



PATIENT

Zena Stuchul

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

7 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Doverspike

HOSPITAL NAME

Franklin Animal Clinic

REFERRING VET

Dr. Doverspike

INVOICE

42538

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Tentatively Dx'd with a TVT or other aggressive vaginal mass. Looking for signs of metastatic Dx.

Abnormal PE/Chem/CBC/UA Results: Chest Rads Clear. Thrombocytopenia and neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 8.2 cm. The right kidney measured 7.94 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 left adrenal gland measured 0.61 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.75 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic 1.11 x 0.73 cm nodule noted at the mid cranial body. Subtle micronodular changes were noted in the spleen in addition to the primary splenic nodule.

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



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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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Free Abdomen

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The largest iliac lymph node measured 5.06 x 0.88 cm. There is a potential for metastatic disease.

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ULTRASONOGRAPHIC FINDINGS

Focal splenic nodule.

Enlarged iliac lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the iliac lymph node would be ideal; however, this may be difficult as the width is minimal. FNA of the spleen was performed without complication. Nodular hyperplasia, round cell neoplasia and emerging hemangiosarcoma with metastatic disease are all potentials.

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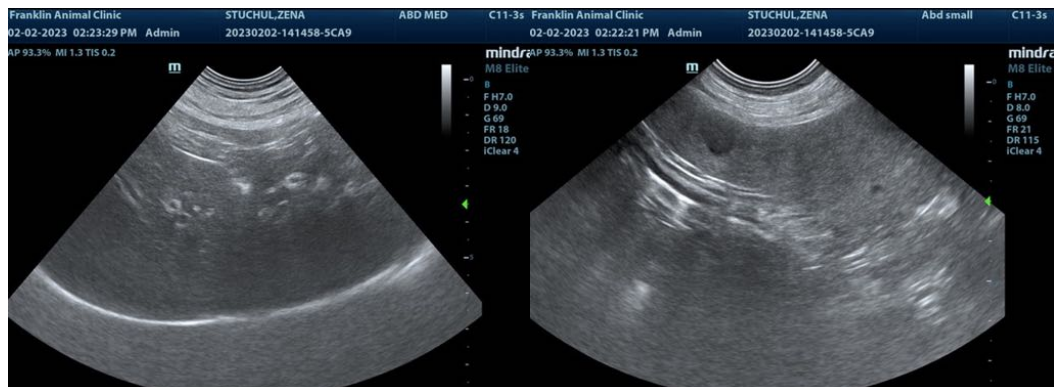
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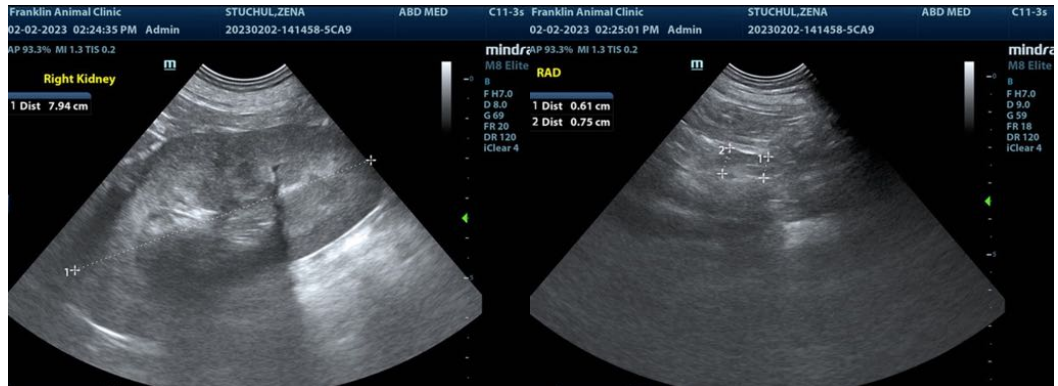
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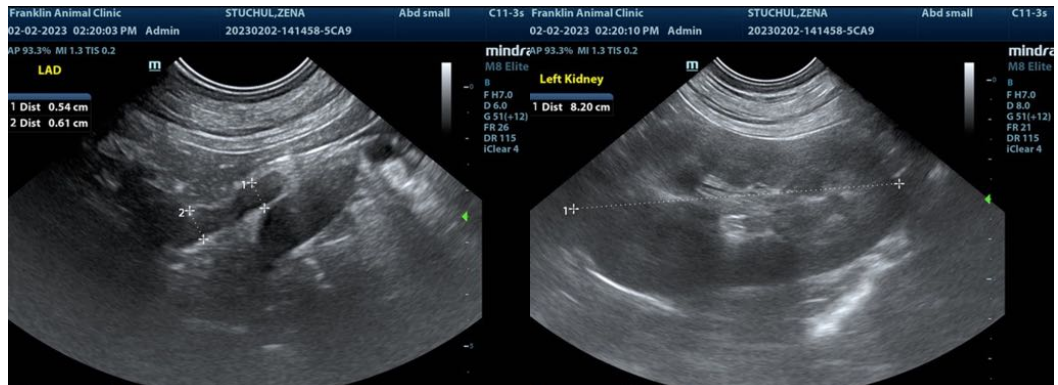
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com