



PATIENT PRESENTING CLINICAL SIGNS

Truffle Dimaso
History: abnormal BW and rads indicate possible mass in abdomen; lethargy, anemic
HCT 33.9, cretics increased 141; gluc 284, Cl decreased 103, lipase increased 2250

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered male

AGE

10 years

WEIGHT

lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Loving Care VH

INVOICE

94573

DATE

12/14/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor wall thickening with bladder stone accumulation. A grouping of which measured 0.5 cm. Minor polypoid changes were noted in the bladder. A minimal amount of urine was present in the bladder at the time of the sonogram.

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. Minor calculi were noted in the kidneys. The left kidney measured 5.21 cm. The right kidney measured 5.11 cm. Retroperitoneal fluid was associated with the caudal poles of the left and right kidneys.

Adrenal Glands

The **adrenal glands** were not visualized; however, the position and pattern of the mass would suggest potential adrenal origin.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. An occasional hyperechoic lipogranuloma was noted in the spleen.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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.



PATIENT

Pancreas

Truffle Dimaso

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.

SPECIES

Canine

Free Abdomen

BREED

Bichon Mix

A significant hyperechoic, ill-defined fat was noted throughout the regions of the of the kidneys and retroperitoneal space as well as caudal abdomen. This obscured complete visibility. An extensive, hypoechoic, undifferentiated mass was noted in the mid caudal abdomen and sublumbar retroperitoneal space.

SEX

Neutered male

Heart

AGE

10 years

The heart was subjectively volume contracted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

lbs

Undifferentiated caudal abdominal mass, non-resectable.

Regional inflammation.

Small bladder calculi.

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Age related renal changes with minor calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I suspect adrenal origin; however, other origin such as lymph node could be considered. FNA could be considered. CT evaluation could be considered. The vena cava was not visualized. It is theoretically that the entire mass invaded the vena cava and some hemorrhage into the abdomen may be occurring. The prognosis is poor. Hypotension is suspected. Ultrasound-guided NFA of the mass can be considered after coagulation panel for further definition.

