



PATIENT

Molly Hechler

SPECIES

Canine

BREED

Bearded Collie

SEX

Spayed Female

AGE

14 Years

WEIGHT

45 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kyoung Han

HOSPITAL NAME

Tenaflly Vet Center

REFERRING VET

Dr. Kyoung Han

INVOICE

46868

DATE

4/22/23

PRESENTING CLINICAL SIGNS

Vomiting clear formed liquid for the past 2 days. no diarrhea. no obstruction signs and foreign body on radiographs. pli is pending. elevated wbc (20.4) and globulin (4.1). Round mass (lymph node? lipoma? adrenal gland?) is seen on central abdomen close to left side kidney and irregular nodule in spleen.

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 5.6 cm. A cortical infarct is noted at the caudodorsal cortex of the left kidney, stable, no evidence of active inflammation. The left kidney measured 5.6 cm.

Adrenal Glands

The **right adrenal gland** was not visualized. The region of the **left adrenal gland** was unremarkable. If the patient has been treated with cortisones, then suppression of the adrenals may be an issue.

Spleen

The **spleen** presented a slight isoechoic nodule measuring 1.9 cm with minor capsular expansion. Minor heterogeneous changes noted elsewhere in the spleen.

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.

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

A mixed hypoechoic mass was noted in the region of the left **pancreatic limb** measuring 3.7 cm. It appears to be encapsulated. Minor peripheral inflammation noted. The mass is in the position of the left pancreatic limb, however the exact origin is unclear.



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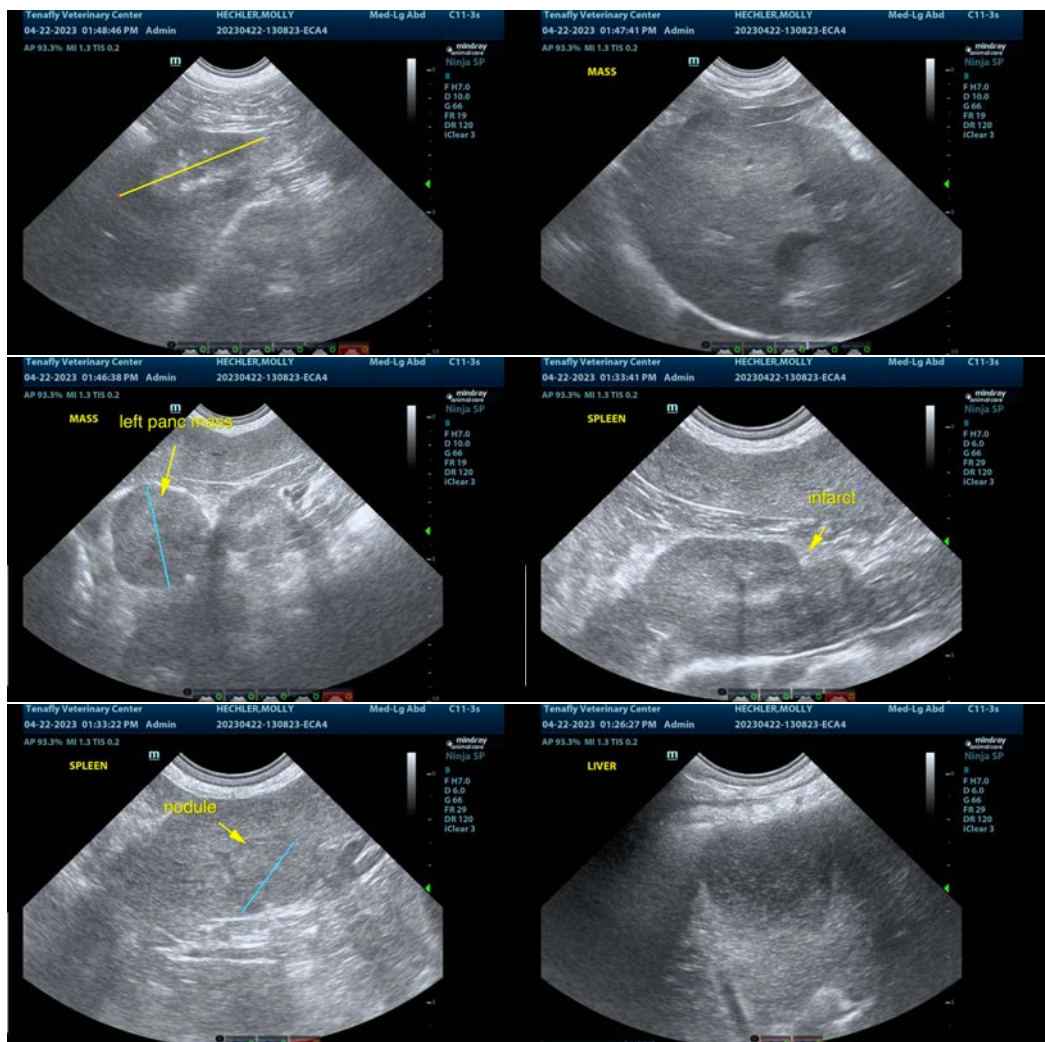
ULTRASONOGRAPHIC FINDINGS

