

PATIENT

Jobie Kennedy

PRESENTING CLINICAL SIGNS

Abd rads evidence of mass, likely splenic.

SPECIES

Canine

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.

BREED

Mixed

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 left kidney measured 5.56 cm. The right kidney measured 6.02 cm.

SEX

Spayed Female

AGE

13 Years

Adrenal Glands

The **left 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 left adrenal gland measured 3.01 cm x 0.64 cm.

WEIGHT

51.5 Pounds

A **right adrenal** mass was noted measuring 3.26 cm x 4.7 cm. No evidence of caval invasion.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

A 10 cm cavitated, peripherally inflamed **splenic** mass was noted deriving from the caudal pole of the spleen. Other nodular changes noted in the spleen, the largest of which measured 2.0 cm in the mid cranial body. No free fluid noted at the time of the sonogram.

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** revealed pronounced nodular changes and increased portal markings. Most consistent with nodular hyperplasia, potential for metastatic disease. No evidence of cavitation. The gallbladder was unremarkable.

HOSPITAL NAME

Brenda King Vet

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.

REFERRING VET

Dr. King

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.

INVOICE

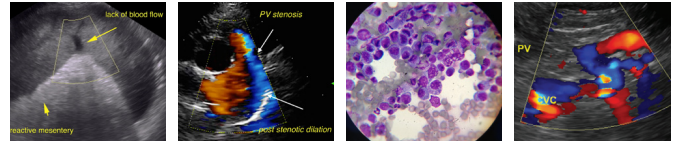
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Free Abdomen

Rapid view of the heart revealed no evident pathology.

DATE

2/4/22



PATIENT

Jobie Kennedy

ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass - likely adenoma, possibility of carcinoma or pheochromocytoma.
- Splenic mass - hemangiosarcoma suspected, possibility of histopathologically benign tumor.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs recommended followed by splenectomy, liver inspection and biopsy, and right adrenalectomy all indicated.

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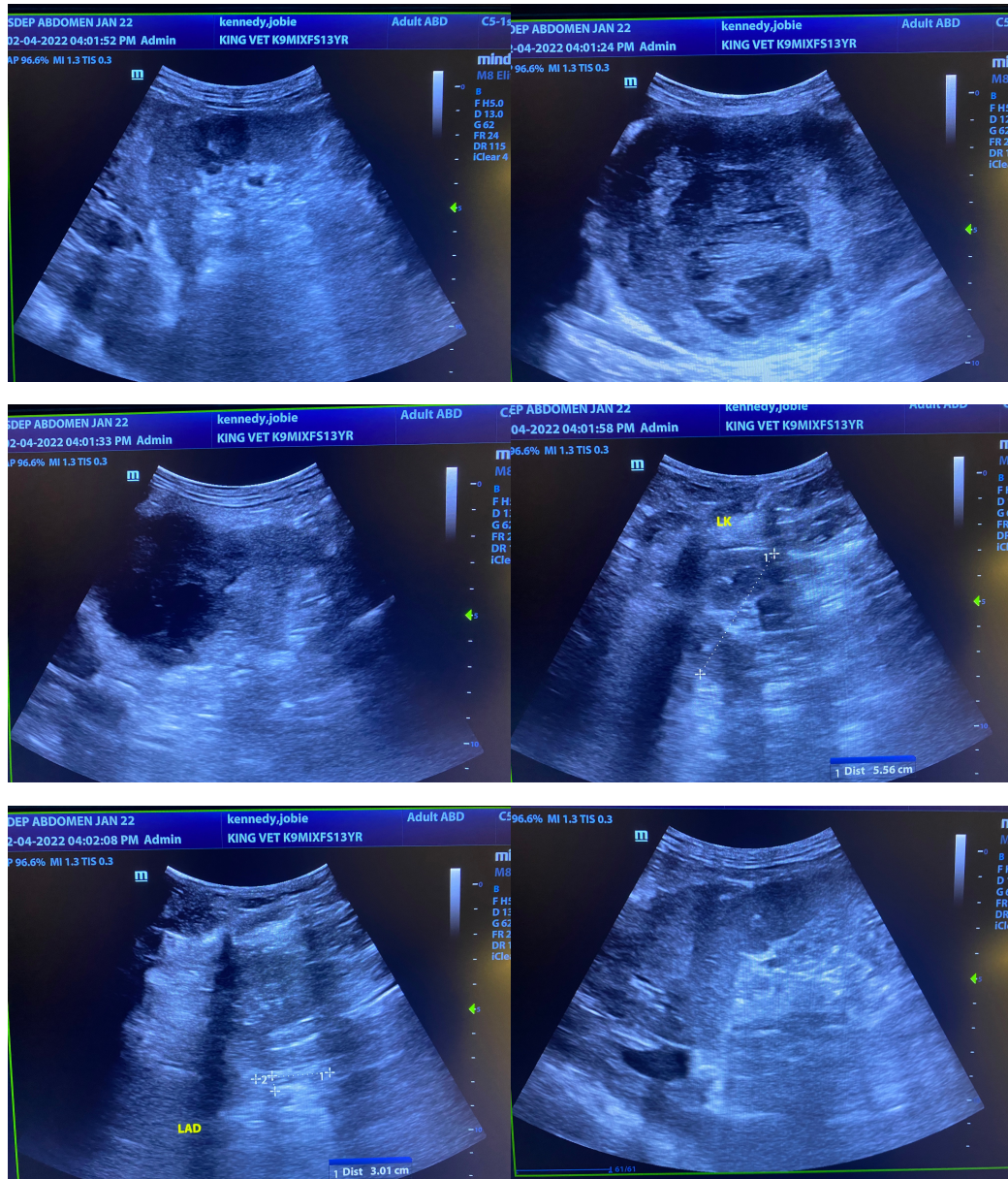
Dr. King

