



**PATIENT**

Lexi Drummond

**PRESENTING CLINICAL SIGNS**

. Anemic, lethargic, decreased appetite. Current meds: PPA 50mg BID, Levothyroxine .6mg, Apoquel 16mg  
Abnormal PE/Chem/CBC/UA Results: BUN 67, CA 12.7, CRE 2.2, HCT 45

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

**BREED**

Lab Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A small amount of sand accumulation was noted and measured 0.5 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Spayed Female

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. Calculi were noted in both kidneys and were non-obstructive at the time of the sonogram. The left kidney measured 6.77 cm. The right kidney measured 7.67 cm with peripheral inflammation and slight pyelectasia. Blood flow to the kidneys was slightly subnormal.

**AGE**

11 years

**WEIGHT**

91 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 4.71 x 0.61 cm at the caudal pole and 0.97 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed mixed, hypoechoic nodular lesion that measured 1.5 cm at the mid splenic body. Other nodular changes were noted in the spleen and were mildly disruptive.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Glen Rock VH

**Liver**

The **liver** revealed a mixed echogenic, partially cavitated mass that measured 5.0 cm in left liver. Other heterogenous nodular changes were noted. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Stekler

**Gastrointestinal**

**INVOICE**

94851

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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12/22/21



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**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Lab Mix

**Free Abdomen**

A large amount of abdominal fat was noted in this patient.

**SEX**

Spayed Female

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Microcavitated splenic nodule.

**WEIGHT**

91 lbs

Microcavitated hepatic mass. Other nodular changes throughout the liver.

Right renal peripheral inflammation and slight pyelectasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is concern for hemangiosarcoma versus carcinoma. Ultrasound-guided FNA of the liver and splenic lesions are recommended. There is a potential that the splenic and hepatic lesions are benign. However, treatment for azotemia is recommended in the meantime. The patient may have passed calculi to the bladder recently causing the azotemia. The patient has two separate issues the renal presentation and azotemia as well as the splenic and hepatic lesions. The prognosis is guarded.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Glen Rock VH

