



**PATIENT**

Ruby Wright

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

61 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Campbell

**INVOICE**

92306

**DATE**

10/12/21

**PRESENTING CLINICAL SIGNS**

History: Ruby presented in early September for at least a 2 week history of diarrhea and decreased appetite. Although her appetite improved and diarrhea resolved, she looked like she was losing weight to her owner. An ultrasound and 3-view chest radiographs were recommended based on Ruby's age and her owner's current concerns. She has a history of elevated liver values and Hepaticlear use for liver support. Other treatments include Crananidin for urinary tract health/chronic UTIs and Dasuquin Advanced and an omega-3 supplement for joint support. Her last blood work in July 2021 showed mostly stable but mildly elevated liver values. Ruby has lost an additional 7 pounds since 9/4/21.

**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.

**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.

**Spleen**

The **spleen** revealed multi-focal, hypoechoic and hyperechoic nodular changes. The hypoechoic nodule at the mid caudal body measured 1.96 cm. This may be related to the caudal thoracic mass. Hyperechoic nodular change is likely benign, but should be samples.

**Liver**

The **liver** revealed an expansive, mixed, hyperechoic mass that measured 10.0 cm. Ultrasound-guided FNA is indicated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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**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.

**Heart**

Rapid view of the heart revealed no evidence of pathology. However, arrhythmogenic activity appeared to be present.

**ULTRASONOGRAPHIC FINDINGS**

Splenic nodule, concerning for round cell neoplasia. Concerning for round cell neoplasia.  
Left-sided hepatic mass. The hepatic mass extended dorsal cranially to the diaphragm.  
Minor gallbladder sand.  
Arrhythmogenic activity.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the splenic nodules, liver mass and various hepatic nodules are indicated to assess any relationship with the caudal thoracic mass. There may be multiple forms of neoplasia in this patient. Some of which may be very low grade such as the liver mass. Guarded prognosis is recommended based on cytology results. I suspect hepatocellular carcinoma of the liver.



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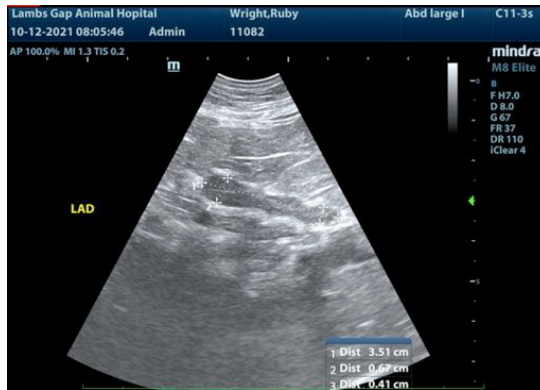
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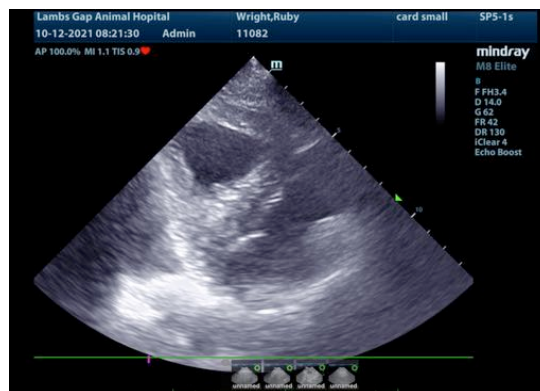
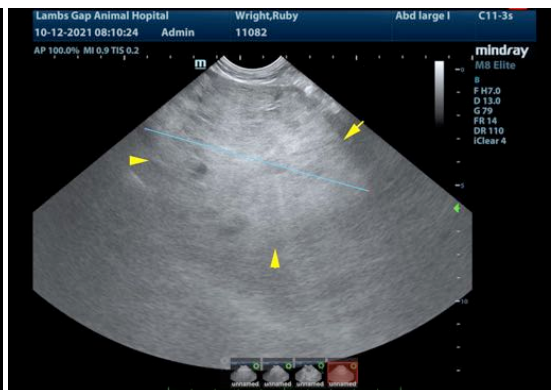
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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