

**DATE**

12/20/21

PRESENTING CLINICAL SIGNS

History: Second opinion with us - 6-8 weeks of waxing and waning - will have for several days: poor appetite, vomiting 1-2 times a day with diarrhea soft stools and somewhat lethargic, then will be fairly normal for several days, has gradually lost weight over this time period as has always been a slim dog but now a little too slim. Different foods he may eat for a day or so then doesn't like. Physical exam is very normal except a little too thin.

PATIENT

Ace Gordon

Lab Results: Blood tests such as FLEX 4 test, CBC, Chemistry, Giardia fecal, ACTH stim test, Thyroid - T4 level, urinalysis, snap cPL are all normal. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Golden Retriever

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.

SEX

Neutered male

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 5.37 cm. The left kidney measured 6.58 cm.

AGE

12/13/13

WEIGHT

55 lbs

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 2.73 x 0.84 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.4 x 0.8 cm at the caudal pole and 0.81 cm at the cranial pole.

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

Rachel Brillhart RDMS

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.

HOSPITAL NAME

Pleasantville AH

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

REFERRING VET

Dr. Gounaris

INVOICE

99739

Gastrointestinal

A 4.67 cm hypoechoic mass was noted associated with the right pancreatic limb and pyloric outflow. The mass was undifferentiated and appears to derive from the gastroduodenal wall. Ultrasound-guided FNA is recommended.

Pancreas

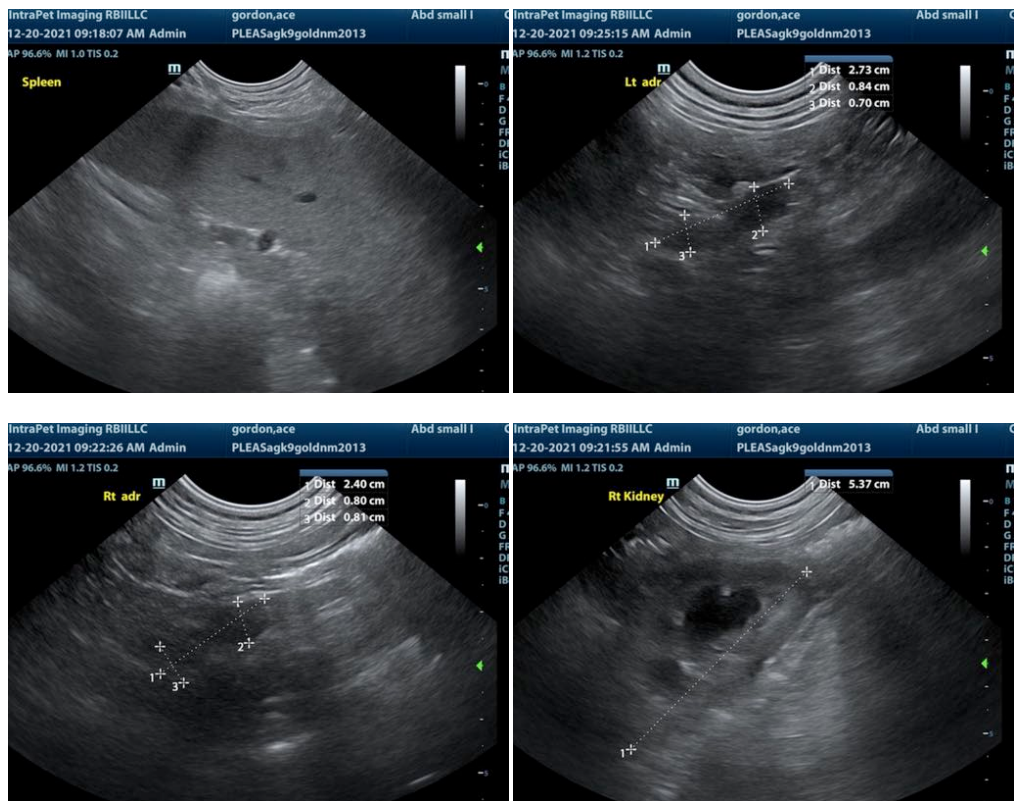
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

