



PATIENT PRESENTING CLINICAL SIGNS

Shania Joy Bass

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

40.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Ferguson

INVOICE

46016

DATE

3/17/23

SQ MCT on L medial stifle, diagnosed via FNA 3/8/23. Staging prior to deciding on pursuing onc. referral, stelfonta, or sx. Liver and spleen aspirates needed. Also has hx of cervical IVDD and heart dz (cardiologist recommended avoiding alpha2s, vasopressors, and large doses of acepromazine due to mild chronic mitral valve dz). Current Medications carprofen, gabapentin, adequan weekly, was prev. on hydroxyzine, advised Os to switch to Benadryl and add in famotidine. Os also occasionally give tramadol, and plan to give trazodone prior to AUS appt. Primary Question/Differential to Be Answered in This Exam MCT staging (full AUS with liver and spleen aspirates). I will also try to take local Inn. aspirates when pt is sedated.

Abnormal PE/Chem/CBC/UA Results: 3/13/23: PT/PTT WNL (7.2/11.5). 2/24/23: very mild ALT elevation (122), ALP elevation (207), no other significant findings on bloodwork

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 8.36 cm. The left kidney measured 8.14 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 3.13 cm x 0.60 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland measured 2.47 cm x 1.52 cm at the cranial pole and 0.85 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged yet uniform. No evidence of significant parenchymal changes. Slight scalloping contour.

Liver

The **liver** was mildly enlarged, yet uniform. Minor dependent gallbladder debris with a trace amount of sand.

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild hypersplenism
- Minor, subjectively benign hepatic enlargement
- Age related renal changes
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA performed upon the spleen and liver without complication. I cannot completely rule out the potential of mast cell invasion within the spleen and liver. Unremarkable abdomen otherwise with expected changes for this age patient.

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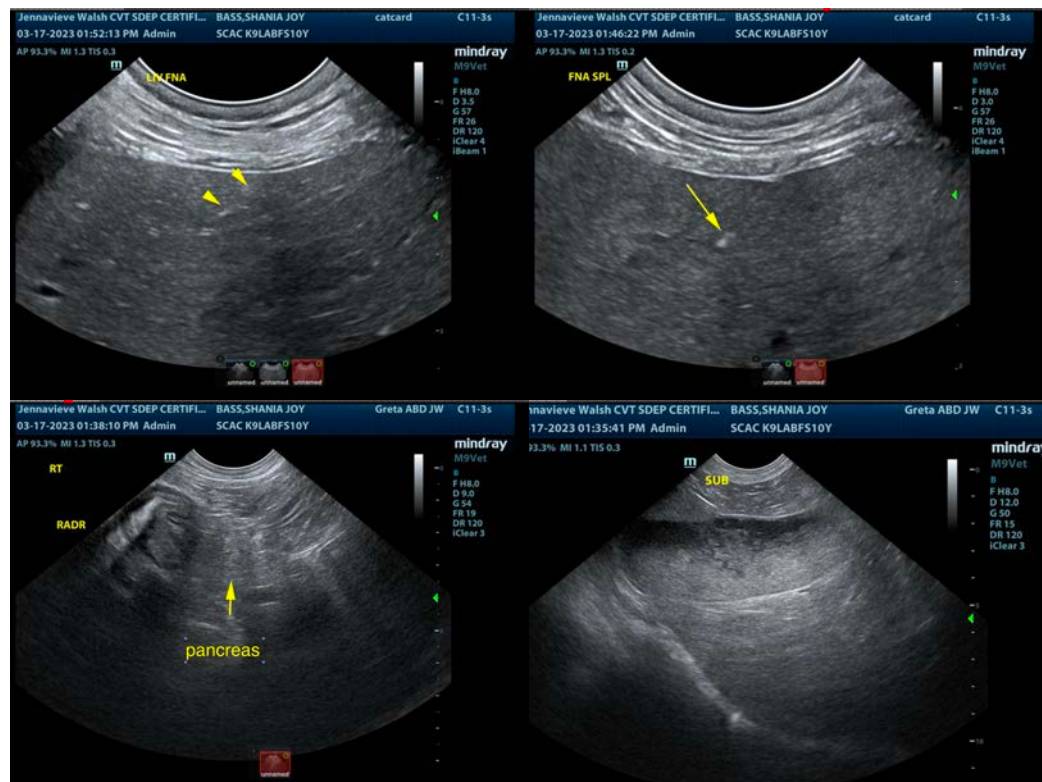
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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