



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Hercules Self

SPECIES
Canine

BREED
Boxer

SEX
Neutered male

AGE
11 years

WEIGHT
96 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Messner

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Messner

INVOICE
92595

DATE
10/22/21

History: History of low grade, grade 2 mast cell tumor removal from left rear paw with complete excision as well as hypoechoic regions within spleen. Recently has developed new mast cell (based on FNA) on dorsal/lateral/caudal thorax. Owner also reports odd behaviors like staring and panting more, although panting has recently resolved. Ultrasound performed as part of staging mast cell sarcoma. Abnormal PE/Chem/CBC/UA Results: ALT 200 H (12-118) ALP 739 H (5-131) PSL 247 H (24-140) UPC: 1.1 H (<0.5) USG 1.010 See attached lab work

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 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. The kidneys each measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



PATIENT

Gastrointestinal

Hercules Self

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

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

AGE

11 years

Structurally insignificant inflammatory hepatopathy, possible reactive hepatopathy.

WEIGHT

96 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of primary or metastatic pathology. There is no evidence of lymphadenopathy. If adrenal disease is suspected full sedation is recommended with further imaging of the adrenal glands.

INTERPRETED BY

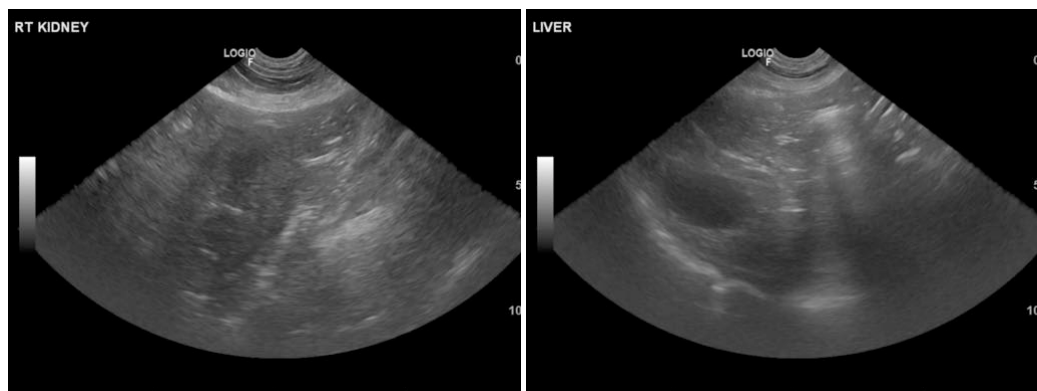
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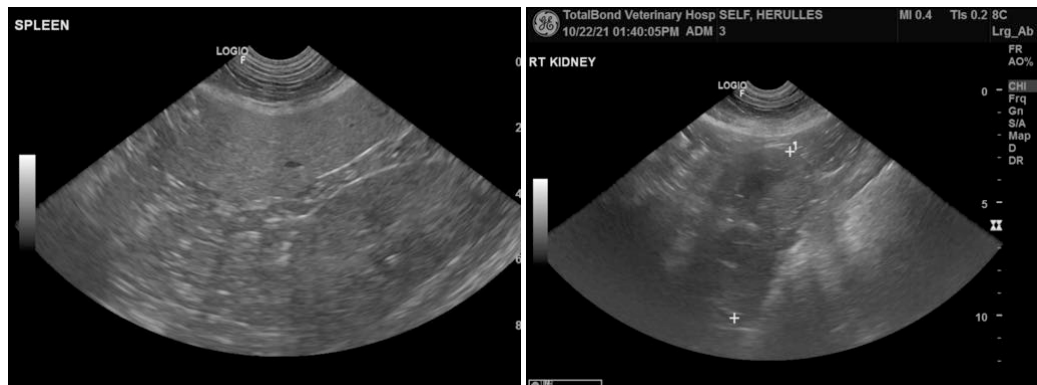
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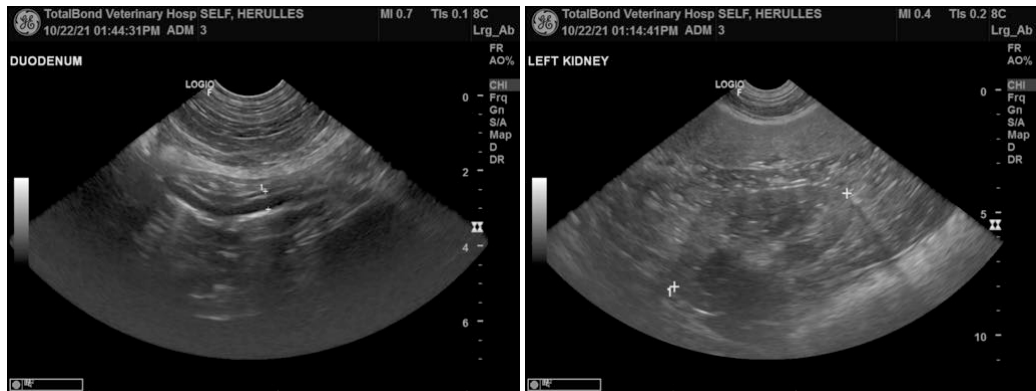
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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