



DATE	PRESENTING CLINICAL SIGNS
10/4/21	History: not wanting to lay down; won't go to the bathroom and not eating.
PATIENT	Current Medications: Not provided by the veterinarian.
Guiness Borneman	Lab Results: Not provided by the veterinarian.
SPECIES	Radiographs: Not provided by the veterinarian.
Canine	Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
BREED	Sedation: Sedated Torbugesic, Acepromazine and Telazol IV.
Vizsla	Stat Report: Approved/Requested.
SEX	
Neutered Male	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
10/22/2010	Urinary System
WEIGHT	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.
64 Pounds	The right kidney presented minor pericapsular fluid accumulation yet was structurally unremarkable otherwise. The right kidney measured 6.28 cm.
INTERPRETED BY	The left ureter was dilated at 0.43 cm with mild to moderate hydronephrosis of the left kidney . The left kidney was swollen and measured 7.08 cm.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Adrenal Glands
HOSPITAL NAME	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 2.32 cm x 0.6 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 2.07 cm x 0.74 cm at the caudal pole and 0.82 cm at the cranial pole.
Gambrills VC	Spleen
REFERRING VET	The spleen revealed expansive mixed hypoechoic 2.24 cm mass with capsular expansion and disruption of architecture.
Dr. Orenstein	Liver
INVOICE	The liver revealed hypoechoic expansive 4.8 cm nodule impinging upon the diaphragm in the right liver. Other heterogeneous changes noted in the liver. The gallbladder and common bile duct were unremarkable.
13496	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

The caudal **abdomen** revealed undifferentiated mixed hypoechoic and cystic mass with regional inflammation, measuring approximately 12 x 7 cm appears to be deriving from the sublumbar lymph nodes and prostate, obstructing the left ureter. The mass is significantly undifferentiated and likely related to the splenic mass.

Other

The **right auricle** was volume contracted and unremarkable. No pericardial or pleural effusion noted. Tachyarrhythmia noted.