- Left cranial mass, likely pancreatic origin
- Splenic nodule – hyperplasia, round cell neoplasia, emerging hemangiosarcoma all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and mass in the region of the left pancreatic limb could be considered. Differentials include carcinoma, non-neoplastic granuloma, and pancreatic necrosis.

CT evaluation for surgical planning would be ideal. Chest radiographs warranted to assess for metastatic disease, or chest CT if abdominal CT is to be performed.





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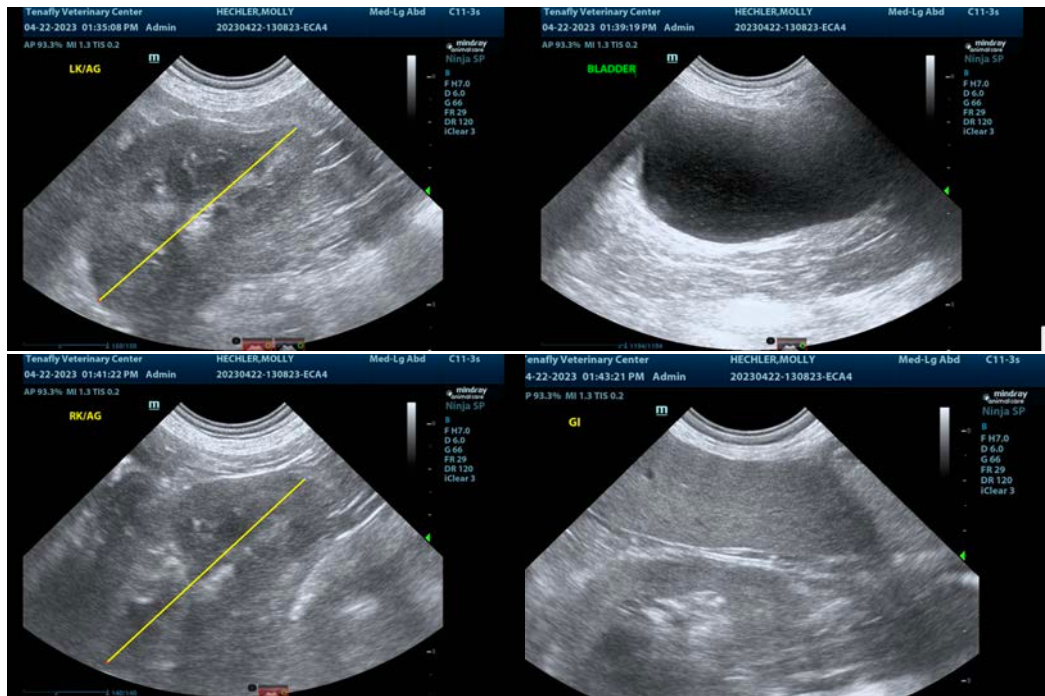
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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