



PATIENT

Ronson Gollmer

SPECIES

Canine

BREED

Bulldog Cross

SEX

Neutered male

AGE

10 years

WEIGHT

20.2 kg

PRESENTING CLINICAL SIGNS

History: Ronson was presented for a firm mass that was subsequently aspirated and diagnosed as an anal sac apocrine adenocarcinoma. The clients are considering referral to an oncologist. This scan is part of the pre-referral workup. Bloodwork abnormalities are noted below. Ronson also has chronic skin issues and is on 8 mg Apoquel SID.

Abnormal PE/Chem/CBC/UA Results: November 24, 2021 ALT=139 (18-121) ALP= 201 (5-160) Reticulocytes =142.5 (10-110) Platelets =599 (143-448)

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 residual prostate was uniform and measured 0.68 cm.

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 6.0 cm. The left kidney measured 6.27 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Ladysmith AH

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 2.72 x 0.61 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 1.76 x 0.55 cm at the caudal pole and 0.4 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.

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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

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.

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Pancreas

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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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Free Abdomen

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The iliac lymph node was enlarged, irregular and hypoechoic. The lymph node deviated the descending colon. This is strongly suggestive for metastatic disease. The lymph node measured 2.0 x 1.0 cm. Other smaller lymph nodes appeared mildly enlarged.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Iliac lymphadenopathy, strongly suggestive for metastatic disease.

The remainder of the organs were unremarkable.

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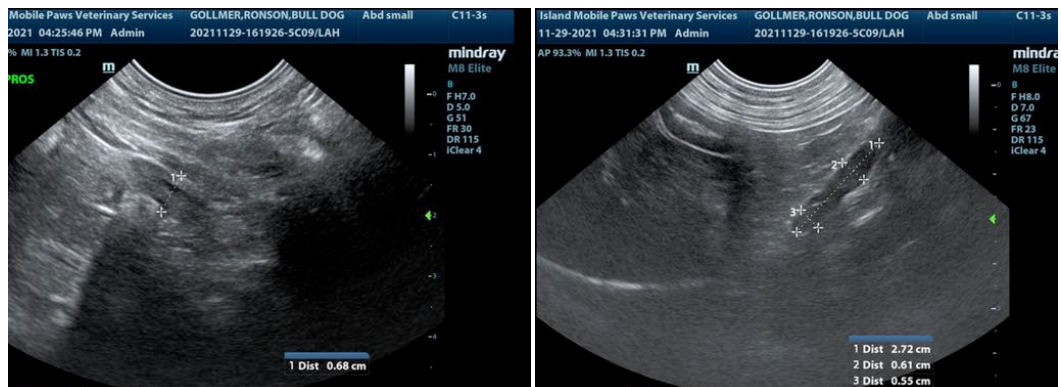
Dr. Markland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is warranted for further definition to confirm suspicion of metastasis.

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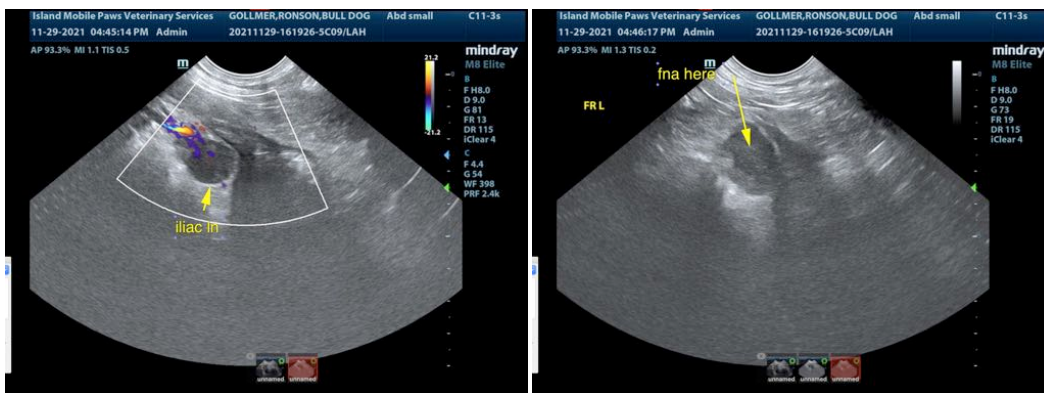
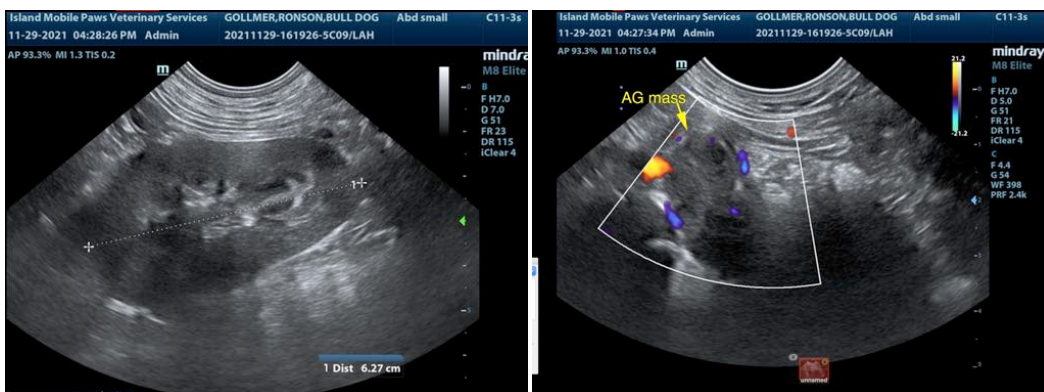
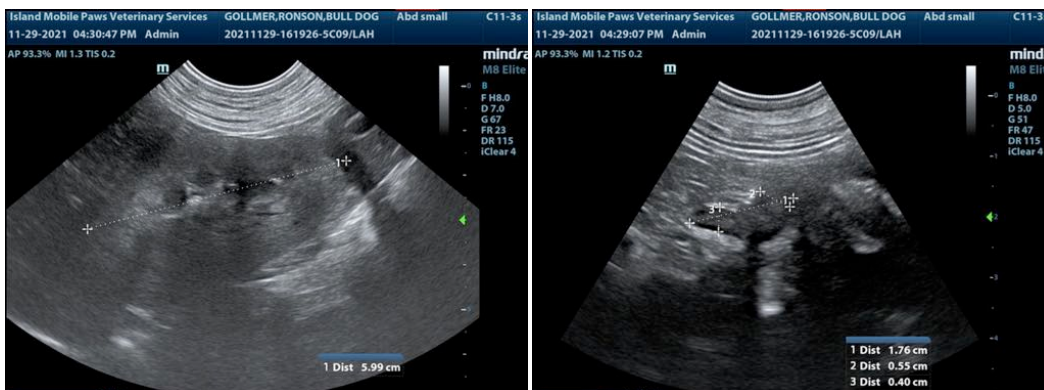
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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