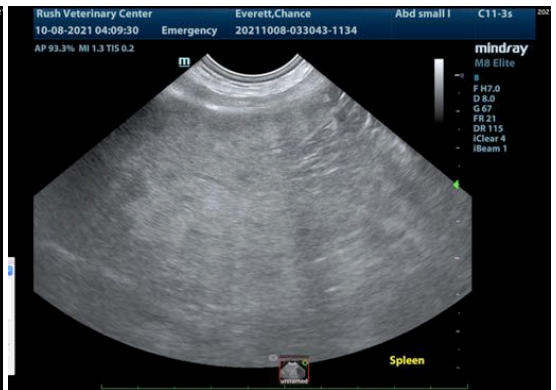
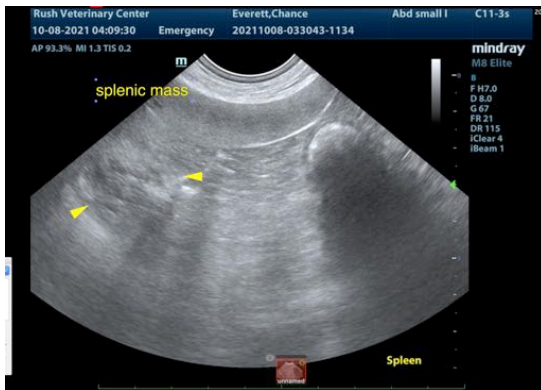
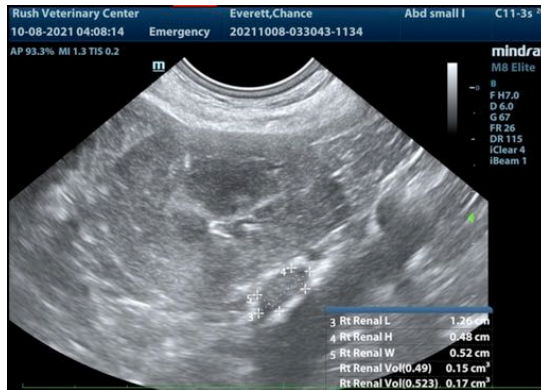
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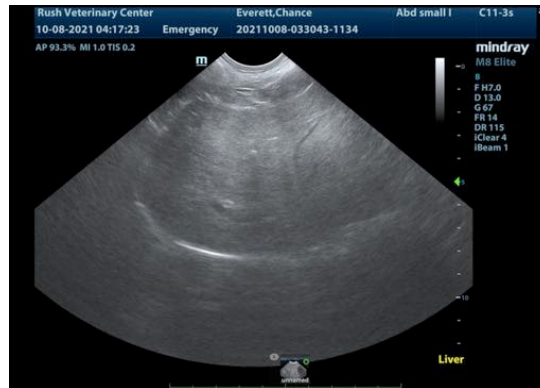
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com