



PATIENT

Triscuit Duno

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

12 years 11 months

WEIGHT

33.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Advanced VC

REFERRING VET

Dr. Gadallach

INVOICE

94620

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: Abd mass suspected on abd. x-rays. Current meds: Cushing's meds
Abnormal PE/Chem/CBC/UA Results: No blood sample yet

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.24 cm. The left kidney measured 5.11 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 1.98 x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.05 x 0.67 cm at the caudal pole and 0.76 cm at the cranial pole.

Spleen

A pedunculated 6.0 cm parenchymal mass deriving from the **spleen** impinged upon the liver. There was no obvious evidence of metastatic disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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.

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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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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Splenic mass impinging upon the liver.

Structurally unremarkable adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious metastatic disease, however, benign hyperplasia is possible. Hemangiosarcoma or round cell neoplasia is possible. I recommend exploratory surgery with expectations towards splenectomy and liver biopsy. Given the patient's history I recommend reassessment of the Cushingoid status. However, splenectomy is the most urgent issue at this time.

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

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REFERRING VET

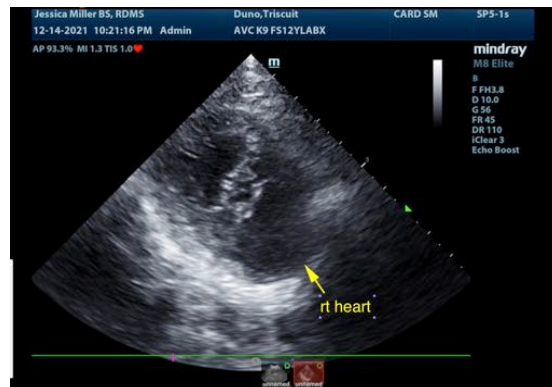
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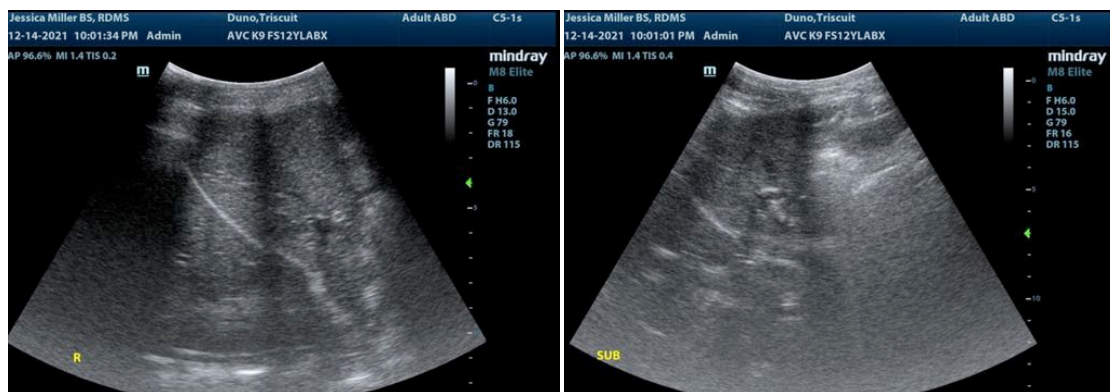
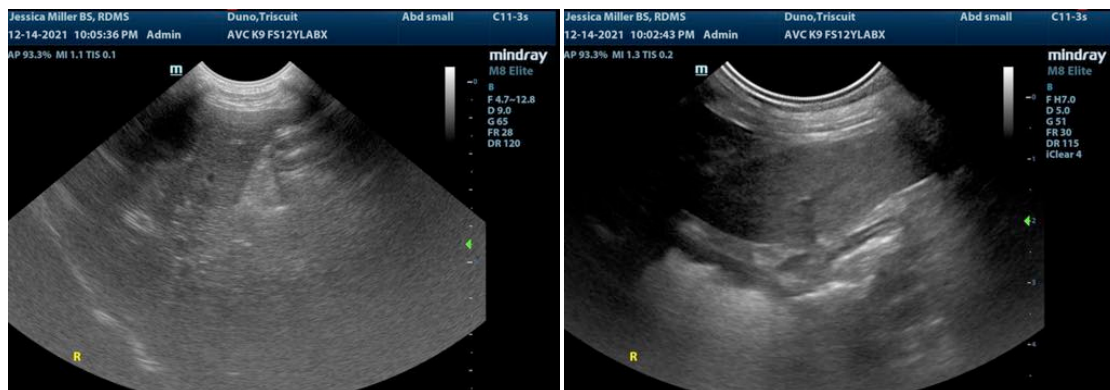
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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