



PATIENT

Duke Stango

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

12 Years

WEIGHT

68 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on the Hudson

REFERRING VET

Dr. William Freedman

INVOICE

36243

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Decreased appetite and lethargy. Current meds: Flagyl and Entyce.
Abnormal PE/Chem/CBC/UA Results: Low normal albumin. U/A: 11-20 squamous epithelia, USG 1.013.

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 residual prostate was uniform at 1.89 cm.

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 7.2 cm.

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 2.22 cm x 0.92 cm at the cranial pole and 0.86 cm at the caudal pole.

The **left adrenal gland** was enlarged, measuring 4.82 cm x 2.29 cm at the cranial pole and 1.28 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially. Minor heterogeneous parenchymal changes noted.

Liver

The **liver** was mildly swollen with coarse architecture. The gallbladder wall was echogenic and thickened. Minor gallbladder sand noted.

Gastrointestinal

Retention of ingesta noted in the **stomach**. A 5.9 cm x 4.2 cm mixed hypoechoic undifferentiated mass was noted with significant regional inflammation. The mass appeared to be intestinal in origin. Extension of the mass into the regional omentum noted. The mass does not appear cleanly resectable. Some retention of ingesta noted within the mass.

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

- Intestinal mass – likely lymphoma.
- Large left adrenal gland – differentials include adenocarcinoma, pheochromocytoma, adenoma.



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- Nodular splenic and hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

FNA of the intestinal mass, spleen and liver all indicated. Exploratory surgery could be considered. However, clean resection is unlikely given the omental involvement. Left adrenalectomy and intestinal resection and anastomosis possible. However, spread into the regional abdomen such as that of early carcinomatosis or lymphomatosis suspected. Chest radiographs warranted to assess for metastatic disease.

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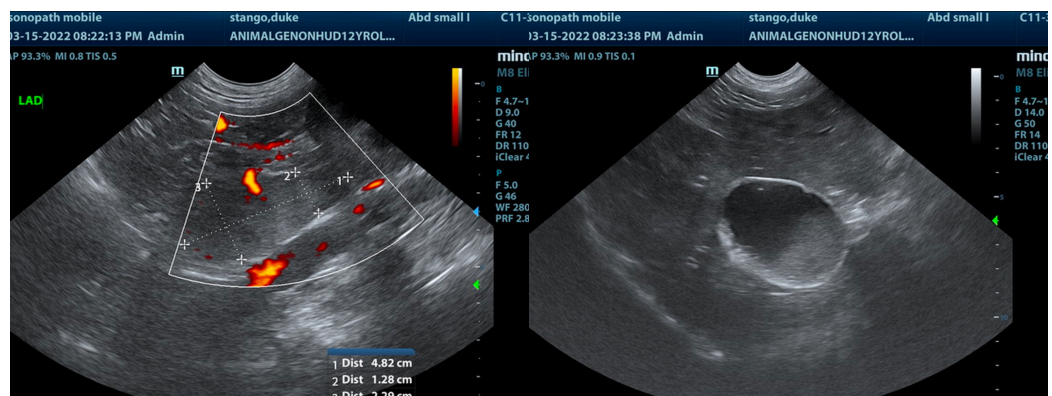
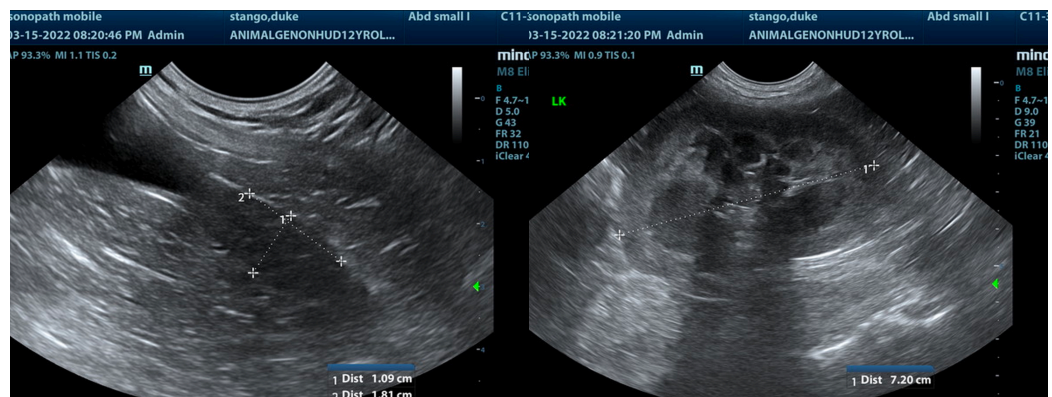
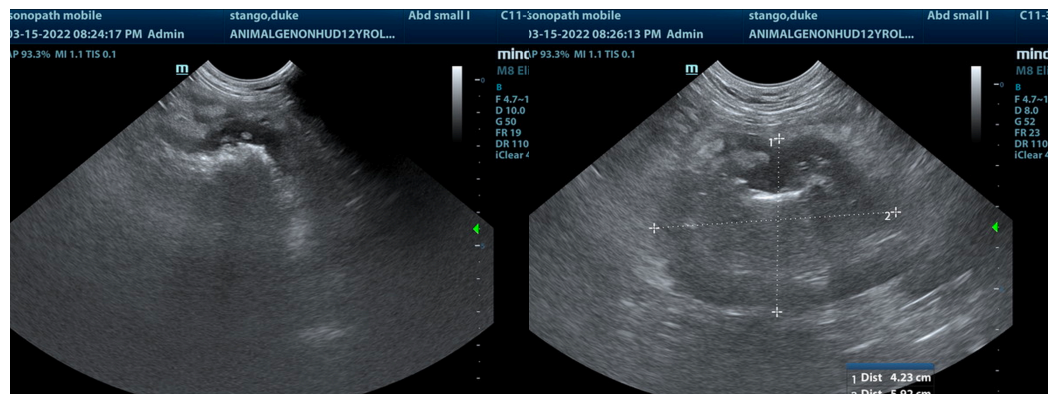
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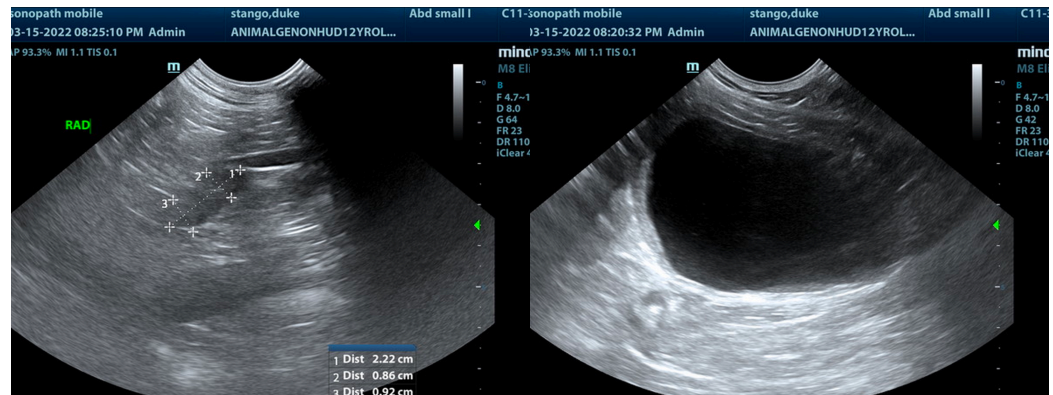
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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