



**PATIENT**

Sage Greer

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Spayed Female

**AGE**

11

**WEIGHT**

21 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan/Pacific Crest Mobile VS

**HOSPITAL NAME**

Pacific Crest Mobile VS

**REFERRING VET**

Dr. Boekenoogen/  
Nooksack AH

**INVOICE**

45138

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

Ultrasound requested for evaluation and FNA of mass noted on FAST scan when pt had appt last week for lethargy, inappetence, exercise intolerance History of seizures ~ monthly, on Keppra 500 mg po TID and Apoquel for allergies Gabapentin prior to visit for ultrasound (very apprehensive)

Abnormal PE/Chem/CBC/UA Results: CBC: -mild lymphopenia, otherwise normal CHEMS: -All normal RADIOGRAPHS/In-house ULTRASOUND: -normal size cardiac silhouette, nsf lungs -mass on left side between kidney and spleen -no free fluid noted

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.24 cm. A mixed hypoechoic, undifferentiated 9.0 cm mass was noted deriving from the dorsal cortex of the left kidney. The architecture would suggest hemangiosarcoma. Given the splenic changes, concurrent splenic involvement may be an issue. Given the seizure involvement, if this is a recent onset, metastatic disease to the CNS is a potential.

**Adrenal Glands**

The **right adrenal gland** was 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 0.81 cm.

A hypoechoic structure measuring 1.4 cm x 2.0 cm was noted adjacent to the left renal mass, suspect **left adrenal nodule**.

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour. Hypoechoic nodular changes noted and coarse architecture.

**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**

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.

**Pancreas**

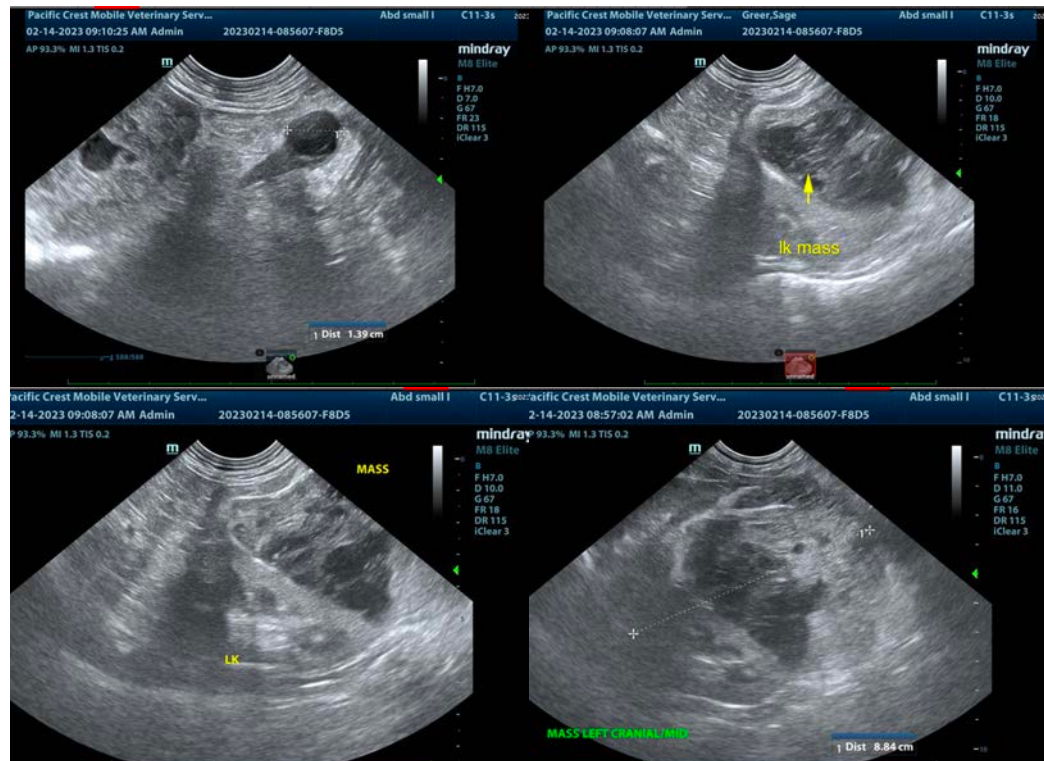
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Left renal mass – suspect hemangiosarcoma, carcinoma, or abscessation less likely.
- Left adrenal nodule
- Micronodular splenic changes
- Age related hepatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left renal mass appears potentially resectable. Direct exploratory surgery or CT evaluation for surgical planning indicated. Removal of the left kidney, left adrenal, and spleen could all be considered in this patient. Prognosis is very guarded to poor depending upon underlying histopathology and eventual surgical results.





