



PATIENT

Mandy Manning

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 years

WEIGHT

86.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

94207

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Not eating, PU/PD, extensive, large ulcerated mass on ventral chest, trouble getting up.
Current meds: Cephalexin 500 mgs, mirtazapine 15mgs.

Abnormal PE/Chem/CBC/UA Results: WBC 32.18, ALP 1195, amylase 1853, BUN 27, Na 135.

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 7.18 cm. The left kidney measured 7.9 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 right adrenal gland measured 2.47 x 0.56 cm at the caudal pole and 0.5 cm at the cranial pole. The left adrenal gland measured 2.59 x 0.63 cm at the caudal pole and 0.65 cm at the cranial pole.

Spleen

The **spleen** revealed focal, hypoechoic nodule that measured 0.8 x 0.52 cm and a separate expansive nodule that measured 1.6 x 1.33 cm.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. Significant distortional pathology was noted. The changes are largely expected for this age patient. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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

Splenic nodules, one of which is concerning with capsular expansion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic nodules is indicated; however, the skin issues are likely playing the primary role in this patient. Differentials on the splenic nodule include emerging round cell neoplasia, hemangiosarcoma and benign hyperplasia.

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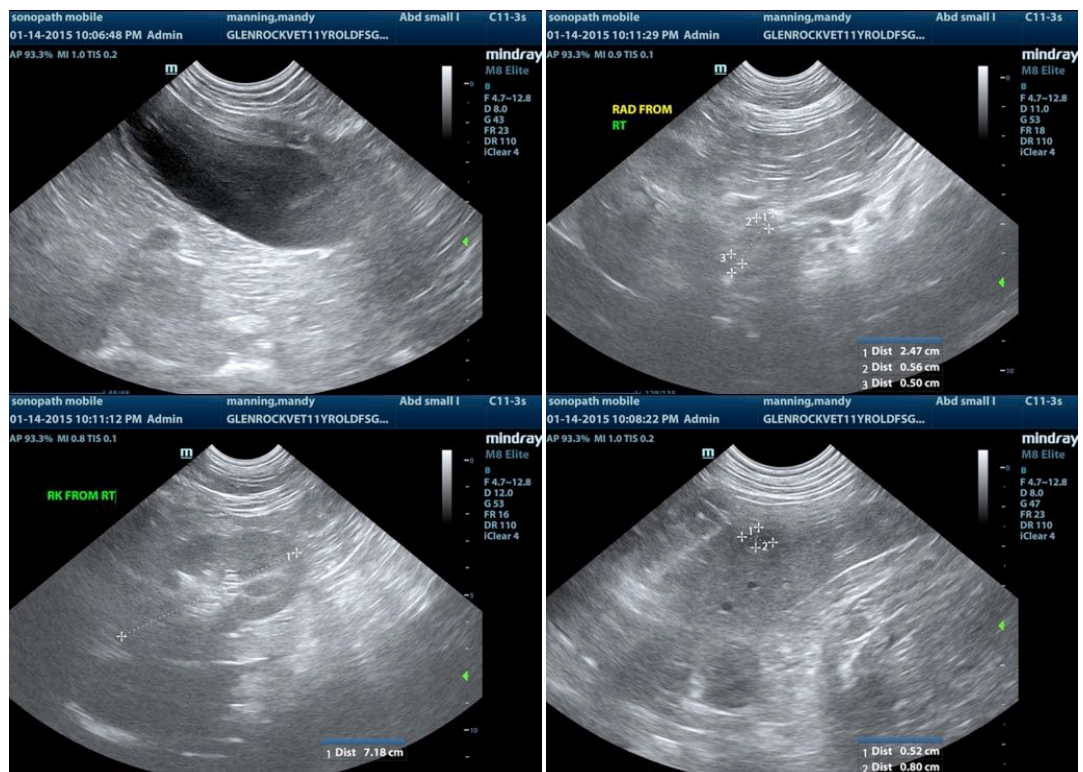
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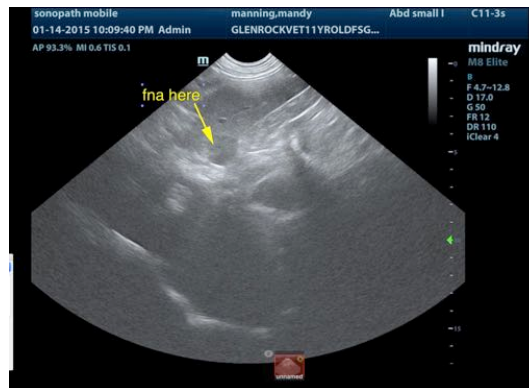
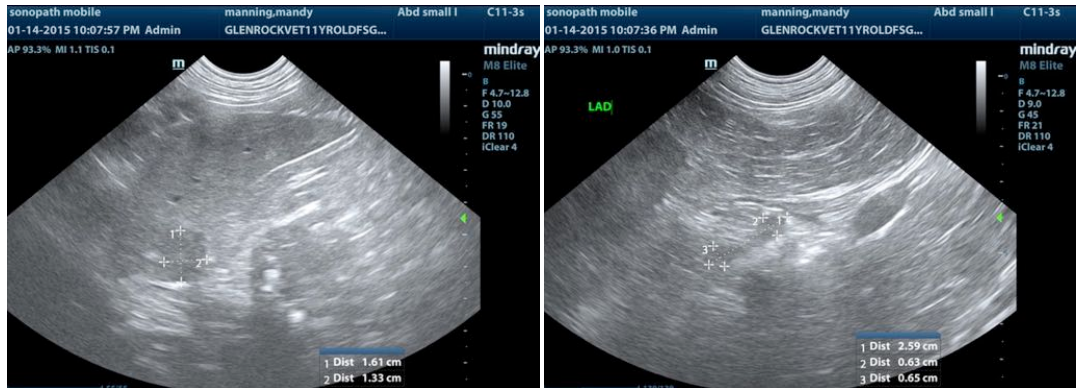
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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