

**DATE**

4/11/22

PRESENTING CLINICAL SIGNS

History: Large SQ lipoma removal scheduled for 4/13/22. In the past week Adelaide has been hiding and trembling intermittently. Abdominal rads show questionable abdominal mass mid-caudal abdomen. No mass palpable.

PATIENT

Adelaide Baldwin

Current Medications: None listed.

Lab Results: CBC/Chem 1/22 WNL.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

1/9/13

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.

WEIGHT

82.4 Pounds

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 6.5 cm. The left kidney measured 6.5 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.05 cm x 0.69 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 3.43 cm x 0.66 cm at the caudal pole and 0.73 cm at the cranial pole.

HOSPITAL NAME

Bay Country VH

Spleen

The **spleen** revealed a parenchymal mass (6.7 cm x 3.0 cm) with a 3.0 cm hypoechoic necrotic type nodule in the middle of the mass.

REFERRING VET

Dr. Poff

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No obvious evidence of metastatic disease.

INVOICE

14715

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

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.

Other

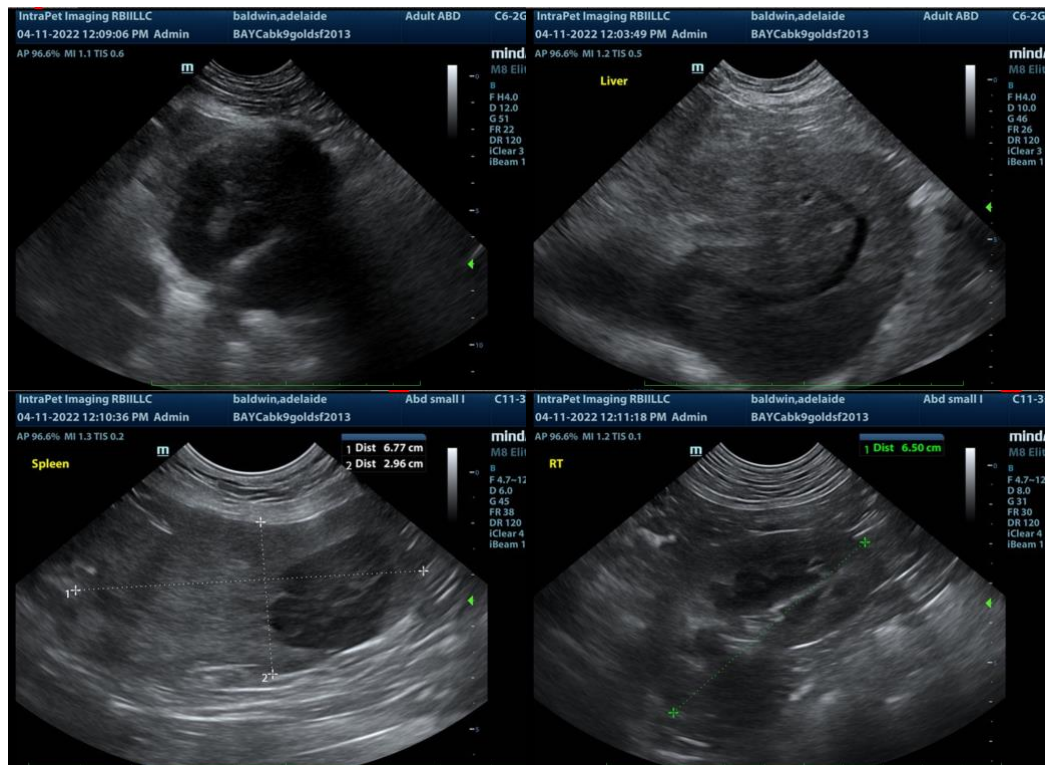
A rapid view of the **heart** revealed no evidence of pathology in the right auricle or pericardium.

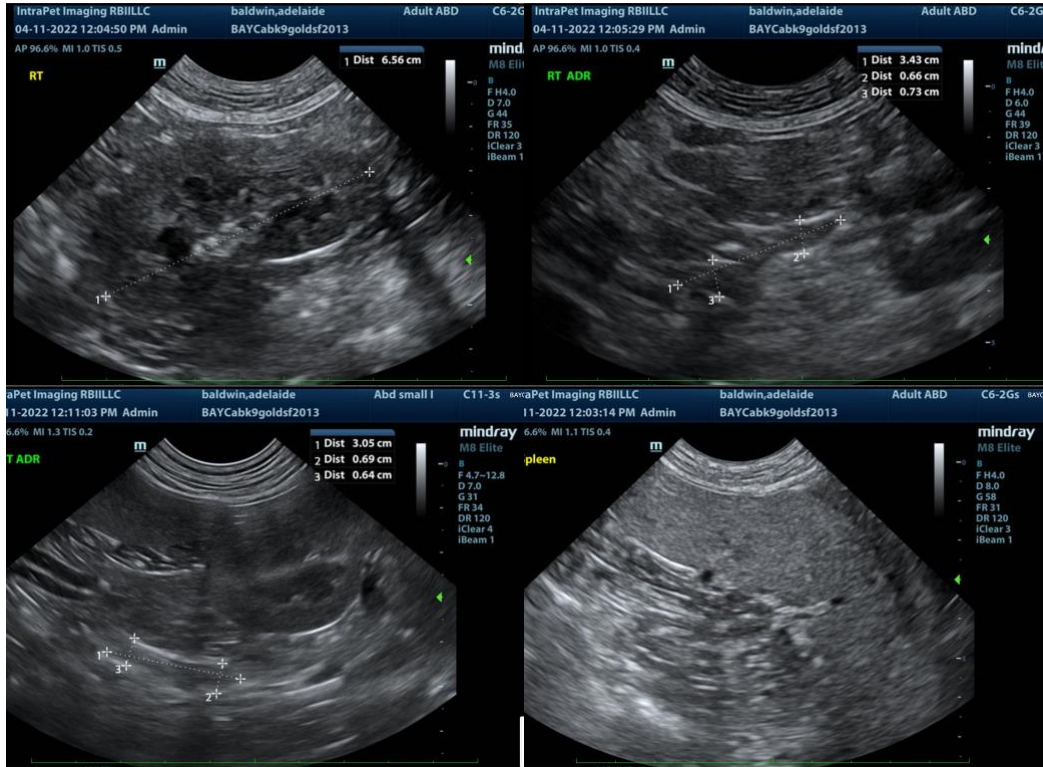
ULTRASONOGRAPHIC FINDINGS

- Parenchymal splenic mass, possibly histopathologically benign
- Age-related abdominal changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of metastatic disease. Splenectomy warranted with liver inspection and biopsy. Benign hematoma, splenic necrosis, hemangiosarcoma or round cell neoplasia all possible.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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
Eric.Lindquist@SonoPath.com