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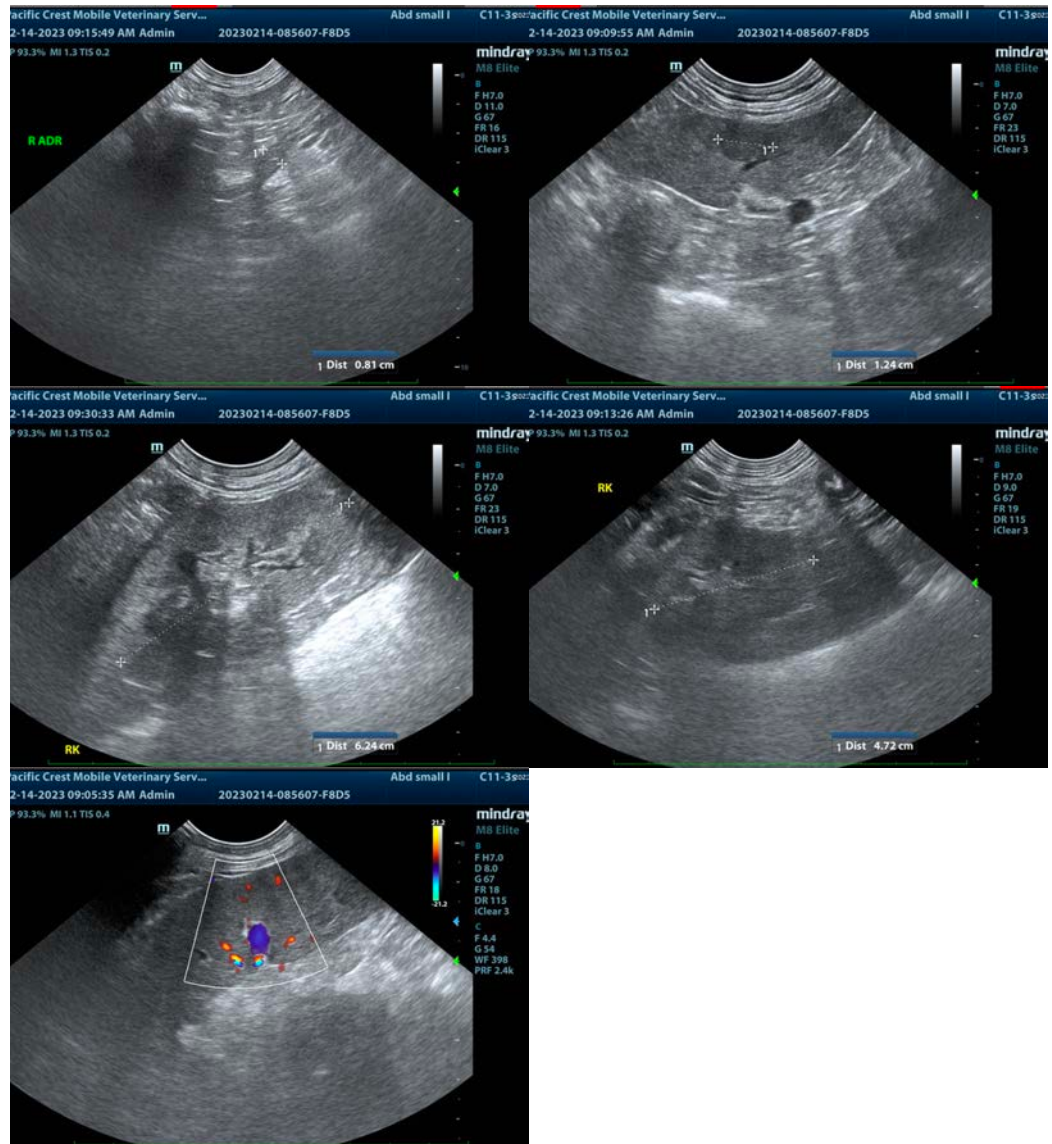
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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