



PATIENT

Nacho Rider

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

11 years

WEIGHT

71 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

40165

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: ~6mo history of mass on ventral abdomen. FNA of mass 10/14 revealed MCT. Currently on 2mg/kg diphenhydramine and 1mg/kg famotidine PO BID. Bruising present on ventral abdomen at time of ultrasound - treated with 0.1mg/kg dexamethasone IV and delayed mass removal 2weeks with tapered course of prednisone.

Abnormal PE/Chem/CBC/UA Results: ALP 164, ALT 202 otherwise WNL

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. The right kidney measured 6.77 cm. The left kidney measured 4.6 cm.

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 left adrenal gland measured 1.68 x 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology; however, it was not overtly visualized.

Spleen

The **spleen** revealed subtle, micronodular changes that were non-disruptive. However, given the patient's history FNA is recommended.

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

Free Abdomen

The iliac trifurcation was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

71 lbs

Hepatic remodeling.

Splenic nodular changes.

Age related abdominal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated to ensure there is no relationship to the history of mast cell disease. However, there was no evidence of pathology.

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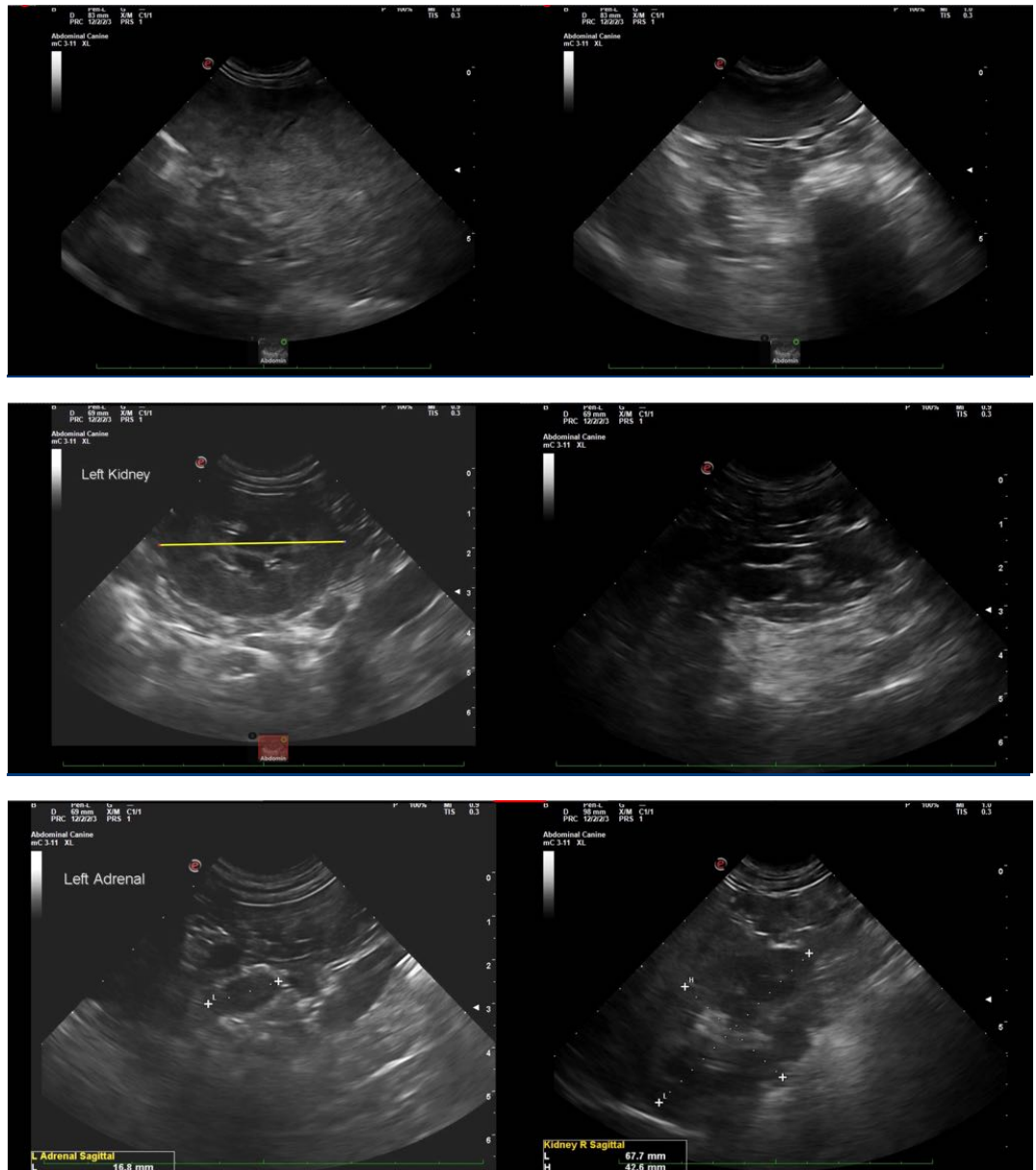
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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