



PATIENT PRESENTING CLINICAL SIGNS

Cinder Nork
History: lethargic, not eating, fast scan shows possible splenic mass
Abnormal PE/Chem/CBC/UA Results: slightly anemic

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Labrador Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 uterine stump was unremarkable and measured 0.5 cm.

AGE

11 years

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 right kidney measured 6.36 cm. The left kidney measured 6.44 cm.

WEIGHT

52 lbs

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 right adrenal gland measured 1.02 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 0.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

Spleen

The **spleen** revealed an expansive, mixed, hypoechoic, non-cavitated mass with other nodular irregular changes.

HOSPITAL NAME

Rush VC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was edematous with heterogenous, hypoechoic nodular changes. Gallbladder sand was noted. Pericardial effusion was noted through the diaphragm.

REFERRING VET

Dr. Milot

INVOICE

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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. Some retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool

DATE

3/3/22



PATIENT

consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Cinder Nork

SPECIES

Pancreas

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

Labrador Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Splenic mass with nodular hepatic changes.

Spayed Female

Edematous gallbladder.

Pericardial effusion.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

52 lbs

An echocardiogram is recommended to assess for pericardial effusion or possible right auricular mass. FNA of the spleen and liver is recommended. The prognosis is extremely guarded.

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IMAGING PERFORMED BY

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HOSPITAL NAME

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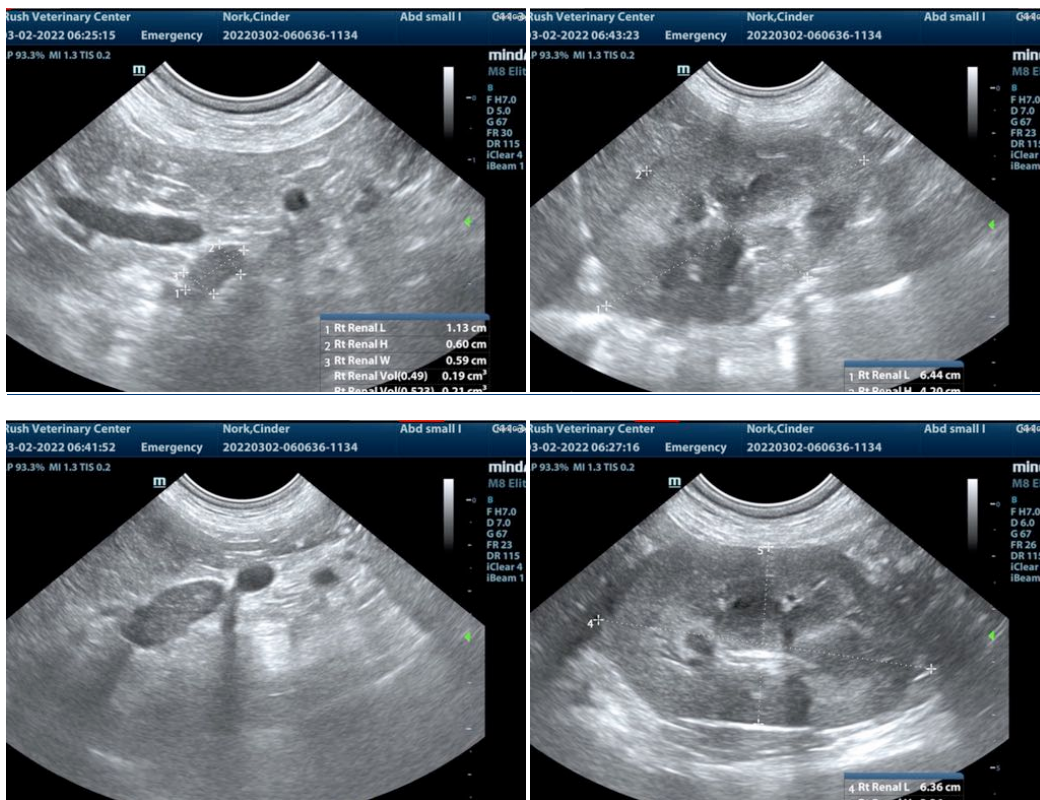
Dr. Milot

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PATIENT

Cinder Nork

SPECIES

Canine

BREED

Labrador Mix

SEX

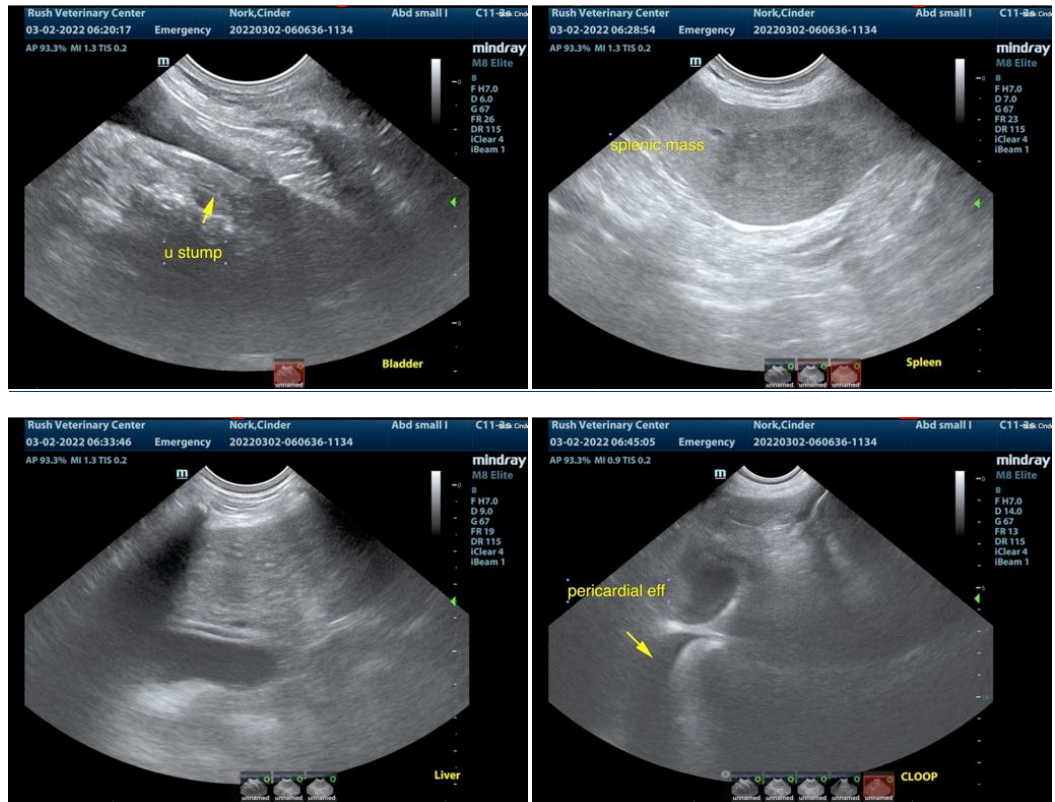
Spayed Female

AGE

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WEIGHT

52 lbs



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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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