



**PATIENT**

Shadey Mcaulay

**SPECIES**

Canine

**BREED**

Spayed female

**SEX**

11 years

**AGE**

63 lbs

**WEIGHT**

63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

Dr. Whitesell

**INVOICE**

40086

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

History: on routine physical exam felt firm cranial abdomen, radiographs showed suspect mass cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: mild elevation alk phos 339 (5-131)

**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 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. Both kidneys measured 5.7 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 0.8 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland was visualized obliquely and measured 0.8 cm at maximum width.

**Spleen**

A mixed, hypoechoic mass appeared to be deriving from the cranial pole of the **spleen**. The mass superimposed upon the right pancreatic limb; however, it appeared to be separate from the left pancreatic limb.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a small amount of sand and debris without over distension. The gallbladder wall was slightly echogenic.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



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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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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Cranial abdominal mass, likely deriving from the spleen, appears resectable.

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

63 lbs

Chest radiographs and echocardiogram are recommended to assess for metastatic disease. Sarcoma is suspected, benign hyperplastic mass is possible. Surgical intervention is recommended.

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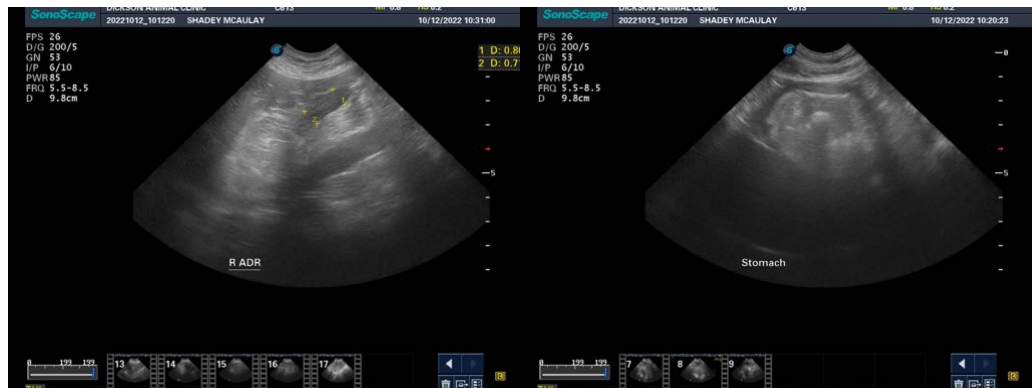
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com