



PATIENT

Lincoln Keyser

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

140

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Jonathan Moss

INVOICE

17681

DATE

10/14/22

PRESENTING CLINICAL SIGNS

History: Pt presented for panting more than normal and vomiting. O said panting started more about 3 days ago, vomiting just started today. Pt is still eating and drinking normally and history of dermal melanoma

Abnormal PE/Chem/CBC/UA Results: CBC showed normal HCT, low lymphs and eos and platlets. Chem showed mild elevation in ALP(263). Previous BW from march 2022 was all normal. Rads showed round mass in central abdomen and seemed to have a mass effect on SI. Couldn't easily find both kidneys on rads. otherwise radiographs were unremarkable.

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 **left kidney** revealed mild degenerative changes. An anechoic cyst was noted at the cranial pole of the left kidney, measuring 7.0 cm. Anechoic fluid was noted. The left kidney measured approximately 10.0 cm. Slight pyelectasia was noted.

The **right kidney** was not visualized.

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 **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed a hypoechoic nodule in the mid cranial body, measuring approximately 2.0 cm. Ultrasound guided FNA indicated. Heterogeneous parenchymal changes were noted in the spleen otherwise with generalized enlargement. Trace free fluid was noted adjacent to the nodule. Other micronodular changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

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.

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Free Abdomen

A mesenteric **lymph node** was enlarged, rounded, hypoechoic and irregular, measuring up to 2.0 cm. Other enlarged, round and hypoechoic lymph nodes were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy
- Splenic infiltrative pattern with nodular changes, strong concern for round cell neoplasia
- Mild degenerative left renal changes with left kidney cyst and pyelectasia
- The right kidney and right adrenal gland were not visualized.
- Age-related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and mesenteric lymph nodes is indicated. Sedation and lateral approach to the kidneys may be necessary.

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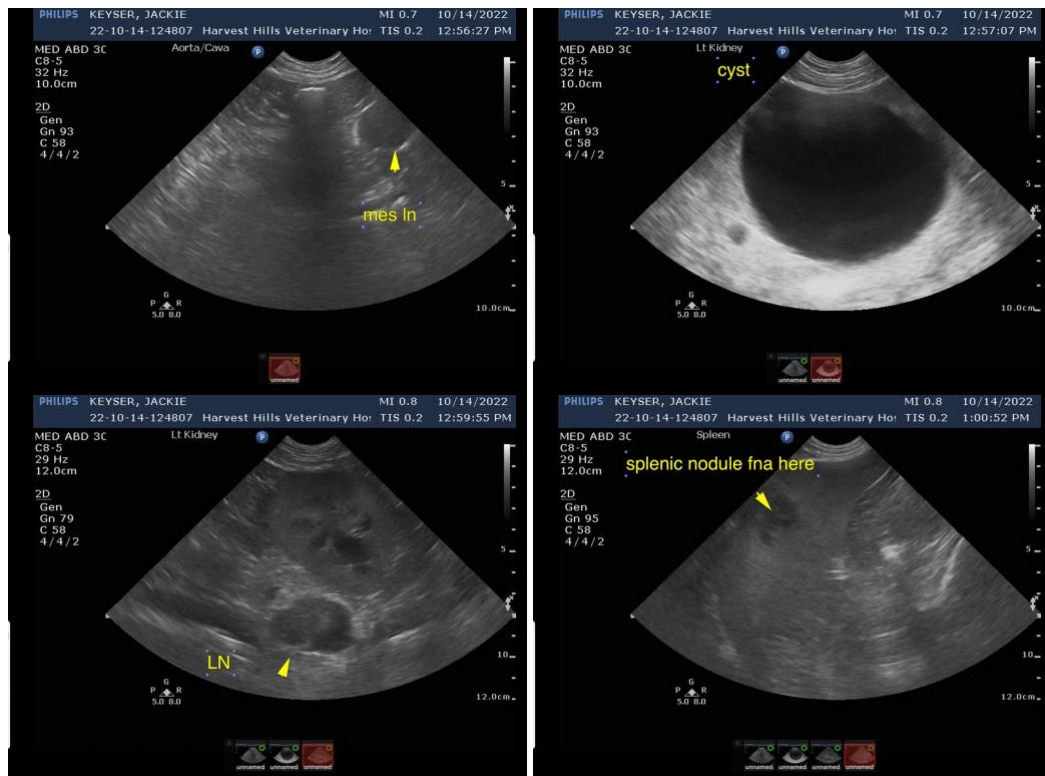
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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