

PATIENT

Jax Levine

SPECIES

Canine

BREED

Mix Breed

SEX

Neutered male

AGE

2012

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

42278

DATE

11/1/22

RESENTING CLINICAL SIGNS

History: Apocrine gland Carcinoma surgery 4/25/22 followed by 4 Treatments of Chemo Carboplatin - once every 3 weeks. Follow up abd ultrasound to evaluate for metastasis - previous AUS attached.

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 right kidney measured 5.85 cm. The left kidney measured 5.81 cm.

Adrenal Glands

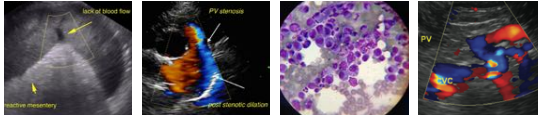
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.87 x 0.77 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.03 x 0.73 cm at the caudal pole and 0.67 cm at the cranial pole.

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

Jax Levine

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.

SPECIES

Canine

BREED

Mix Breed

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

Free Abdomen

The sublumbar/ilic region revealed large, cystic masses with regional inflammation. This was non-vascular. The largest of which measured 5.0 cm.

AGE

2012

ULTRASONOGRAPHIC FINDINGS

WEIGHT

47 lbs

Cystic lymph nodes in the iliac region.

Otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage, culture and cytology is indicated. Partially treated infiltrative lymph nodes is my suspicion or less likely abscessation. Ultrasound-guided drainage of the lesions is recommended with cytology and culture. Chest radiographs are warranted if not already performed. There was no other evidence of metastatic disease noted.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

