



**PATIENT**

Jax Nash

**SPECIES**

Canine

**BREED**

Catahoula Leopard Dog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

21.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser

**INVOICE**

13472

**DATE**

10/3/21

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for AUS. Started in January after a dental, a few days after the dental he didn't want to eat. Tried outpatient, switched foods and would eat but off and on. Sore back dx by rdvm this spring, gave Rimadyl, helped with back but still not eating well. Last month took to rdvm, wouldn't eat at all, rdvm gave methocarb, still NE. Went for second opinion, noticed a lump on R shoulder - was a very small lump and quickly tripled in size over 1 week, cytology showed soft tissue sarcoma, rads showed enlarged spleen. Now more lumps are showing up everywhere over the past week, super painful on neck/jaw where 3 new lumps are. Drinking ++ urinating ++ over past week, tar-like diarrhea, clear nasal discharge. Rec AUS. Previous Health Concerns: swimmers tail Current Medications: Rimadyl and Gabapentin – discontinued, started on oral Buprenorphine Appetite/When did they eat last: Friday

Abnormal PE/Chem/CBC/UA Results: Rdvm cytology: 1cm mass R cranial lateral shoulder, Soft Tissue Sarcoma 4DX negative Rdvm bloodwork: CBC Retic 21.3; WBC 18.62; NEU 14.37; MONO 1.99; HCT.56; Chem 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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 left kidney measured 6.46 cm. The right kidney measured 6.12 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 0.5 cm.

The region of the **right adrenal gland** was unremarkable.

**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 were noted.

**Liver**



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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.

**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**

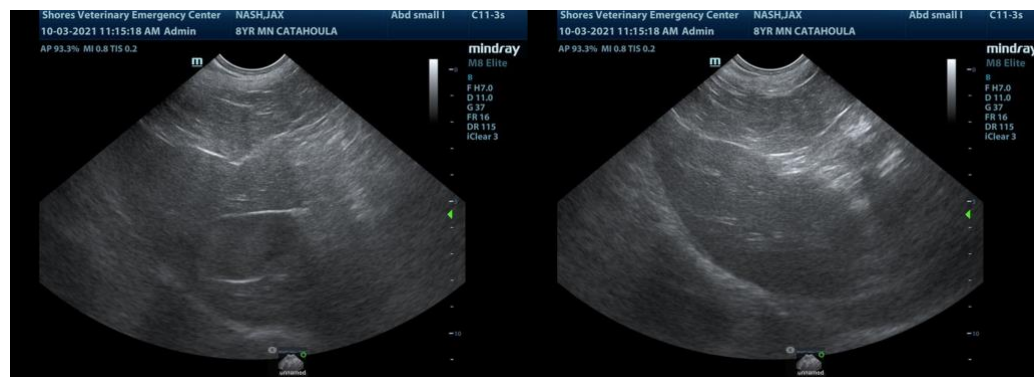
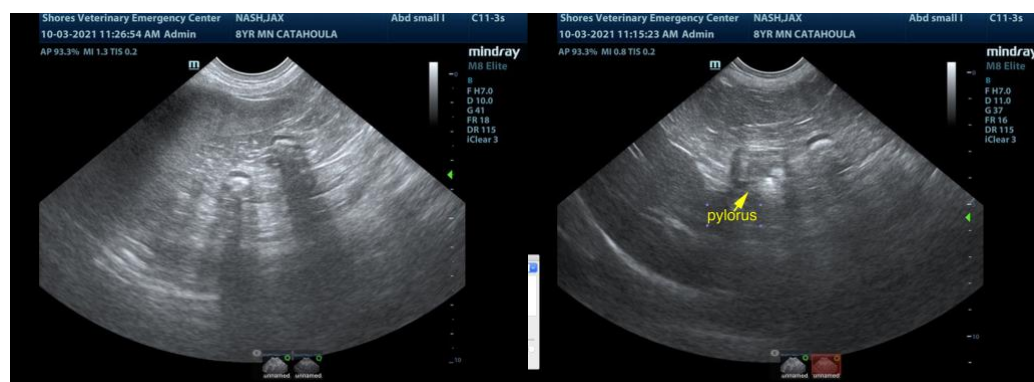
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology. Supportive care should prove effective.





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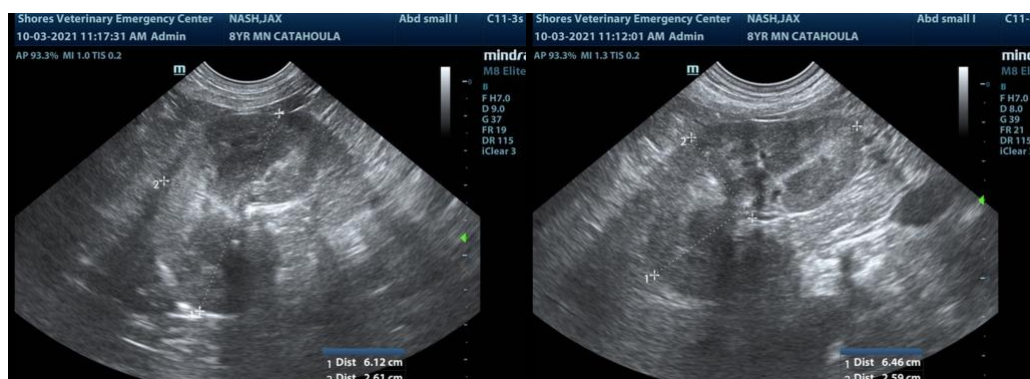
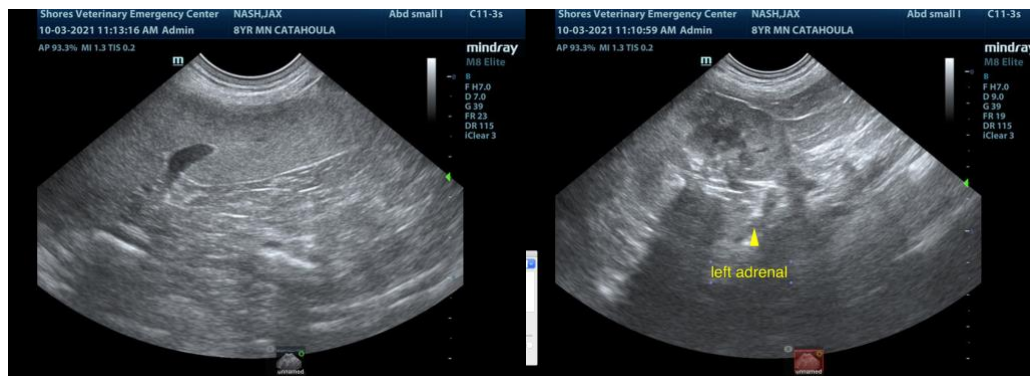
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com