



PATIENT

Samantha Folsom

PRESENTING CLINICAL SIGNS

Large mass detected on radiographs.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Goldendoodle

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 was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 7.2 cm with slight pyelectasia. The right kidney measured 6.4 cm.

AGE

10 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was uniform and measured 2.0 x 0.5 cm. The right adrenal gland was mildly heterogenous and measured 2.12 x 1.12 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Mount Olive Vet

REFERRING VET

Dr. Jones

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

INVOICE

97743

DATE

3/24/22



PATIENT

Gastrointestinal

Samantha Folsom

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.

SPECIES

Canine

BREED

Goldendoodle

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.

SEX

Spayed Female

Free Abdomen

A 10+ cm, ill-defined, undifferentiated, mixed echogenic mass is noted in the pelvic inlet. This appears to be deriving from the descending colon and lymph nodes. However, there is no residual structure available to assess the exact origin. The mass enveloped the iliac vasculature. This does not appear resectable and enters into the deep pelvis and deviates the descending colon and urinary bladder. .

AGE

10 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Pelvic/iliac mass in the region of the descending colon and is space occupying with regional inflammation. The tumor is completely undifferentiated lymph node or colon in origin.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence organ metastasis.

HOSPITAL NAME

Mount Olive Vet

REFERRING VET

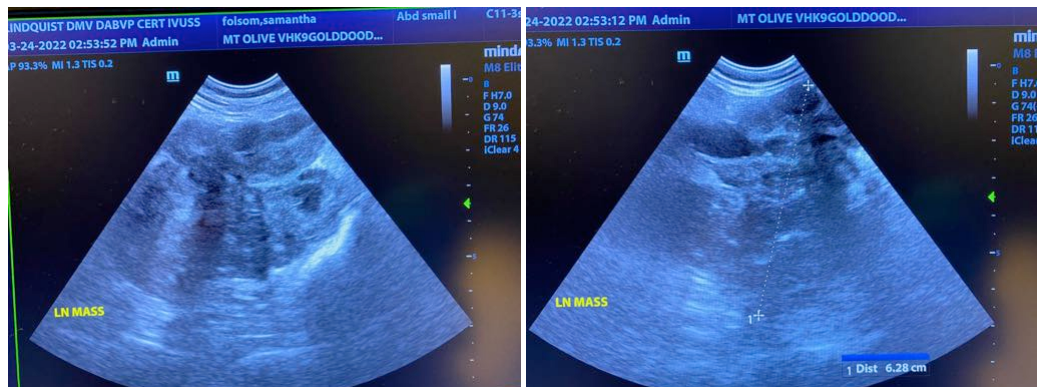
Dr. Jones

INVOICE

97743

DATE

3/24/22





PATIENT

Samantha Folsom

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

10 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Mount Olive Vet

REFERRING VET

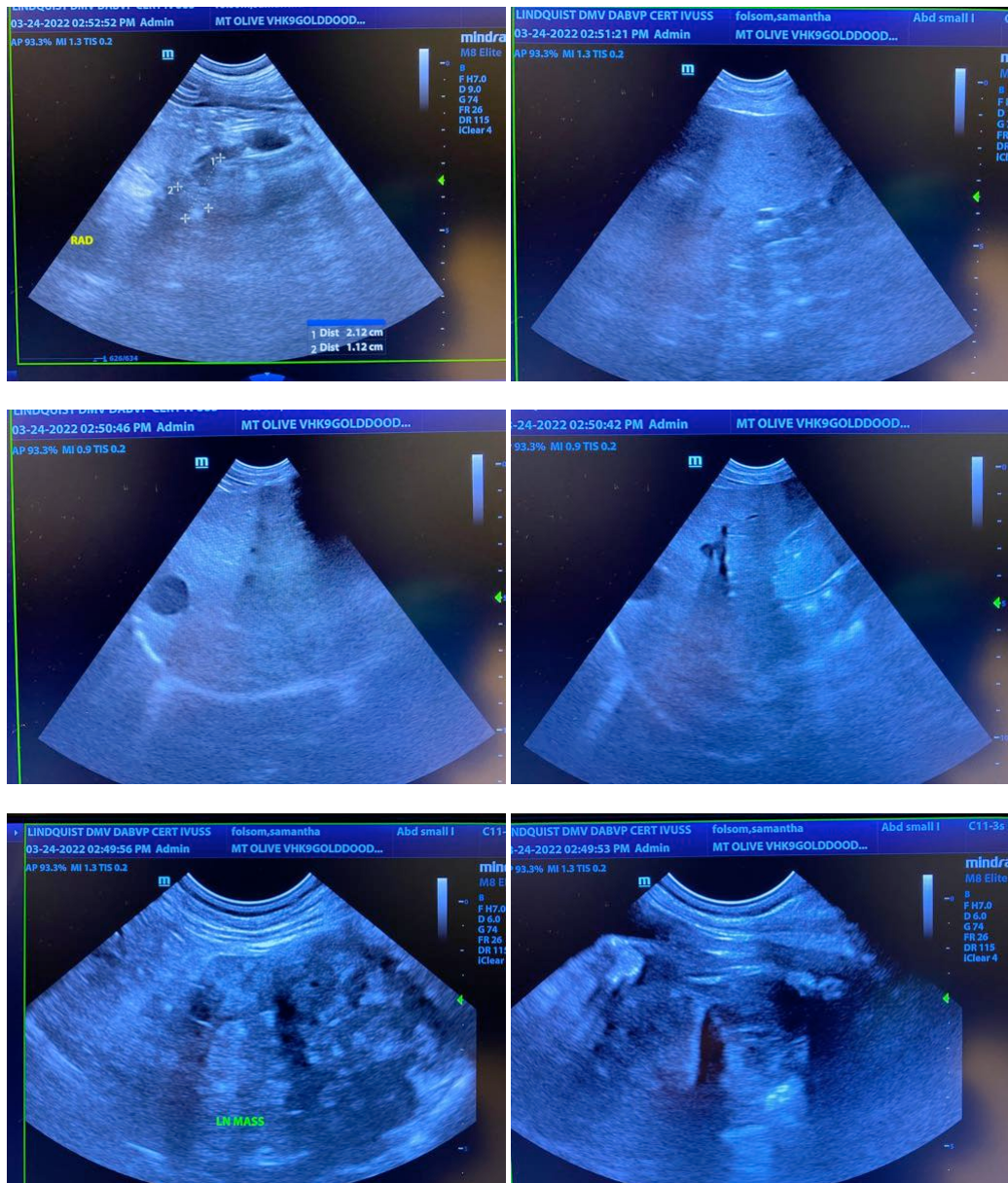
Dr. Jones

INVOICE

97743

DATE

3/24/22



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