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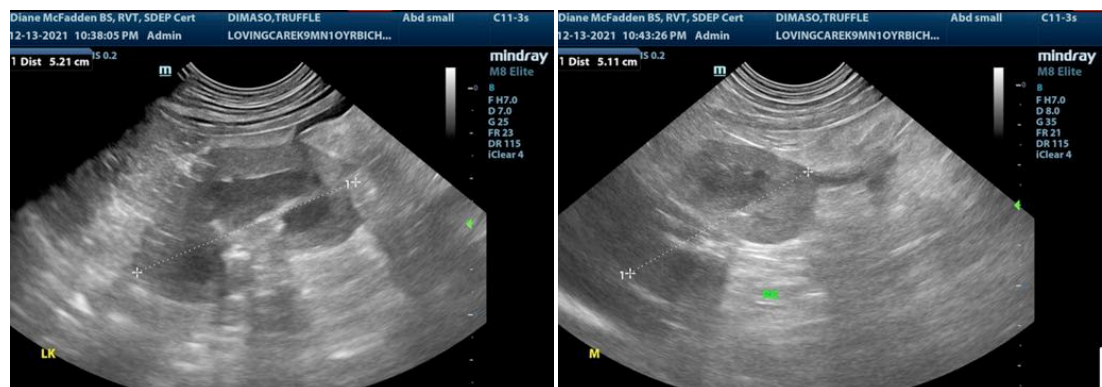
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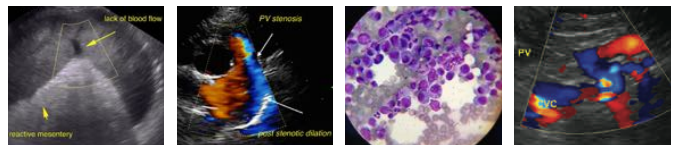
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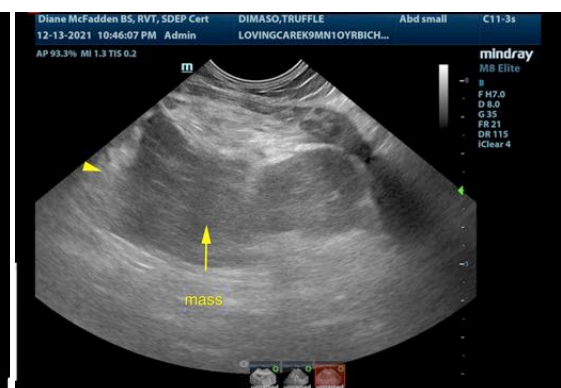
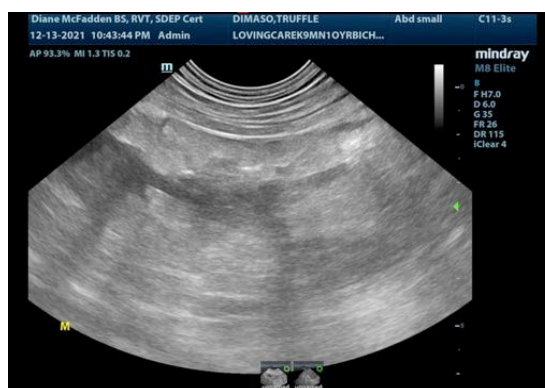
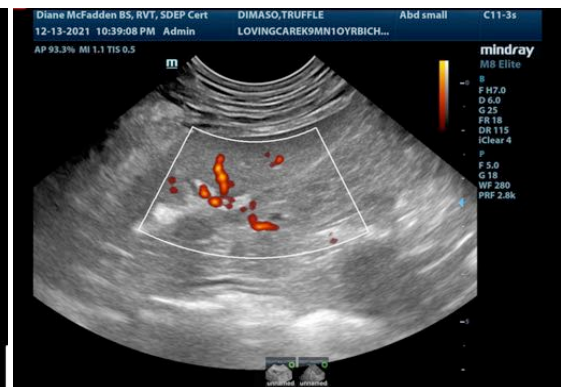
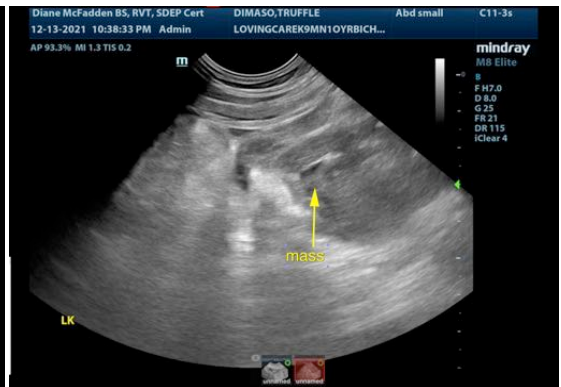
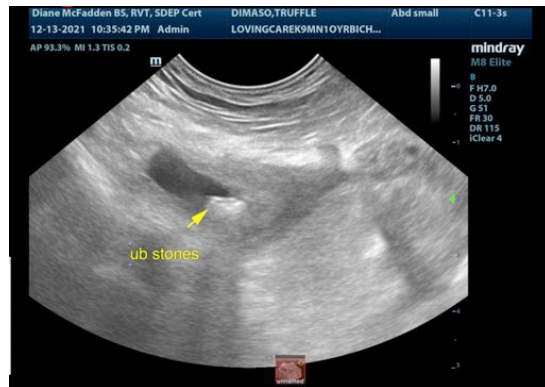
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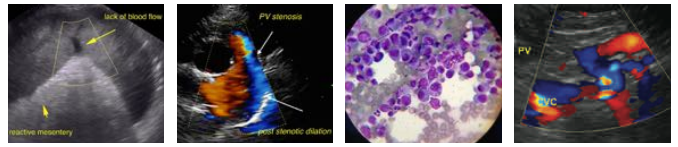
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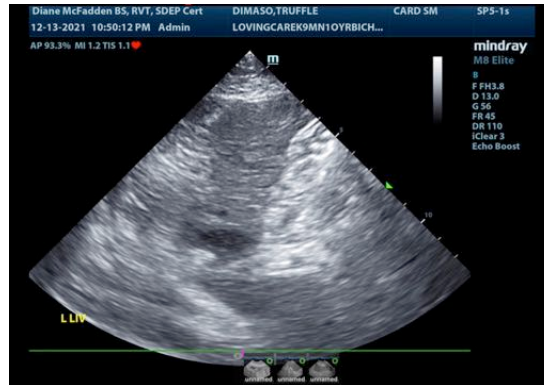
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com