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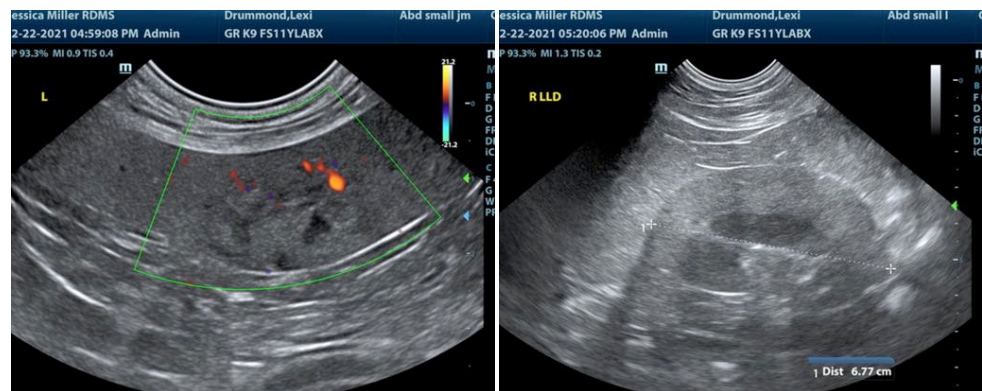
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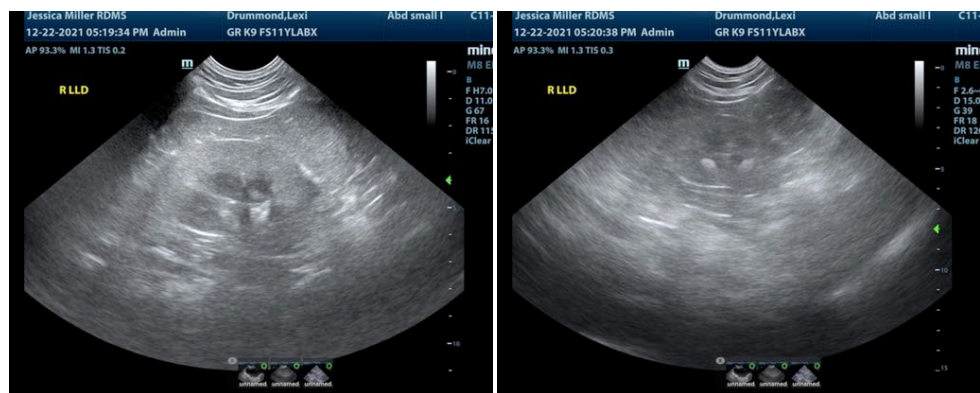
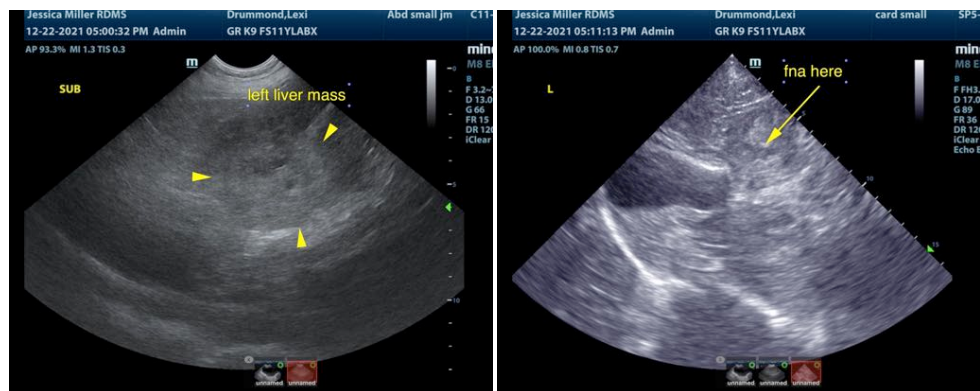
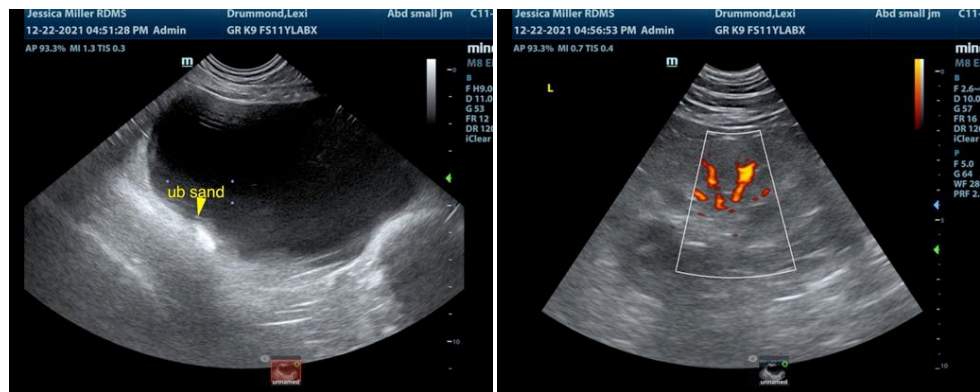
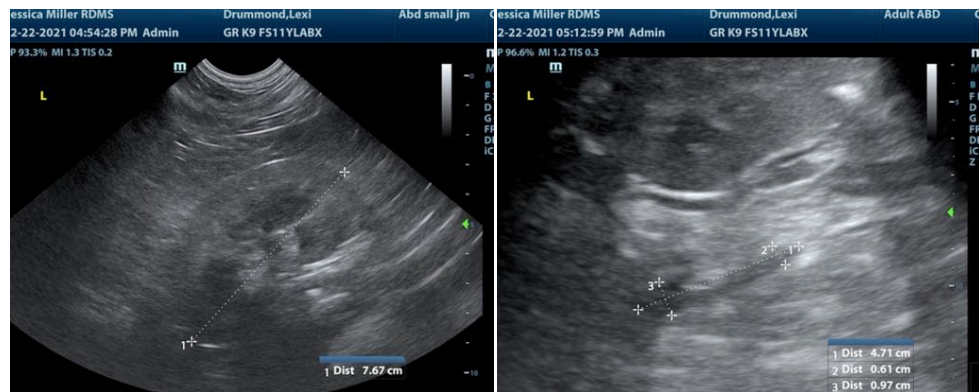
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

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