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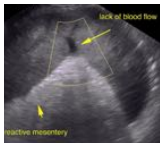

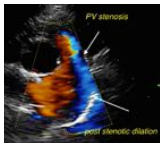

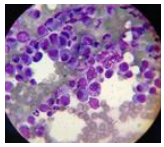
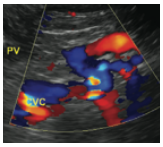

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Annie Hodges

SPECIES

Canine

BREED

Golden

SEX

Spayed female

AGE

7 years

WEIGHT

31.7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hess

HOSPITAL NAME

Petmedic Urgent Care VC

REFERRING VET

Dr. Hess

INVOICE

42073

DATE

10/23/22

PRESENTING CLINICAL SIGNS

History: Presented with urinary signs and general discomfort Large palpable caudal abdominal mass on exam
Abnormal PE/Chem/CBC/UA Results: mild anemia and neutrophilic leukocytosis bacteruria/pyuria

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. The kidneys revealed minor pyelectasia. The left kidney measured 7.0 cm. The right kidney measured 7.0 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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.8 cm at the caudal pole and 1.2 cm at the cranial pole.

Spleen

The **spleen** was uniform and folded upon itself cranially.

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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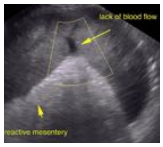
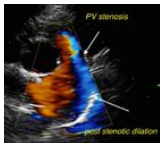
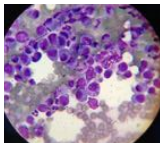
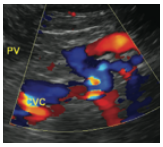

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Gastrointestinal

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.

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.

Free Abdomen

A complex, mixed echogenic, 10.0 cm mass. This is likely a lymph node mass and is dorsal to the urinary bladder. Other regional lymph nodes were enlarged. Free fluid was also noted.

ULTRASONOGRAPHIC FINDINGS

Sublumbar lymph node mass with adjacent regional lymphadenopathy.

Minor pyelectasia.

Otherwise, unremarkable geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sublumbar lymph node mass does not appear resectable. Palpation of the anal glands are warranted to assess for related disease. The renal pyelectasia is likely owing to low-grade concurrent pyelonephritis. FNA of the lymph node mass is recommended. There is a mild potential for hemangiosarcoma deriving from the iliac lymph nodes creating this mass; however, I would expect a more cavitated mass if that were the case. This does not appear resectable. Chest radiographs and ultrasound-guided FNA is indicated.

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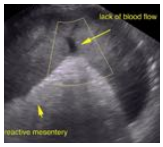
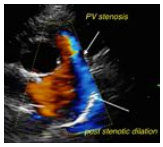
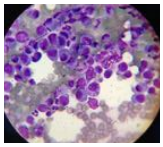
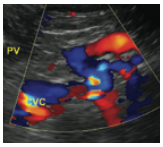

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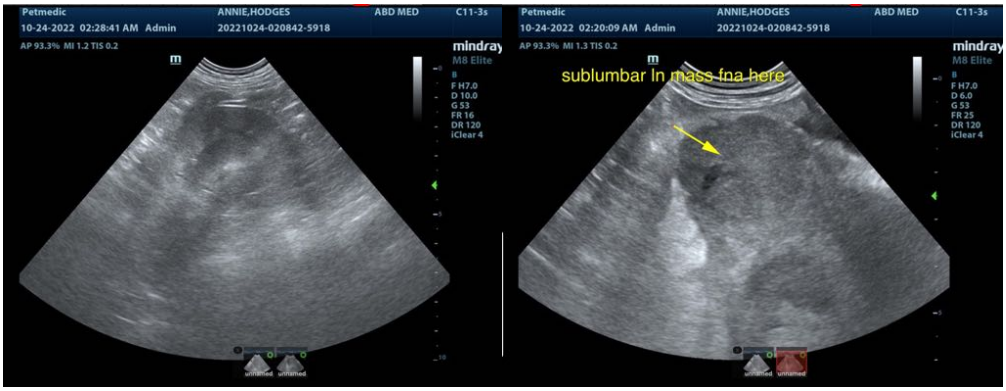

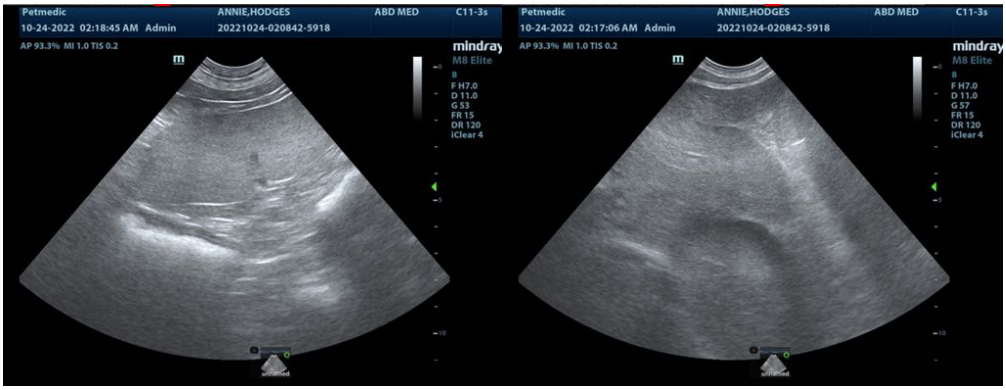

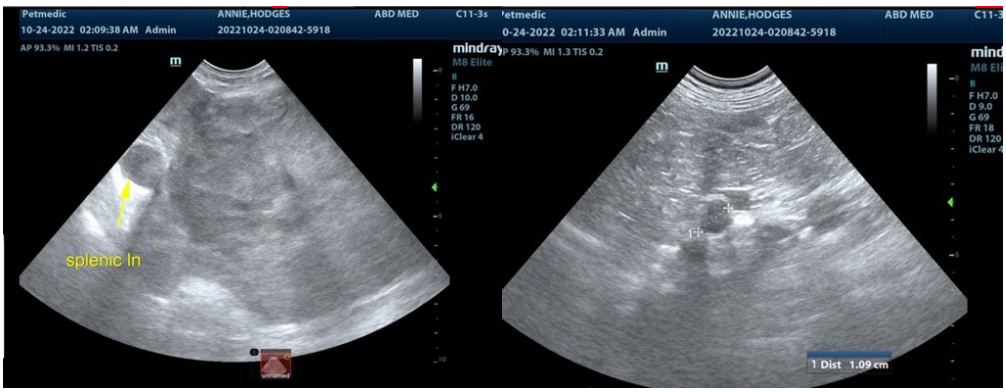

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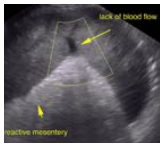
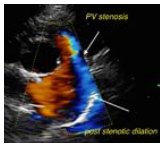
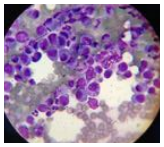
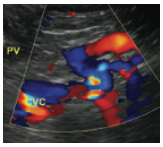

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com