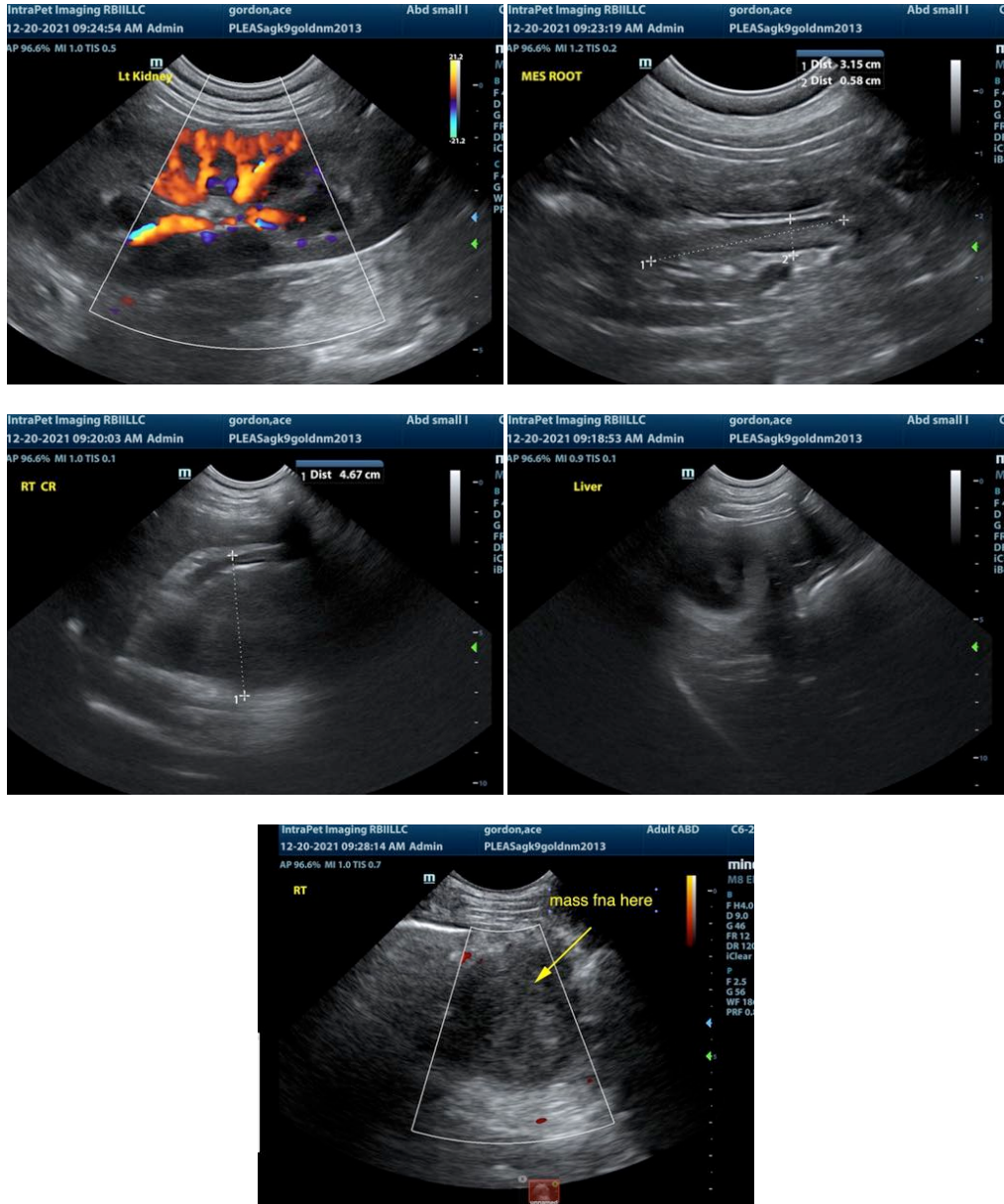
ULTRASONOGRAPHIC FINDINGS

Upper gastrointestinal mass, undifferentiated.
Minor mesenteric lymphadenopathy.
Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mass or direct exploratory surgery is indicated. The mass appears to extend and superimpose upon the pancreas or possibly related to the pancreas. This is a difficult position for resection. Carcinoma and sarcoma are the primary potentials. Granulomatous or necrotic lesion is possible, yet less likely.





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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