



PATIENT

Lacy Martin

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

8 Years

WEIGHT

85 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Loetitia-Saint Jacques,
LVT, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

33901

DATE

12/31/21

PRESENTING CLINICAL SIGNS

MCT removed from left lip last month, Cytology to left sublingual LN was positive for spread. Patient is currently on chlorambucil 6mg tabs 1T every 48 hours for 6 months. Owner declined referral for oncology. Biopsy: Lip perioral mast cell tumor with dirty margins and mitotic index of 2. Reason for Ultrasound: check for mets

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 were noted. Ureteral papillae were normal.

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 6.48 cm. The left kidney measured 6.16 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 right adrenal gland measured 0.65 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** presented multifocal hypoechoic nodular changes, the largest of which measured 1.52 cm. Slight deviation of capsule contour and granular appearance noted throughout the spleen, yet changes were relatively subtle.

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.

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.



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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.

Other

Sublumbar lymph nodes were slightly enlarged up to 0.62 cm.

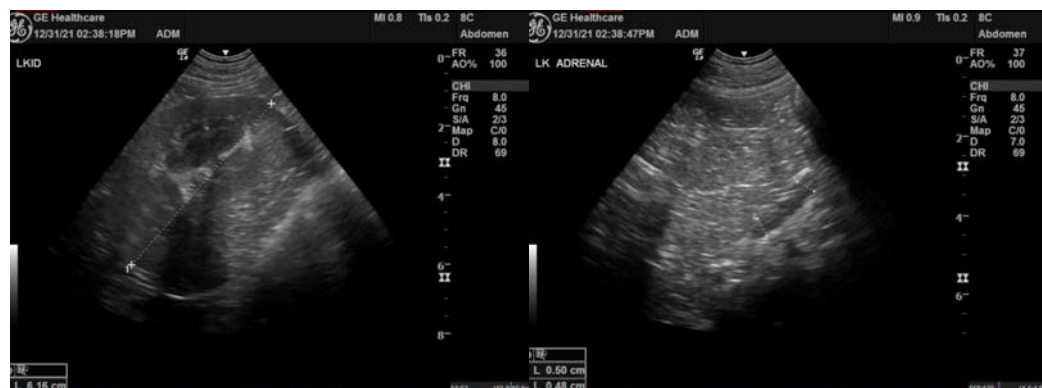
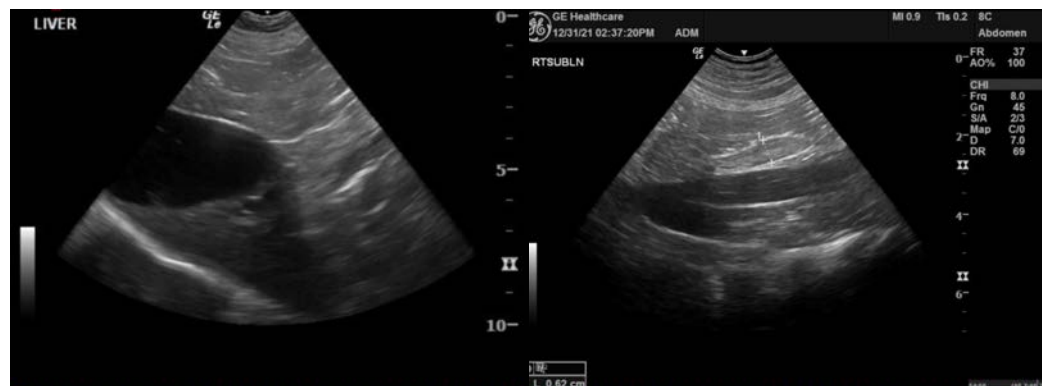
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

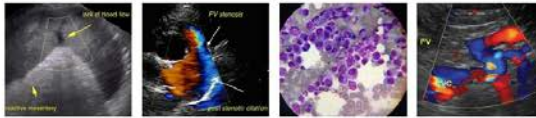
ULTRASONOGRAPHIC FINDINGS

- Multifocal splenic nodular changes – hyperplasia likely, mast cell disease possible given the patient history.
- Mild sublumbar lymphadenopathy, likely normal for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen recommended with Benadryl injection prior to sampling.





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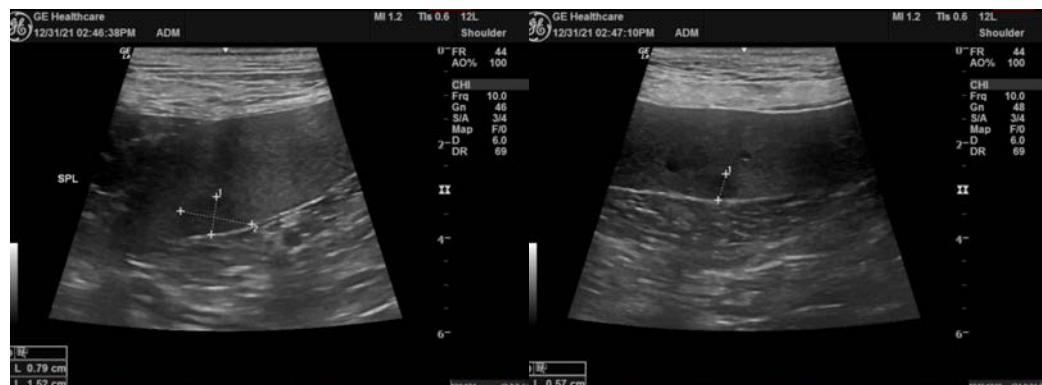
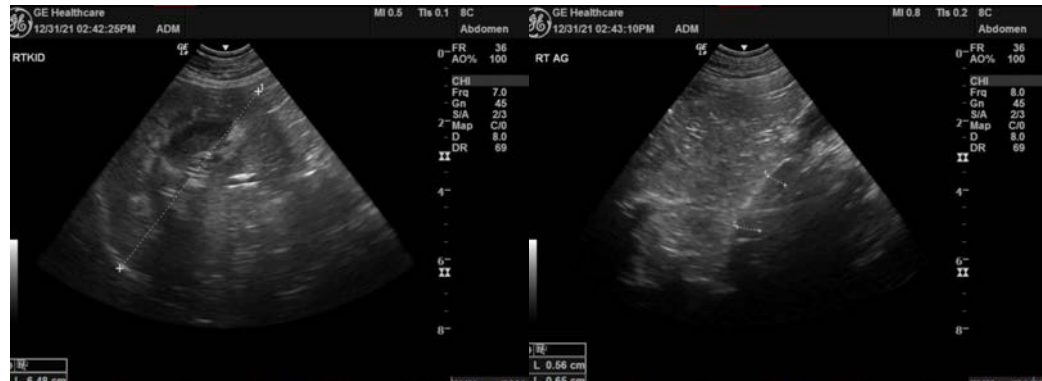
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com