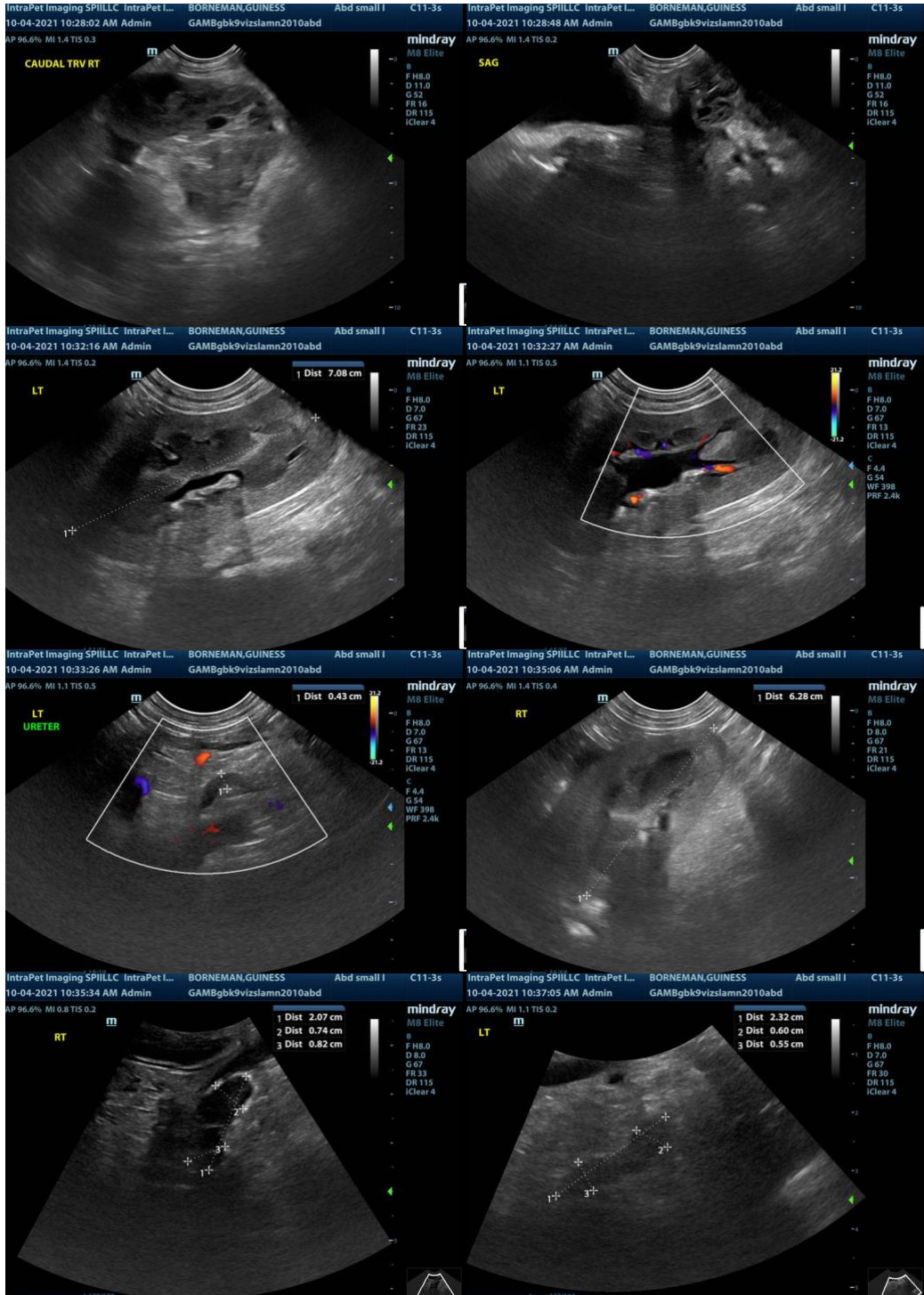
ULTRASONOGRAPHIC FINDINGS

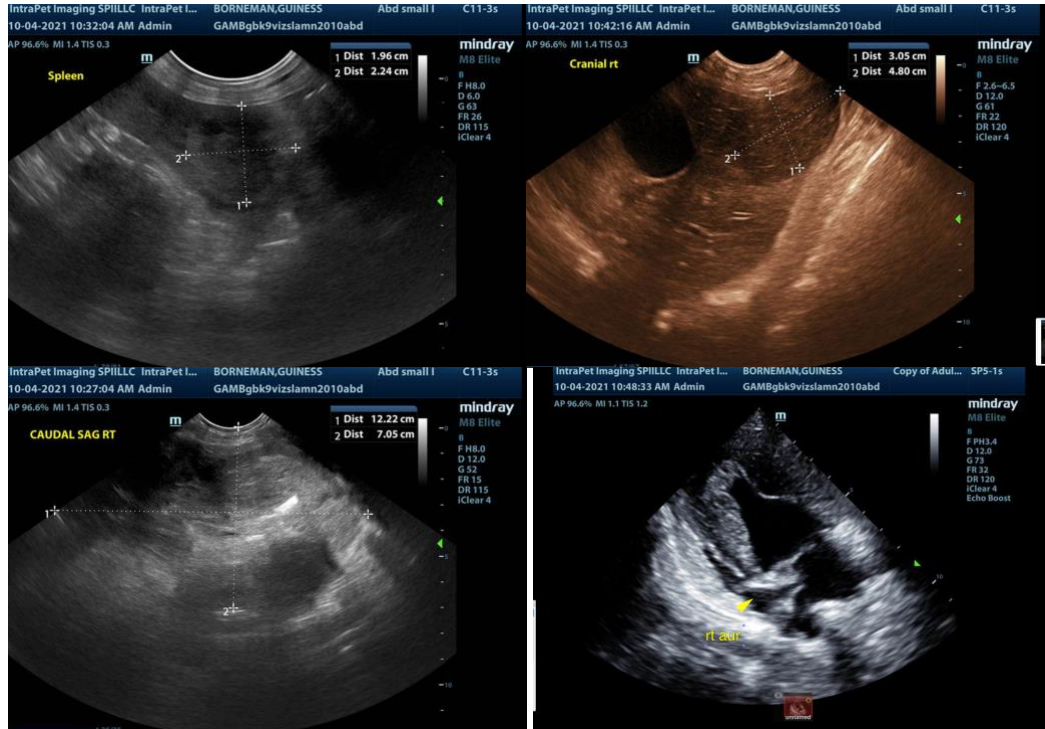
- Non-resectable, extensive pelvic mass, likely prostatic or vascular origin.
- Probable metastatic lesion to the spleen +/- liver
- Secondary left ureteral obstruction owing to the mass involvement of the left ureter and bladder trigone
- Liver heterogenous changes with hypoechoic expansive nodule
- Right auricle, volume contracted
- Tachyarrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multifocal FNA warranted. Multicentric hemangiosarcoma, carcinoma, round cell neoplasia all possible. Sampling and immediate chemotherapeutic intervention recommended.







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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