



PATIENT

Trakker Mortillo

SPECIES

Canine

BREED

Bloodhound

SEX

Neutered Male

AGE

9 Years

WEIGHT

104 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Melissa Rotella

INVOICE

46826

DATE

4/21/23

PRESENTING CLINICAL SIGNS

Patient presents for generalized ADR and lethargy per owner, abdominal discomfort, and palpable mid-caudal abdominal mass vs. other.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 1.0 cm.

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 right kidney measured 5.75 cm. The left kidney measured 6.08 cm.

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 2.28 cm x 0.98 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 2.68 cm x 0.58 cm at the caudal pole and 0.63 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with subtle heterogeneous parenchymal changes. Splenic vein was patent. No evidence of thrombosis.

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.

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.



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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

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Slight free fluid noted in the caudal abdomen.

A 13.0 cm, mildly heterogeneous, lipomatous type intraabdominal mass was noted.

SEX

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- Intraabdominal lipoma with localized free fluid – potential infarcted lipoma or lipomatous torsion
- Slightly reactive spleen – Minor potential for underlying neoplasia.

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

104 Pounds

Recommend exploratory surgery with removal of the large lipomatous type mass with appropriate histopathology. The localized free fluid is concerning. This appears to be a surgical urgency. Chest radiographs warranted if not already performed to rule out metastatic disease, though unlikely. This is likely a benign tumor. However, it is precarious, given the regional free fluid. Potential infarction, infection, or other form of inflammation associated with the lipomatous mass likely. Inspection +/- FNA or biopsy of the spleen at surgery indicated.

