

**PATIENT**

Juno Duke

**SPECIES**

Canine

**BREED**

Corgi Mix

**SEX**

Spayed female

**AGE**

14 ½ years

**WEIGHT**

19 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Airport VH

**INVOICE**

42311

**DATE**

11/2/22

**PRESENTING CLINICAL SIGNS**

History: Pet is having a hard time having bowel movements and has also noticed the the pet is urinating a lot.

Abnormal PE/Chem/CBC/UA Results: Radiograph of abdomen (rule out mass), urinalysis and bloodwork (abnormal).

**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.

A large, undifferentiated 5.0 x 8.0 cm, mixed hypoechoic mass with peripheral inflammation was noted. It appeared to be deriving from either iliac lymph nodes or possibly uterine stump. It appeared to deviate the urinary bladder and descending colon. This appears to be an isolated event.

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 4.02 cm. The right kidney measured 4.26 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 0.29 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 0.39 cm.

**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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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***Gastrointestinal***

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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***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.

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**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

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Mass in the area of the uterine stump and iliac lymph nodes, possibly involving the bladder.

Otherwise, unremarkable abdomen.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA is indicated. Resection may be possible. CT evaluation would be ideal or exploratory surgery. I cannot completely rule out the mass deriving from the bladder; however, it would be an odd presentation for a bladder mass. This appears to be adjacent to the bladder itself, but is completely undifferentiated and not overtly attached to any particular organ. Chest radiographs are warranted to assess for comorbidities.

