



PATIENT

Lilly Siems

SPECIES

Canine

BREED

Golden

SEX

Spayed Female

AGE

10 Years

WEIGHT

69 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Travis Cerf

HOSPITAL NAME

VC of Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

14767

DATE

4/15/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite, weight loose

Abnormal PE/Chem/CBC/UA Results: ALT 1,370 ALP 703

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present at the time of the sonogram. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. Full urinary work up warranted.

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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was not visualized.

Liver

The visible **liver** was unremarkable; however, artifact interference was present.

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.



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Free Abdomen

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A 15+ cm mixed echogenic nodular **mass** was noted in the left cranial abdomen, suspect hepatic origin. However, the spleen was not visualized, and splenic origin cannot be completely ruled out. CT evaluation warranted for further assessment.

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ULTRASONOGRAPHIC FINDINGS

- Cystitis bladder pattern- full urinary work up warranted
- Cranial abdominal mass, splenic or hepatic origin

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

CT evaluation warranted. Paralumbar imaging and intercostal imaging recommended for further definition. However, CT would be ideal. FNA could be considered for further definition.

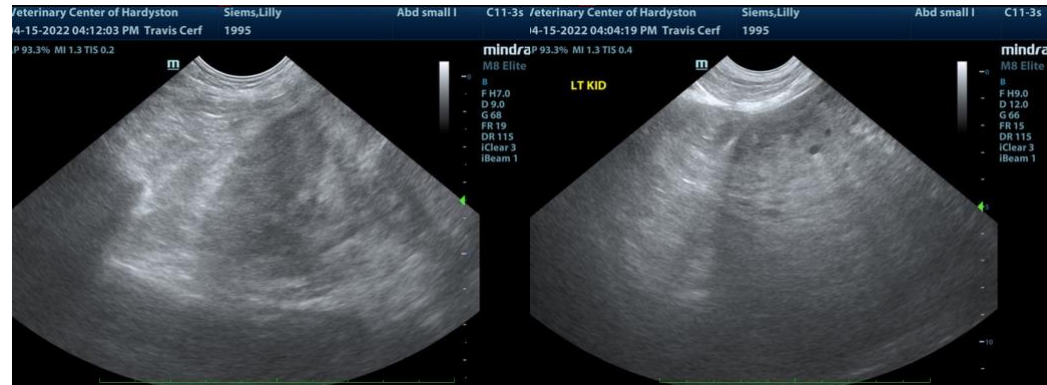
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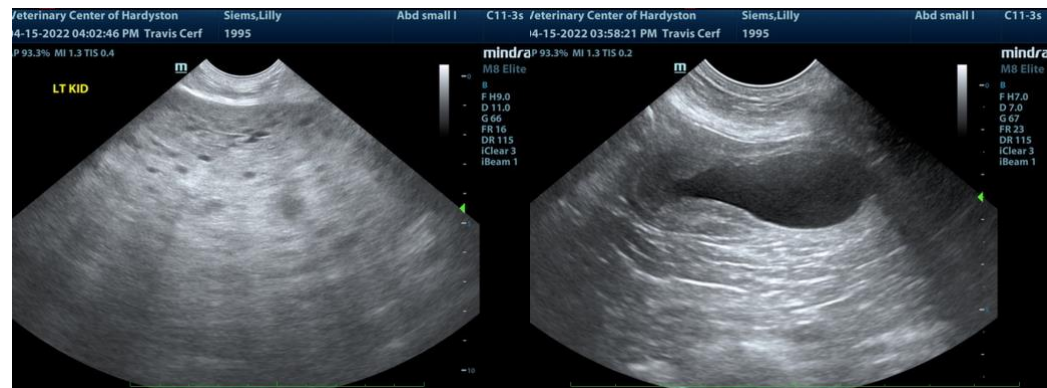
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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