



PATIENT

Brody Smith

PRESENTING CLINICAL SIGNS

hx of resected intestinal carcinoma hx of fb's, acute enteritis can't r/o metastasis vs dietary indiscretion

SPECIES

Canine

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.

BREED

Golden X

SEX

Neutered Male

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 left kidney measured 5.0 cm.

AGE

10 Years

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 1.71 cm x 0.52 cm at the caudal pole and 0.61 cm at the cranial pole.

WEIGHT

59.5 Pounds

Spleen

The **spleen** was mildly heterogeneous, unremarkable otherwise.

INTERPRETED BY

Eric Lindquist, DMV

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The **stomach** itself was unremarkable. Variable mild small intestinal thickening noted with hypertrophied muscularis. No evidence of obstruction.

REFERRING VET

Dr. Maniar

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.

INVOICE

36008

Free Abdomen

Heterogeneous nodular omental changes noted in the mid left abdomen, adjacent to the spleen. Free fluid also present.

DATE

3/9/22

Some adhesions noted in the mid abdomen, creating a mass, enveloping portions of the pancreas. Undifferentiated hypoechoic tissue noted.



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ULTRASONOGRAPHIC FINDINGS

- Omental mass with nodular changes around the pancreas, intestine and spleen
- Secondary free fluid

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for resurgence of carcinoma/carcinomatosis type presentation. Ultrasound guided abdominocentesis of the free fluid with cytospin recommended to assess for neoplastic cells or exploratory surgery. However, clean resection is unlikely. Underlying peritonitis or perforation also possible depending upon cytology results.

BREED

Golden X

SEX

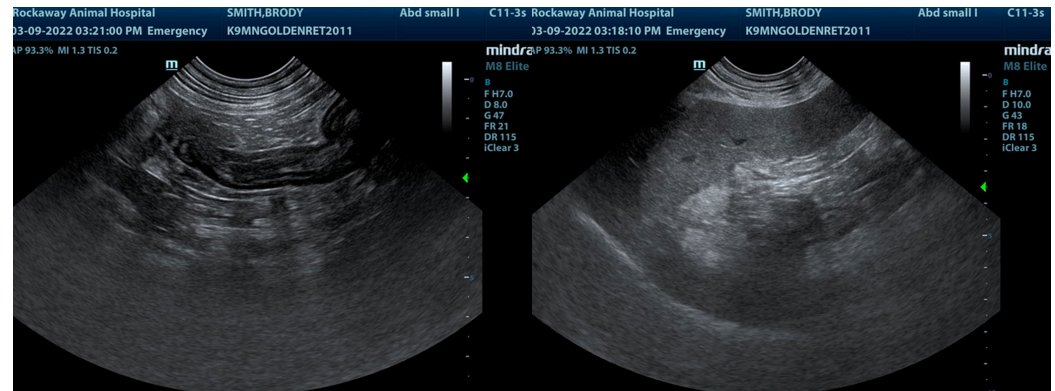
Neutered Male

AGE

10 Years

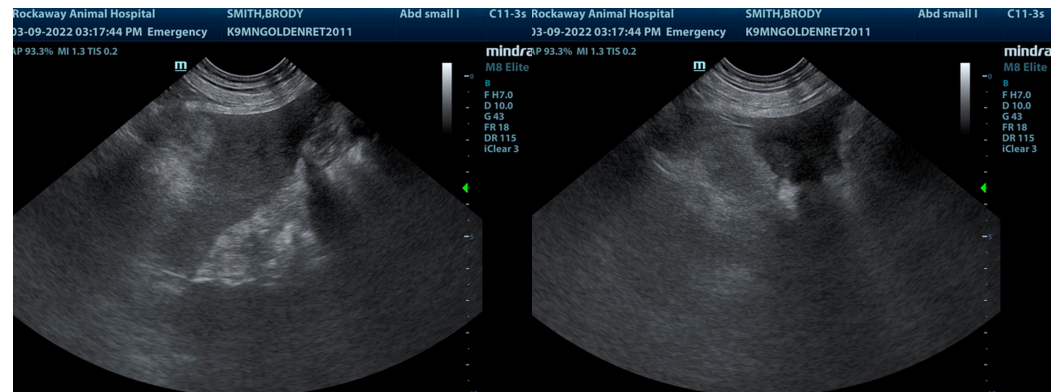
WEIGHT

59.5 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

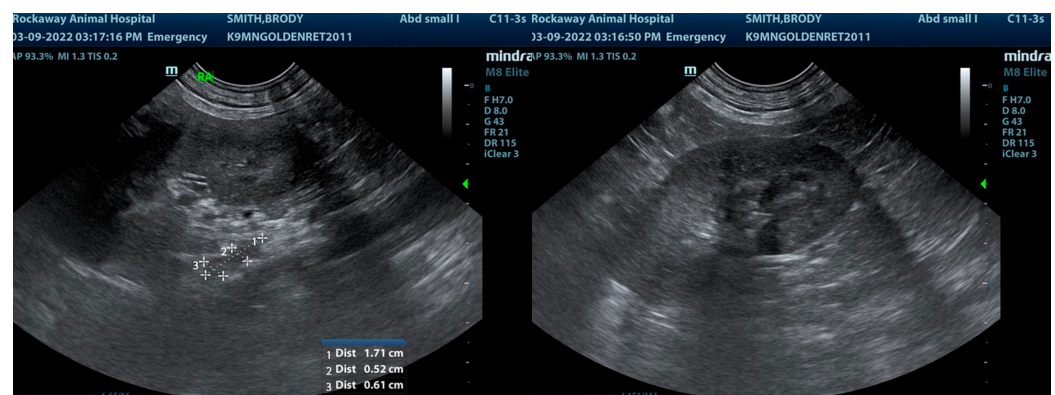


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HOSPITAL NAME

Rockway AH



REFERRING VET

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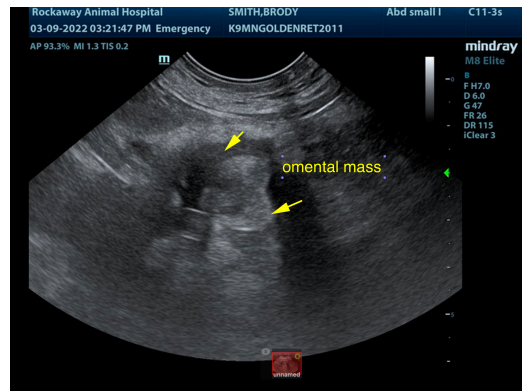
Dr. Maniar

INVOICE

36008

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3/9/22



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