



**PATIENT**

Toby Burke

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

79.5

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzone

**INVOICE**

21604

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: Anorexia x 1-2 days, vomiting 24hr, ALT not registering. In hospital ALP normal, Dark red urine, ascites

Abnormal PE/Chem/CBC/UA Results: ALT won't register, T.bili elevated

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a moderate change. The region of the trigone in this patient revealed a tubular mural structure consistent with intramural ectopic ureter, dilated to approximately 4.0 cm, however, this is an incidental finding.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.12 cm. The left kidney measured 6.5 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 3.17 cm x 0.9 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland measured 2.71 cm x 0.74 cm at the caudal pole and 0.69 cm at the cranial pole.

**Spleen**

\*See **Free Abdomen** section. Nodular changes were noted in the spleen.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Vascular and biliary tracts were of normal volume with no evidence of congestion. Nodular changes were noted in the liver.

The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**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



**PATIENT**

Toby Burke

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Golden Retriever

**Free Abdomen**

The cranial abdomen revealed a 10+ cm hypoechoic undifferentiated parenchymal **mass** with hyperechoic surrounding fat. Free fluid was noted in the abdomen. Nodular omentum was noted, spread into the abdomen (likely). The mass appears to impinge upon the left liver. Connectivity to the left liver cannot be completely ruled out, however, is likely deriving from the spleen.

**SEX**

Neutered Male

**Other**

**AGE**

12 Years

The **right auricle** and pericardium were unremarkable, however, the heart appeared shockey.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

79.5

- Ruptured cranial abdominal mass, likely deriving from the spleen
- Free fluid
- Heterogenous hepatic changes
- Urinary bladder debris and suspect ectopic ureter (incidental finding)
- Age-related renal changes
- Unremarkable right auricle and pericardium, however the heart appeared shockey

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery is indicated in this patient; however, a clean resection is unlikely. Given the ALT and bilirubin elevation, hepatic involvement and neoplastic process are likely. The surgeon should be prepared for a splenectomy or liver lobectomy; however, abdominal spread is a primary concern. Prognosis is guarded to poor.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Legacy AH



**REFERRING VET**

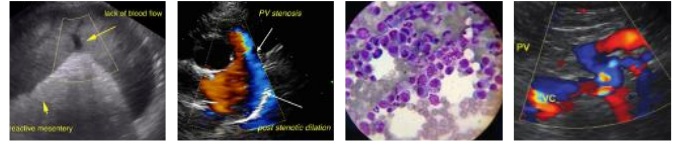
Dr. Potenzzone

**INVOICE**

21604

**DATE**

3/13/23



**PATIENT**

Toby Burke

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

79.5

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

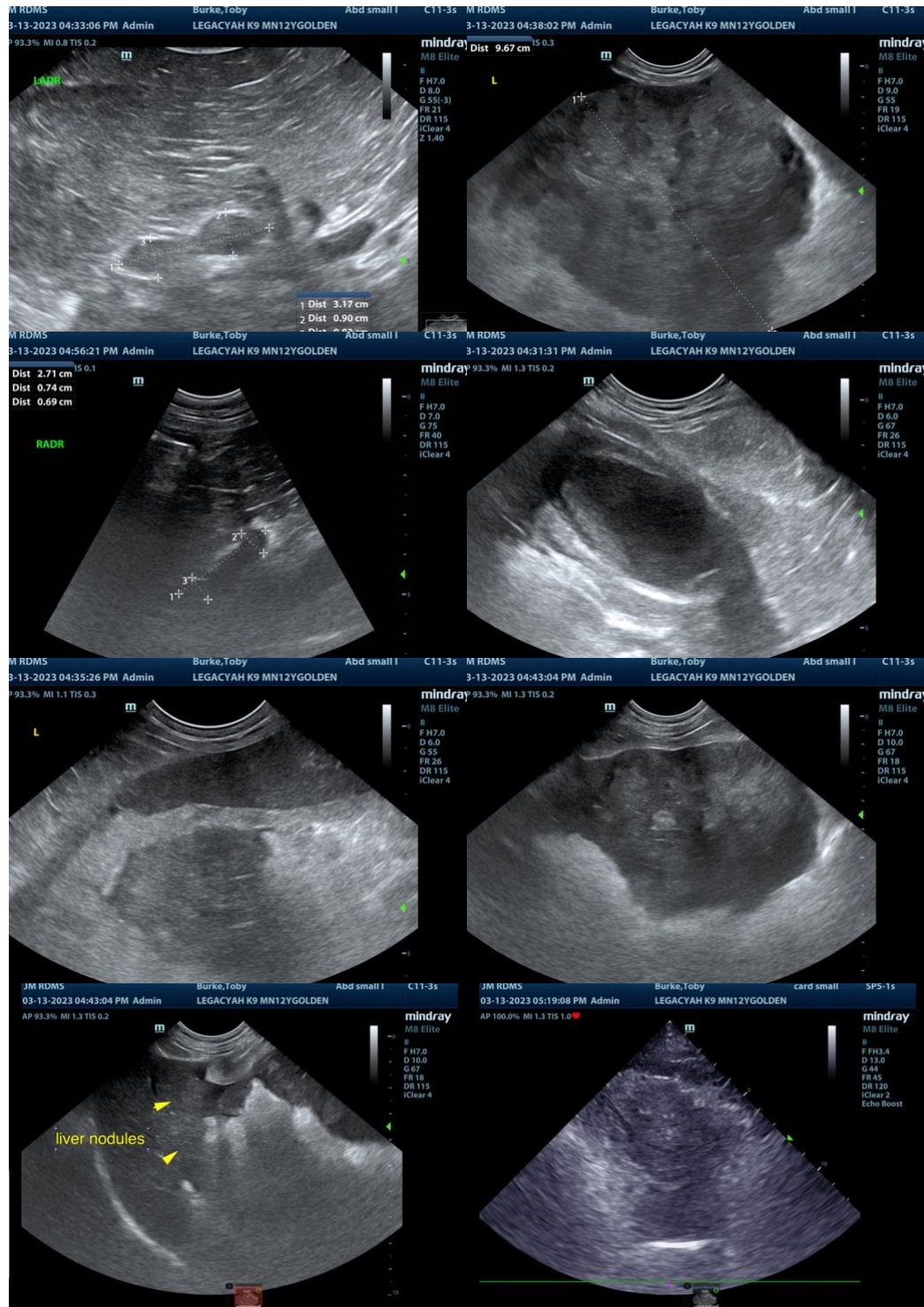
Dr. Potenzzone

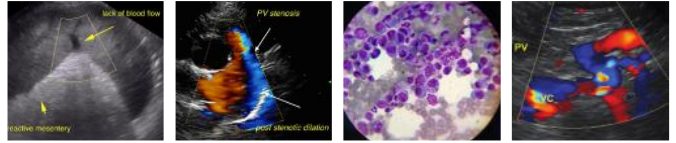
**INVOICE**

21604

**DATE**

3/13/23





**PATIENT**

Toby Burke

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

79.5

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzone

**INVOICE**

21604

**DATE**

3/13/23



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  
info@SonoPath.com