

PATIENT

Elliot Boxwell

SPECIES

Canine

BREED

Springer Spaniel Mix

SEX

Neutered male

AGE

11 years

WEIGHT

65 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Hoof and Paw VH

REFERRING VET

Dr. Jarrett

INVOICE

92568

DATE

10/21/21

PRESENTING CLINICAL SIGNS

History: Coughing for several weeks. Antibiotics given, which helped only slightly. Large mass effect in cranial thorax. FNA of thoracic mass performed.

Abnormal PE/Chem/CBC/UA Results: CBC wnl no recent chemistry or other labwork.

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 residual prostate measured 0.4 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.64 cm. The left kidney measured 7.02 cm.

Adrenal Glands

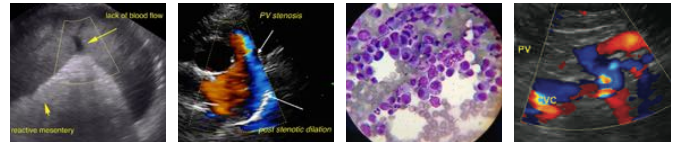
The left **adrenal gland** was heterogenous and mildly irregular. The left adrenal gland was expansive at the cranial pole. The left adrenal gland measured 1.07 cm, 0.78 cm at the caudal pole and 2.78 cm in length. The right adrenal gland was nodular and irregular measuring 1.98 cm at the cranial pole and 0.45 cm at the caudal pole and 4.12 cm in length. The phrenic vein and vena cava were free of evident pathology.

Spleen

The **spleen** revealed heterogenous parenchymal changes with an isoechoic to slightly hypoechoic 2.0 cm nodule at the mid caudal body.

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.

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Heart

The right thorax cranial to the heart revealed an undifferentiated mineralizing mass that appeared to be deriving from the lung tissue. This is extensive. Regional pleural effusion was also noted. CT evaluation of the chest is recommended. The heart itself revealed normal contractility and volume, yet no evidence of primary cardiac disease.

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ULTRASONOGRAPHIC FINDINGS

Bilateral nodular adrenal glands, likely hyperplasia. However, if Cushingoid status is present in this patient then work-up for PDH is indicated as well as blood pressure measurements. The right adrenal gland is likely an adenoma. Capsular expansion was noted without vascular invasion.

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Splenic nodule. Subjectively benign or low-grade; however, this should be monitored +/- sampled with ultrasound-guided FNA.

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Extensive thoracic mass with mineralization, suspect carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient has any history of osteosarcoma or chondrosarcoma the thoracic mass may represent a metastatic lesion. Assessment of the FNA +/- chest CT would be appropriate.

