



PATIENT

Johnny Lyn

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

13yr

WEIGHT

17.8kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Singh

INVOICE

13126ag

DATE

03/06/2023

PRESENTING CLINICAL SIGNS

Presents for lethargy and dark yellow urine CBC shows reticulocytosis Chemistry WNL U/A shows bilirubin Slide agglutination test negative Abdominal rads show a mid abdominal mass U/S showed free fluid and large mixed echogenicity mid-abdominal mass Free fluid was aspirated, hemorrhagic fluid that did not clot Chest rads did not show evidence of mets

Abnormal PE/Chem/CBC/UA Results: CBC showed mild elevation in retics mild mature neutrophilia and mild thrombocytopenia Slide agglutination negative Free fluid in abdomen - hemorrhagic fluid which did not clot

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. A minor amount of urinary bladder sand was noted. Minimal 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 mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented a 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 left kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The liver in this patient was riddled with multiple parenchymal masses. Capsular expansion and disruption of architecture was present. Deviation of the gallbladder was noted.

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

Pancreas



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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.

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Free Abdomen

Free fluid was noted in the cranial abdomen, likely deriving from the cavitated mass in the cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Undifferentiated cranial abdominal mass
- Nodular liver changes
- Age related renal changes
- Minor urinary bladder sand
- Peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is necessary for further definition, however strong suspicion for multicentric neoplasia. The exact origin of the mass is unclear. The visible spleen was unremarkable, however splenic involvement cannot be ruled out.

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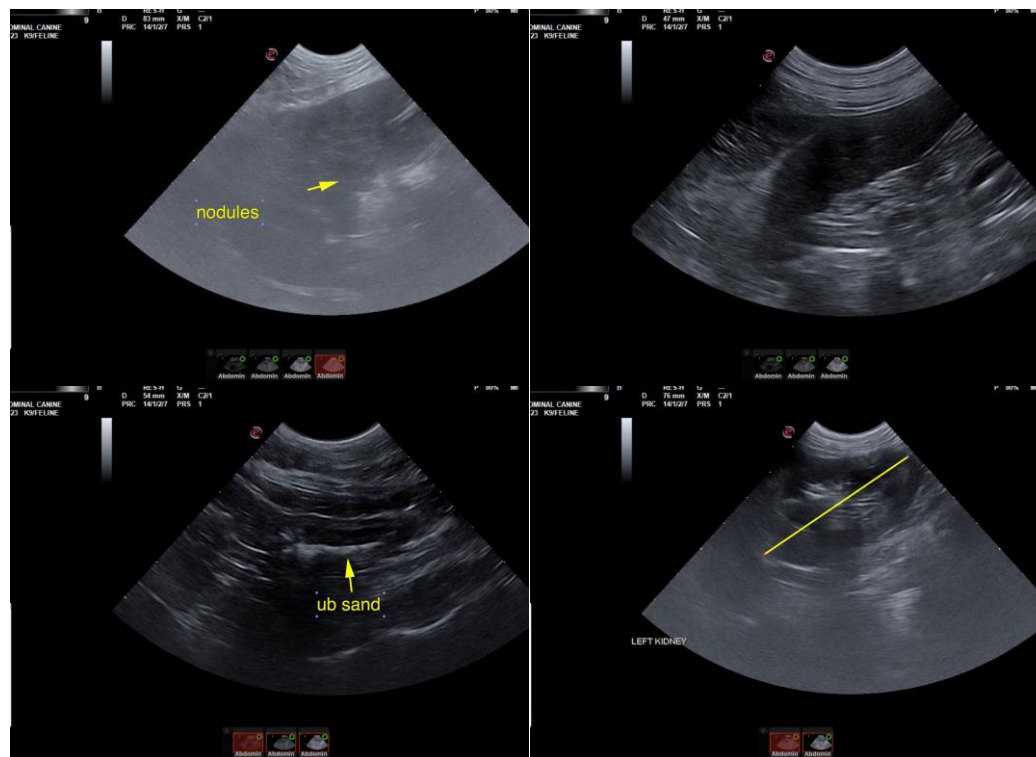
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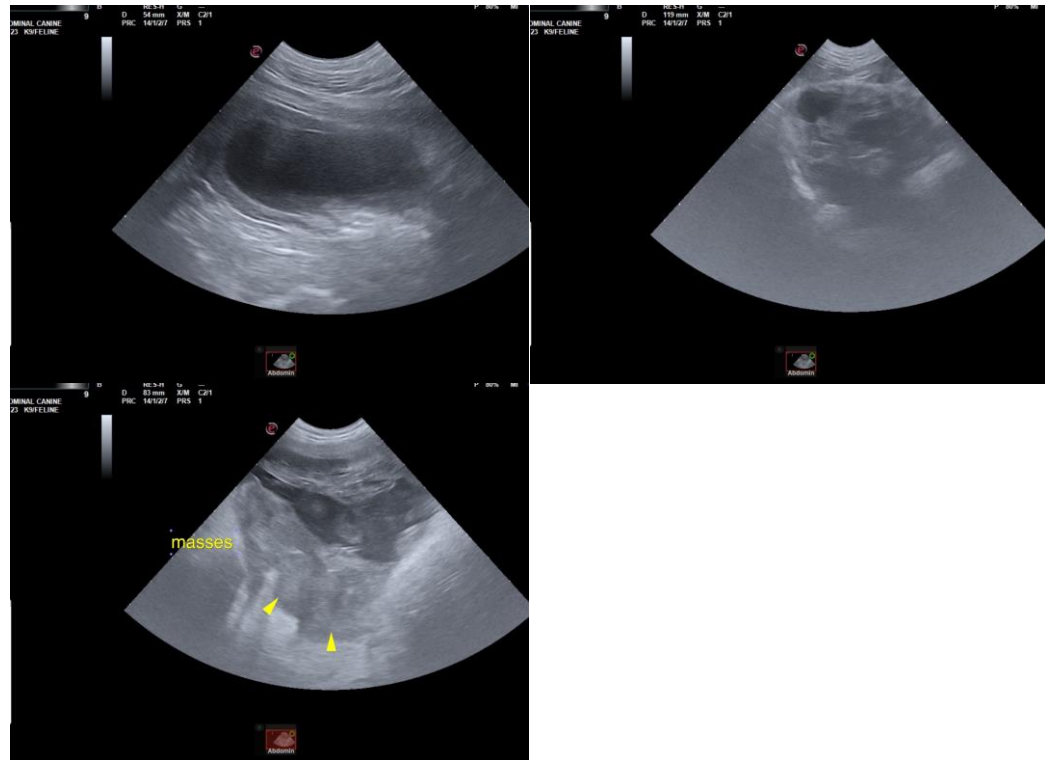
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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