



PATIENT

Brinkley Rodkewitz

PRESENTING CLINICAL SIGNS

History: History of abdominal mass. previous ultrasound 10//26/2020. Recheck

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Retriever

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.

SEX

Neutered male

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. This is similar to the prior sonogram. The right kidney measured 6.5 cm. The left kidney measured 6.11 cm.

AGE

12 years

WEIGHT

54 lbs

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 2.6 x 0.49 cm. The right adrenal gland was not visualized.

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

JK

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.

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

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.

INVOICE

92694

DATE

10/27/21



PATIENT

Gastrointestinal

Brinkley Rodkewitz

Examination of the **gastrointestinal tract** revealed retention of ingesta noted in the stomach. The intestinal lesion noted on the prior sonogram is persistent and measured 2.5 x 1.67 cm. It does not appear to have grown

SPECIES

Canine

Pancreas

BREED

Golden Retriever

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

Persistent intestinal lesion.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Technically the intestinal lesion is not a mass; however, it may represent a benign intestinal thickening and/or adjacent lymph node that is undifferentiated. It appears stable. If the patient is non clinical then no specific therapy is recommended. If any weight loss, melena or GI signs occur then a recheck sonogram would be warranted.

WEIGHT

54 lbs

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SPECIES

Canine

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SEX

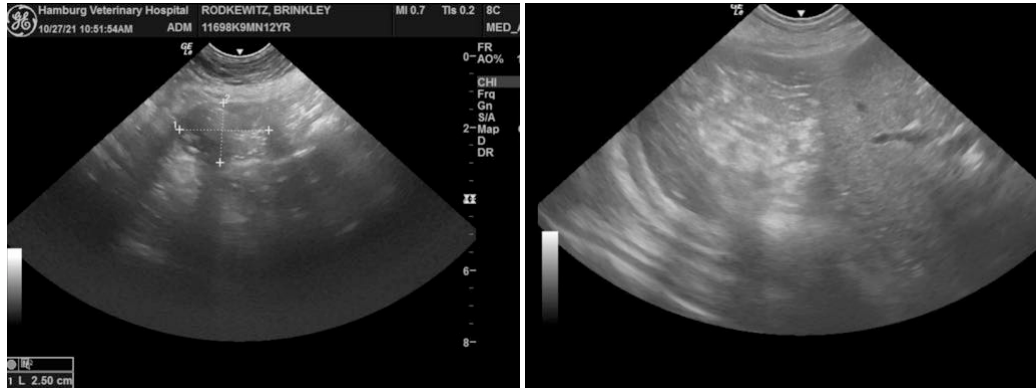
Neutered male

AGE

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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.

IMAGING PERFORMED BY

JK

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