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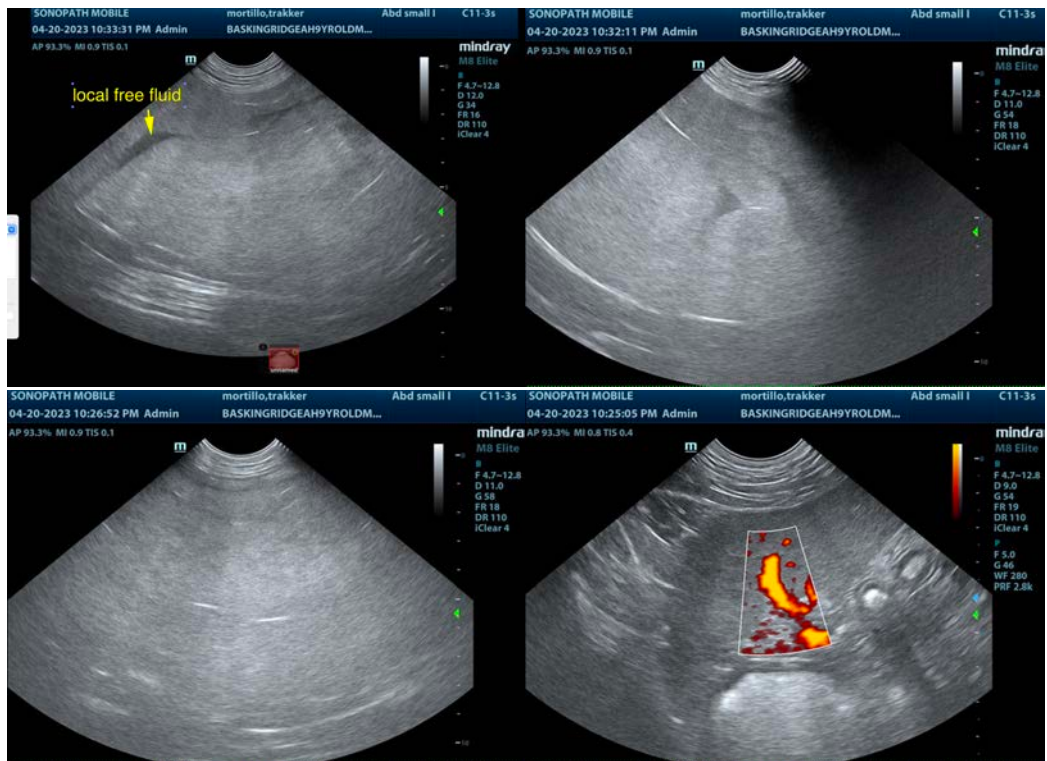
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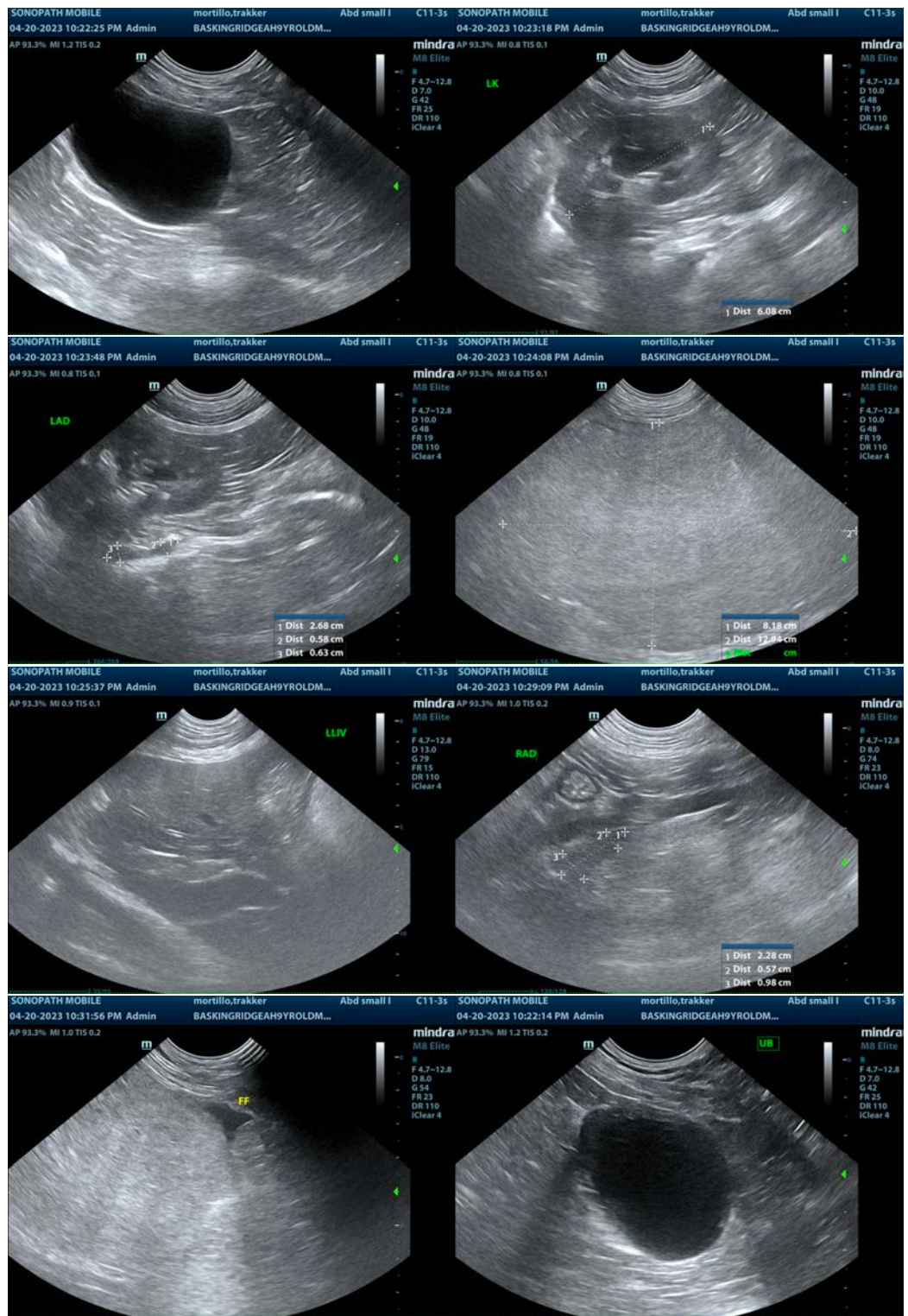
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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