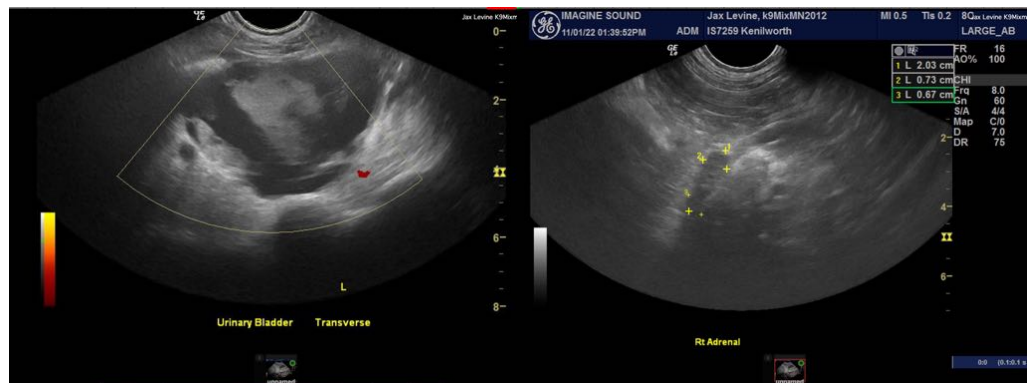
Dr. Mansour

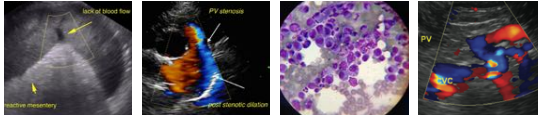
INVOICE

42278

DATE

11/1/22





PATIENT

Jax Levine

SPECIES

Canine

BREED

Mix Breed

SEX

Neutered male

AGE

2012

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

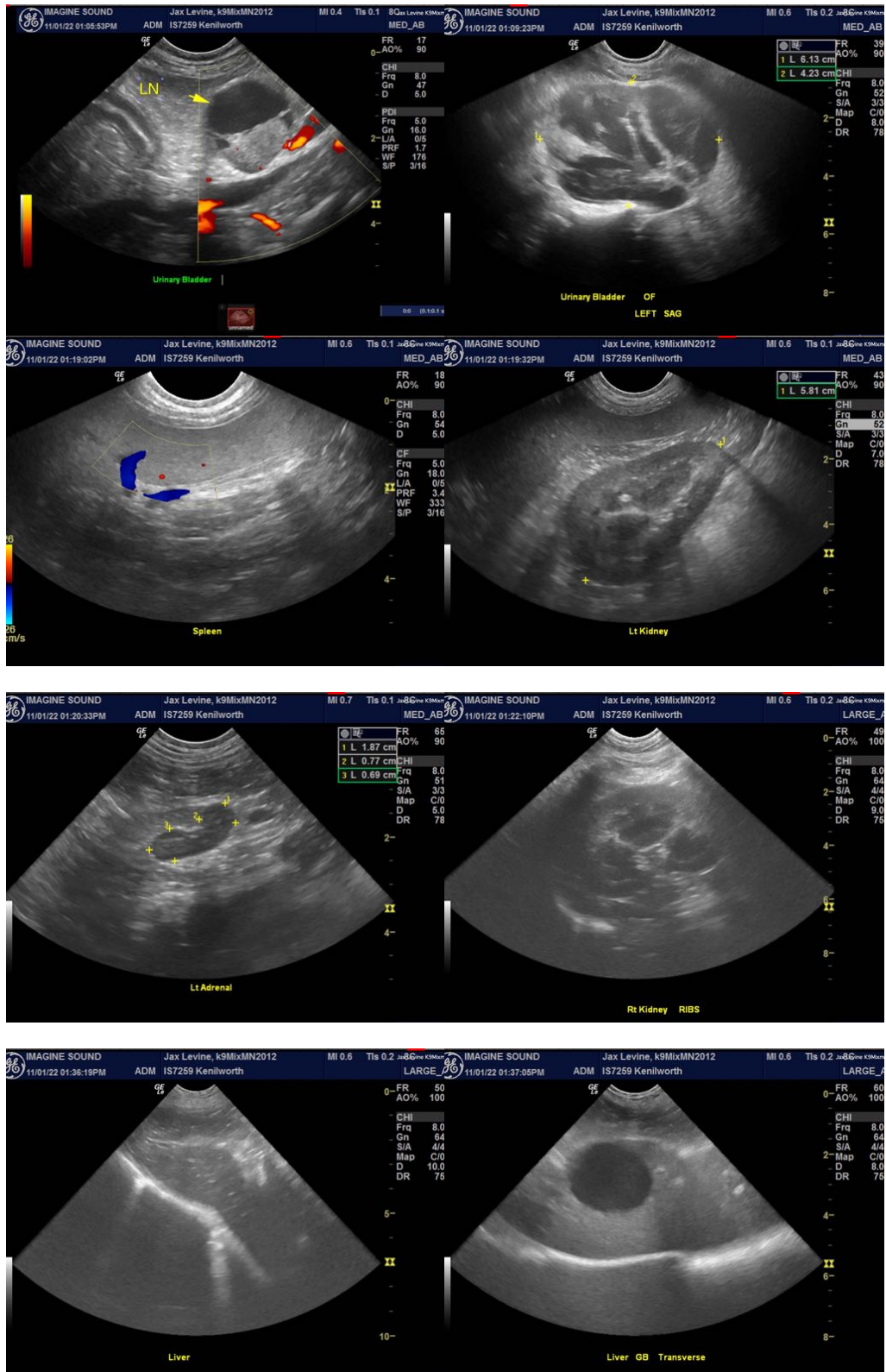
Dr. Mansour

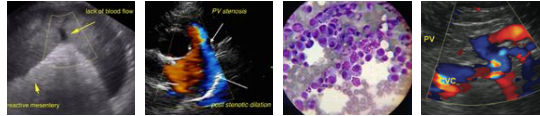
INVOICE

42278

DATE

11/1/22





PATIENT

Jax Levine

SPECIES

Canine

BREED

Mix Breed

SEX

Neutered male

AGE

2012

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

42278

DATE

11/1/22



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
Eric.Lindquist@SonoPath.com