



PATIENT

Crosby Linton

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

94393

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Borderline anemic.
PCV 39, PLT 174. Chem- WNL

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 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 left kidney measured 6.22 cm. The right kidney measured 6.72 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 2.53 x 0.76 cm at the caudal pole and 1.15 cm at the cranial pole. The left adrenal gland measured 2.43 x 0.75 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The **spleen** revealed minor, heterogenous parenchymal changes. The spleen was folded upon itself cranially and caudally with an overt parenchymal mass that measured 6.4 cm. There was no evidence of rupture or cavitation.

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 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.



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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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Solitary splenic mass.

Otherwise, geriatric abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs followed by splenectomy, liver inspection and biopsy is indicated. Hemangiosarcoma is possible, yet this may be histopathologically benign lesion. Round cell neoplasia is less likely.

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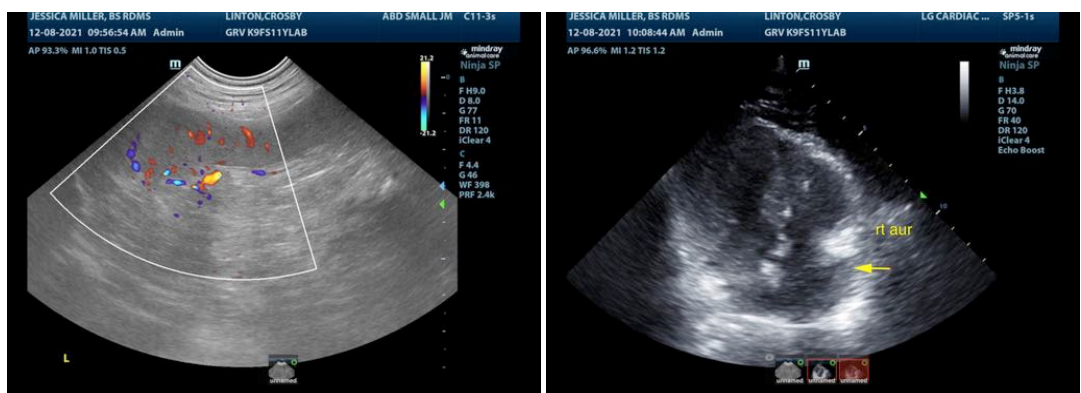
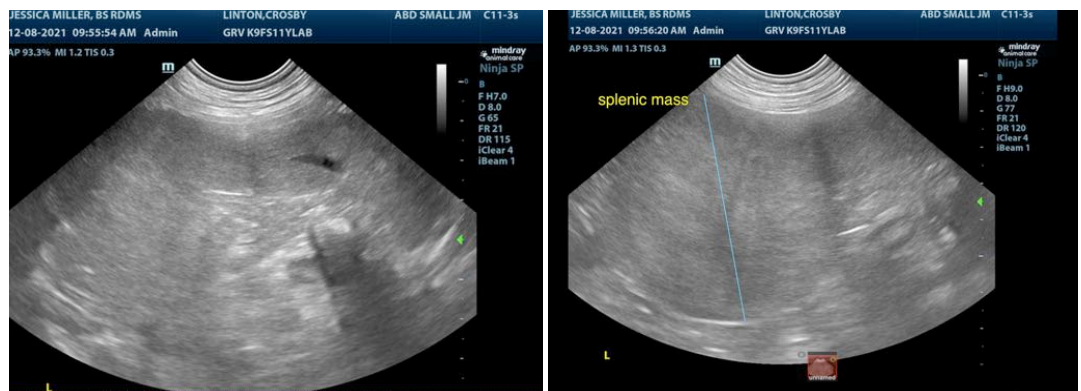
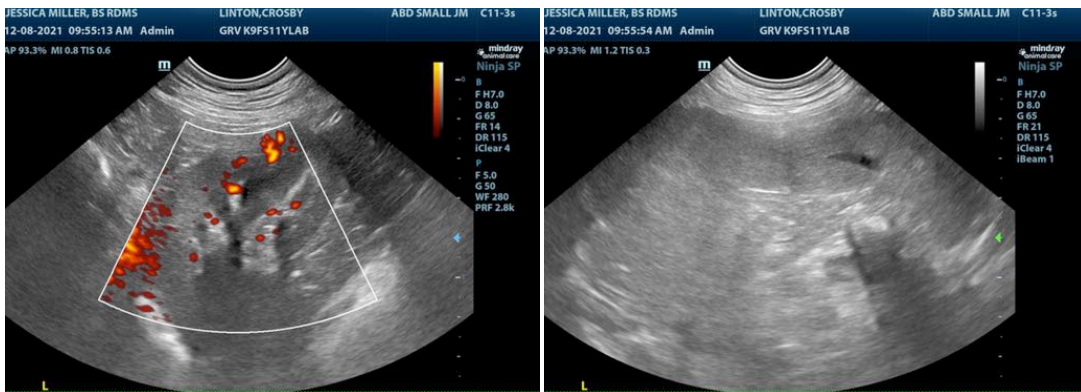
Dr. Stekler

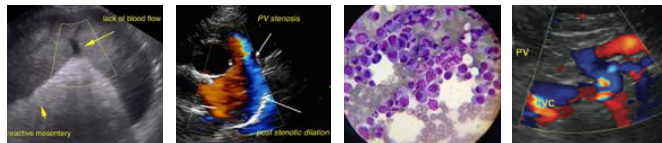
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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