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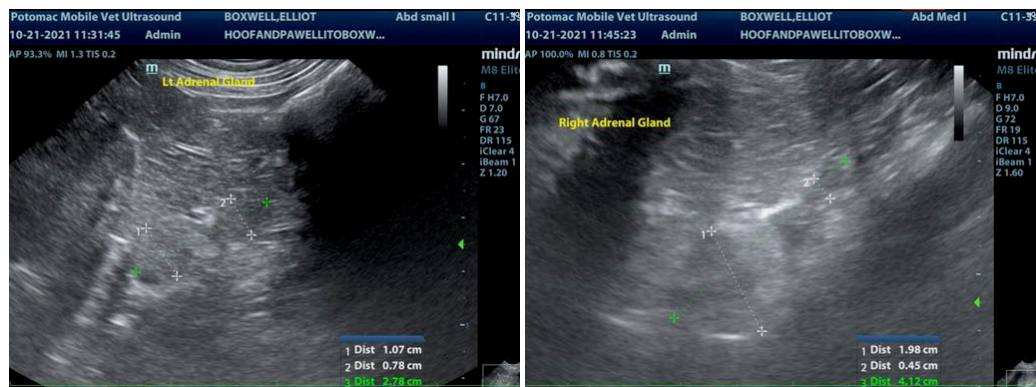
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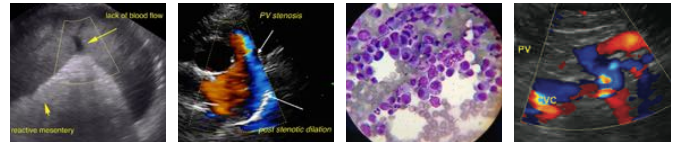
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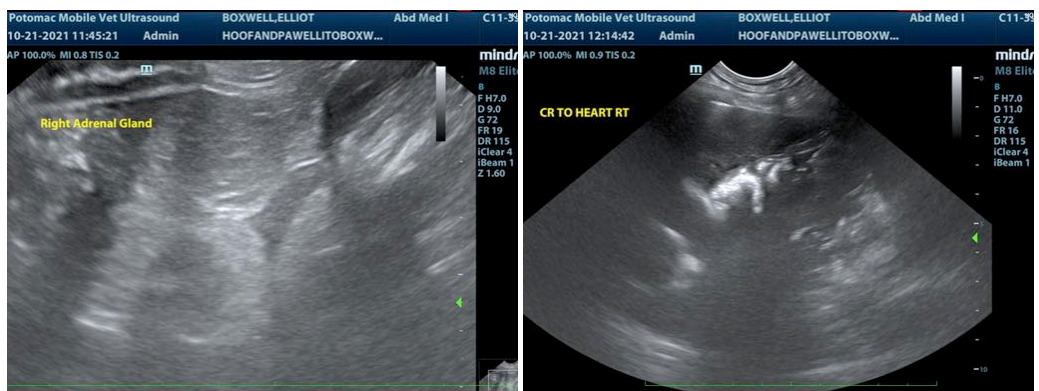
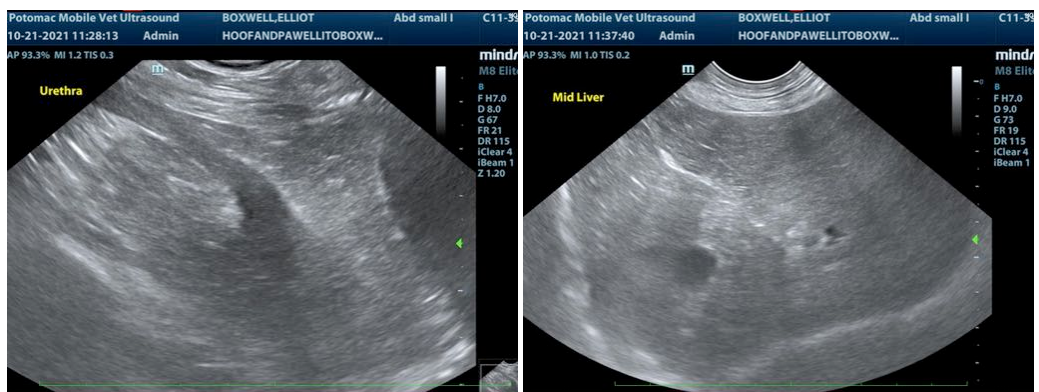
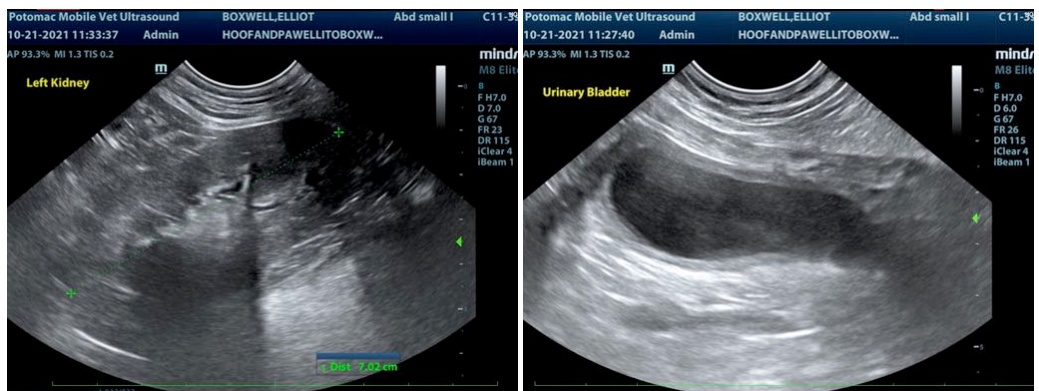