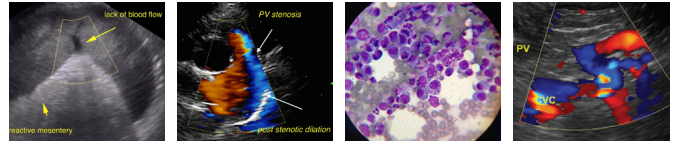
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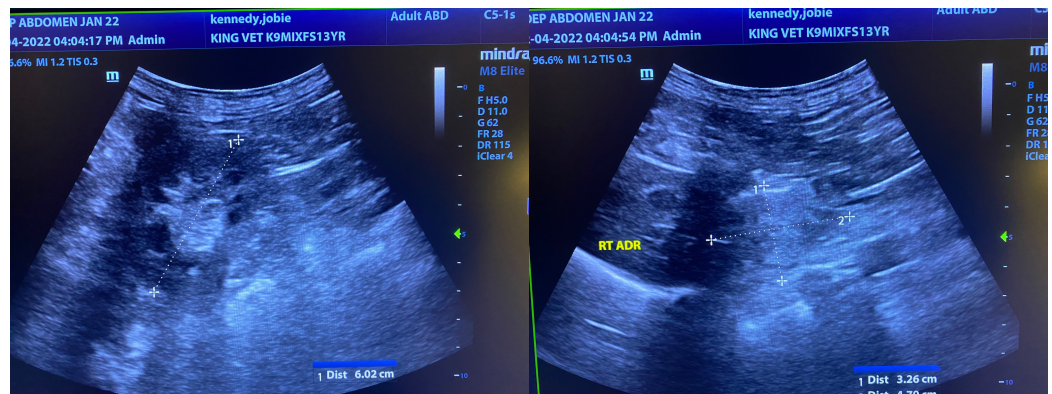
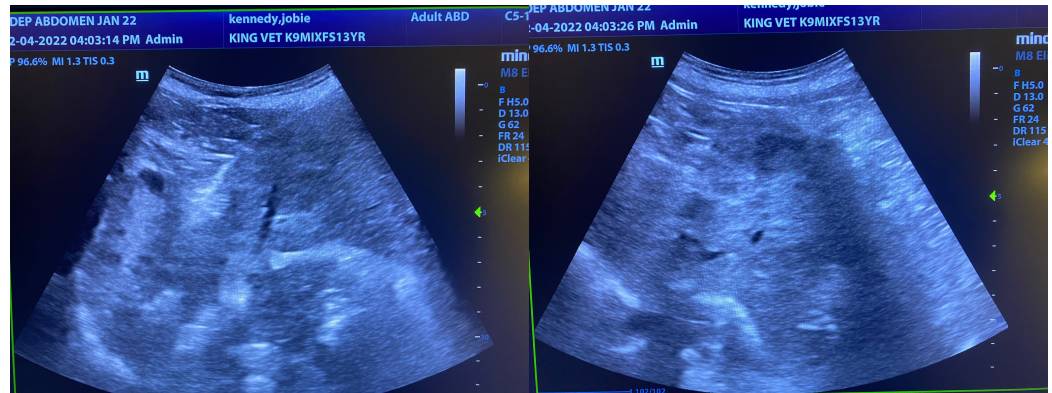
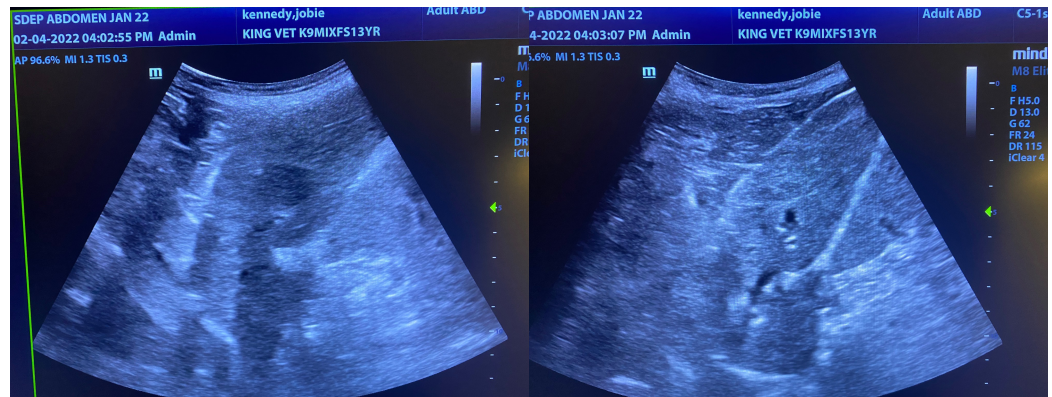
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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