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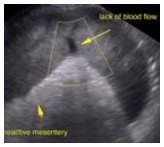
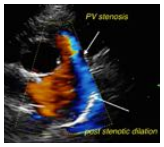
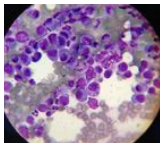
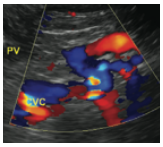

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1-800-838-4268 info@sonopath.com

PATIENT
Castiel Lanz

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed female

AGE
11 years

WEIGHT
60 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Lanz

HOSPITAL NAME
New Holland VH

REFERRING VET
Dr. Lanz

INVOICE
43942

DATE
4/24/23

PRESENTING CLINICAL SIGNS

History: 11yo FS golden retriever has been doing well at home, no concerns. Currently on adequan and dasuquin for hindlimb arthritis. Nu.Q screening test abnormal - u/s done for cancer screening purposes.
Abnormal PE/Chem/CBC/UA Results: Nu.Q 155.7ng/mL (high cancer risk) CBC: MCV 77 MCH 27.6 Chem: cholesterol 378

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 was noted. Ureteral papillae were normal.

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 4.42 cm. The right kidney measured 4.7 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

The **spleen** was mildly heterogenous with slight, hypoechoic nodular changes noted throughout the spleen. The nodules were non-disruptive.

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.

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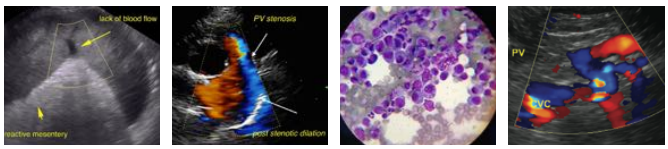

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

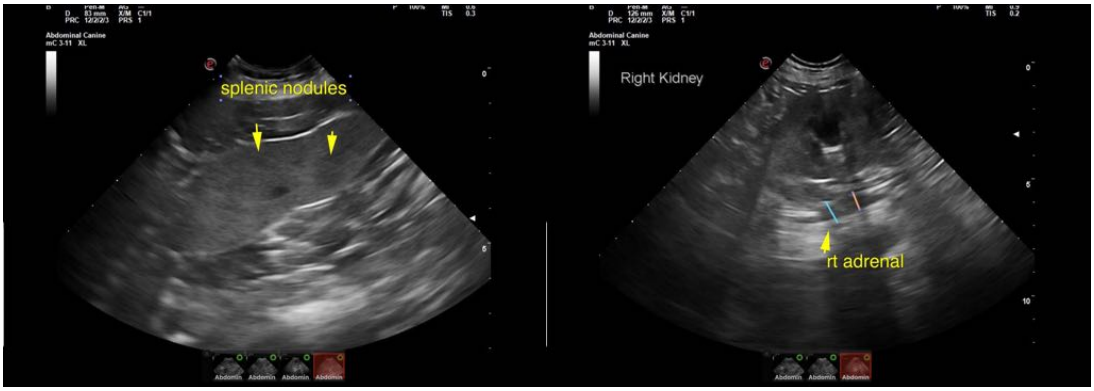
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Subtle, micronodular splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are likely age related. However, given the breed predisposition to splenic neoplasia I recommend a recheck sonogram in 3-4 weeks to assess for any progression. FNA can be considered for further definition. No cavitation was noted in the splenic nodules that would suggest hemangiosarcoma at this point. Hyperplasia is likely, emerging round cell neoplasia or hemangiosarcoma is possible, yet less likely. Otherwise, unremarkable abdomen.