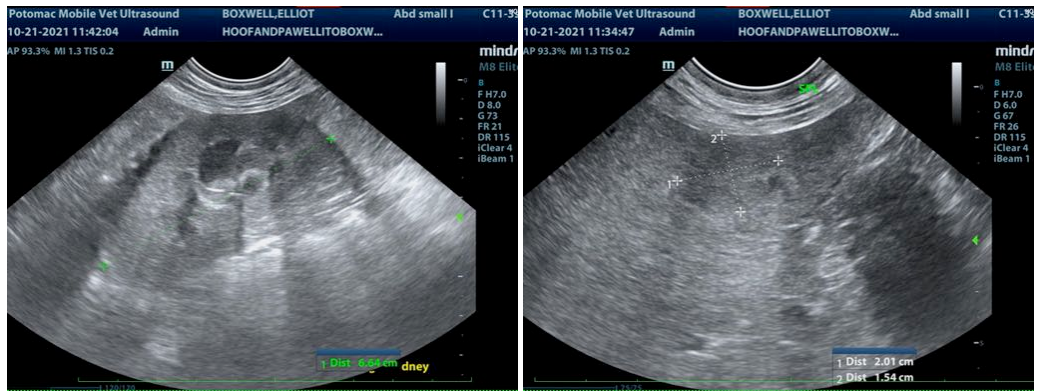
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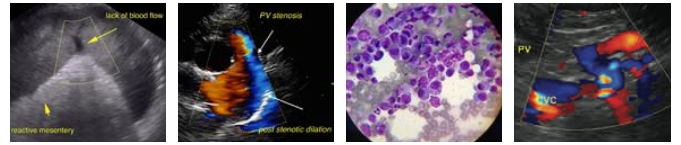
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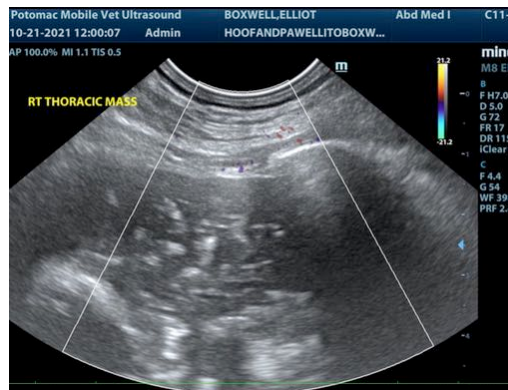
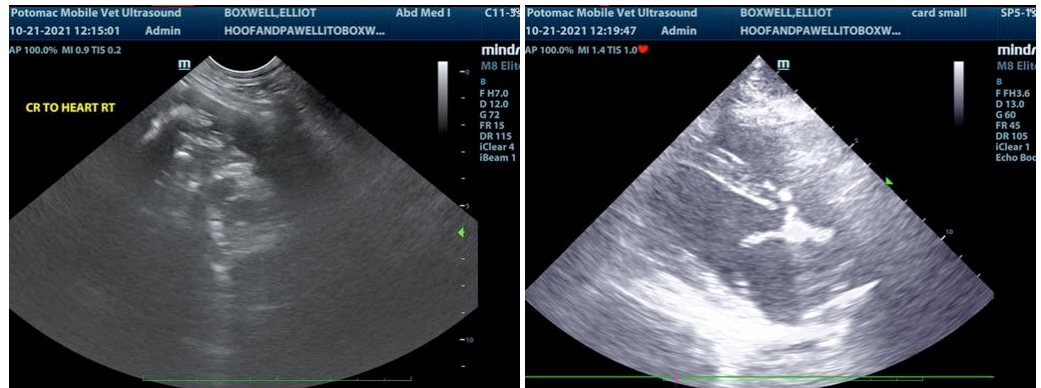
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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