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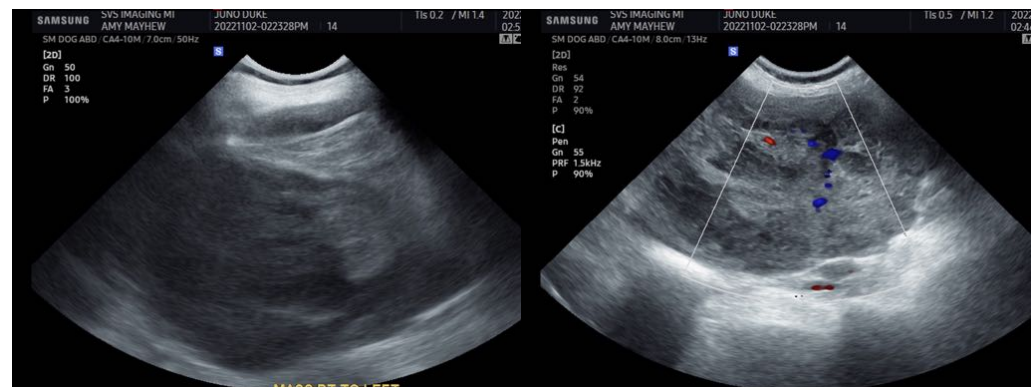
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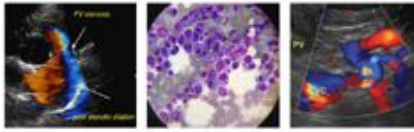
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SVS Mobile Imaging MI 734-637-7711  
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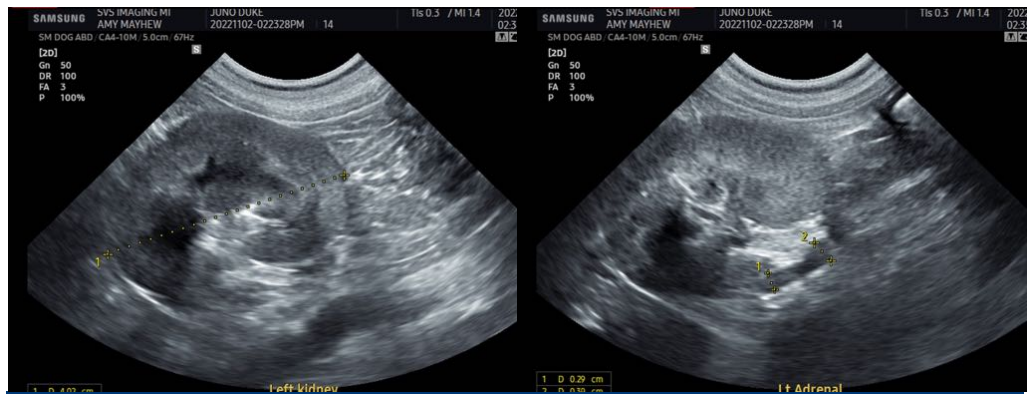
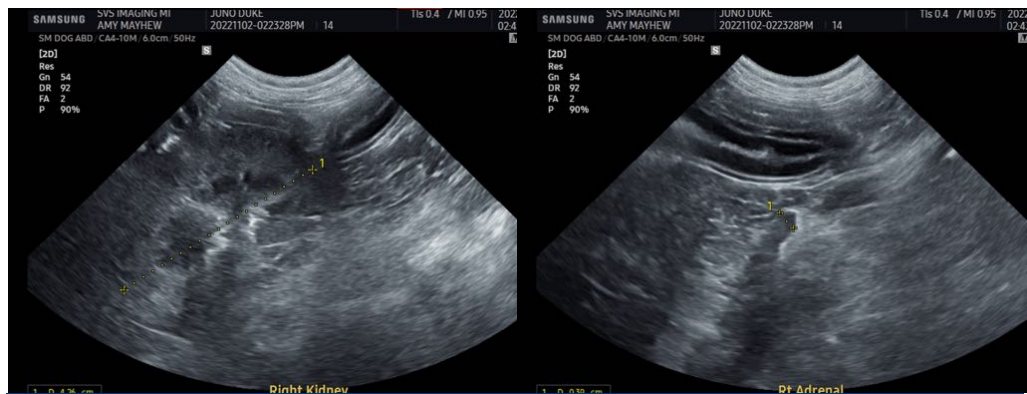
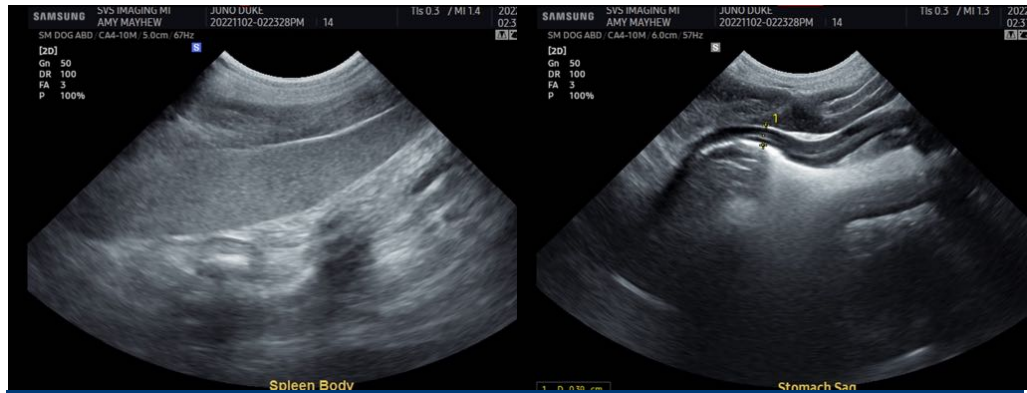
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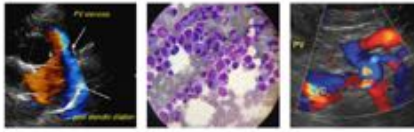
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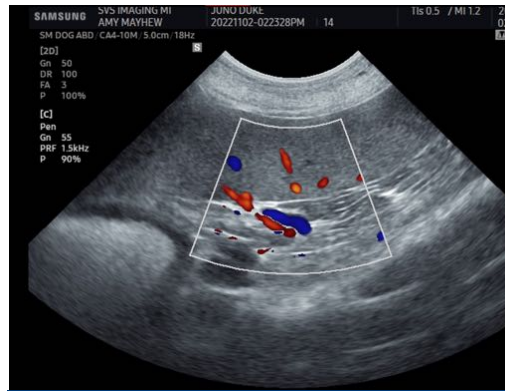
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[Eric.Lindquist@SonoPath.com](mailto:Eric.Lindquist@SonoPath.com)