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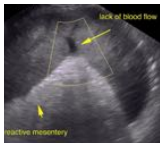

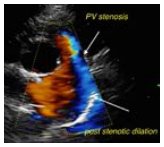

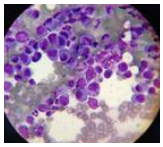
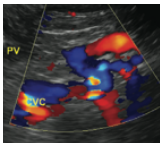

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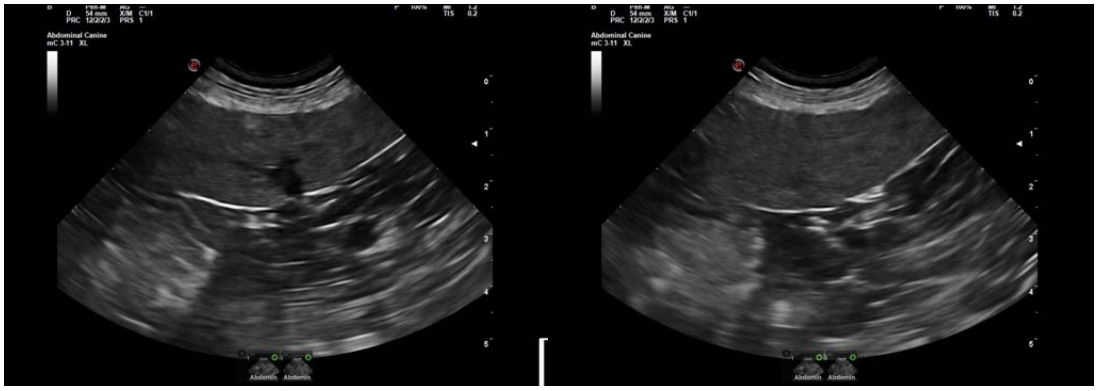

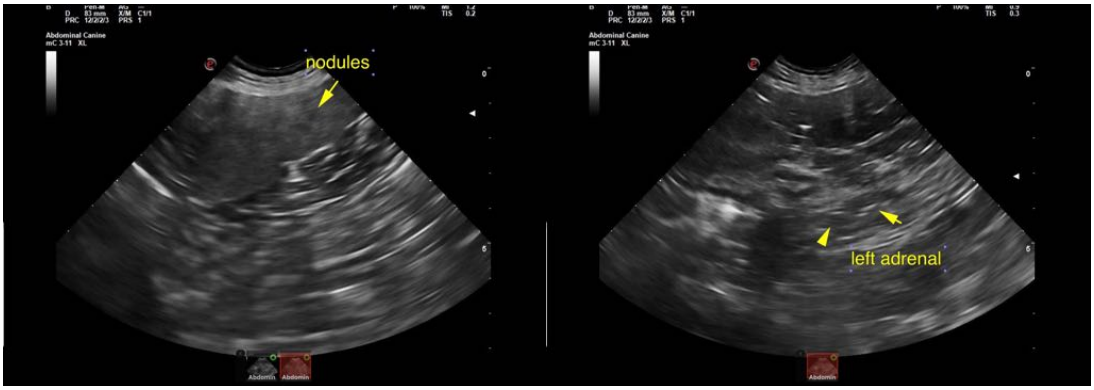

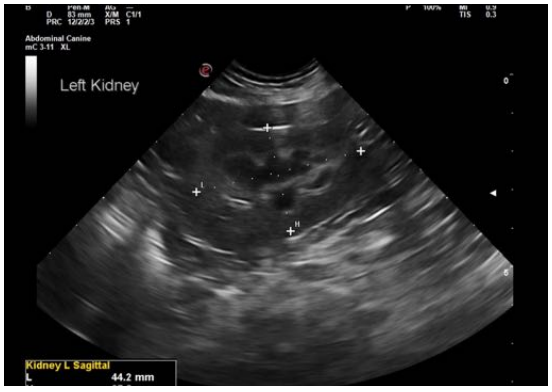

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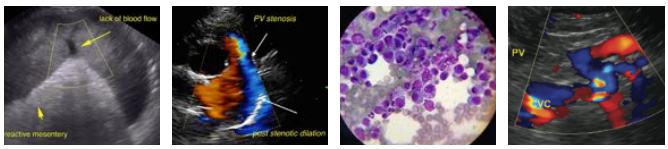

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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