



**PATIENT**

Abe Myer

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

76.5

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Cristina Polit

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Mayra Sanchez

**INVOICE**

22212

**DATE**

4/28/23

**PRESENTING CLINICAL SIGNS**

History: Patient presented for wellness exam Very large SQ lipoma found on PE Mass effect on radiographs

Abnormal PE/Chem/CBC/UA Results: PE: Large SQ lipoma caudal ventral abdomen CBC/chem: NAF Radiographs: mass effect cranial abdomen (caudal to stomach)

**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 **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 6.8 cm. The right kidney measured 6.8 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was uniformly enlarged with swollen contour.

**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.

**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.

**Free Abdomen**



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A mid abdominal **lipoma** was noted, appears to be deriving from the falciform, measuring approximately 10 cm. A separate lesion was noted, appears to be a definitive lipoma (8.0 cm) adjacent to the primary lipoma, impinging upon or deriving from the liver, could not be well defined.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Cranial abdominal lipoma with potential secondary lipoma or hepatic lesion, not overtly pathological, however, FNA of the lesion adjacent to or deriving from the liver would be indicated.

**BREED**

Labrador Retriever

- The spleen was uniformly enlarged with swollen contour

**SEX**

Neutered Male

- Partially full stomach

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

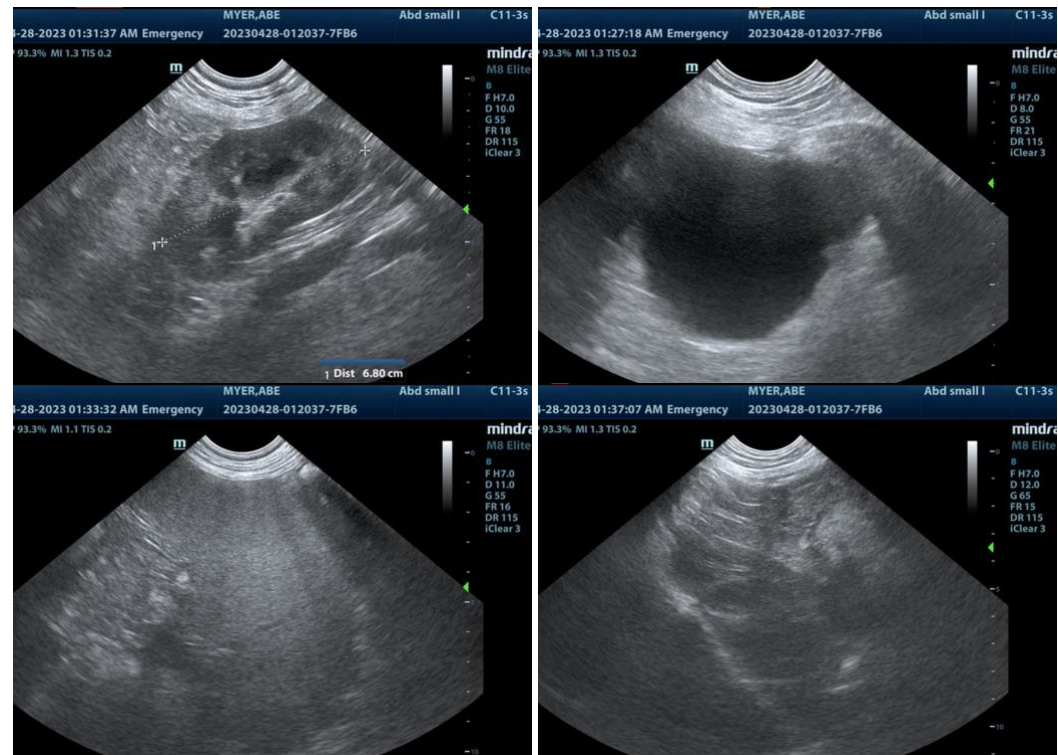
CT evaluation would be ideal, however, subjectively the presentation appears to be benign. The secondary lesion may be hepatoma or adjacent lipoma, the margins could not be defined.

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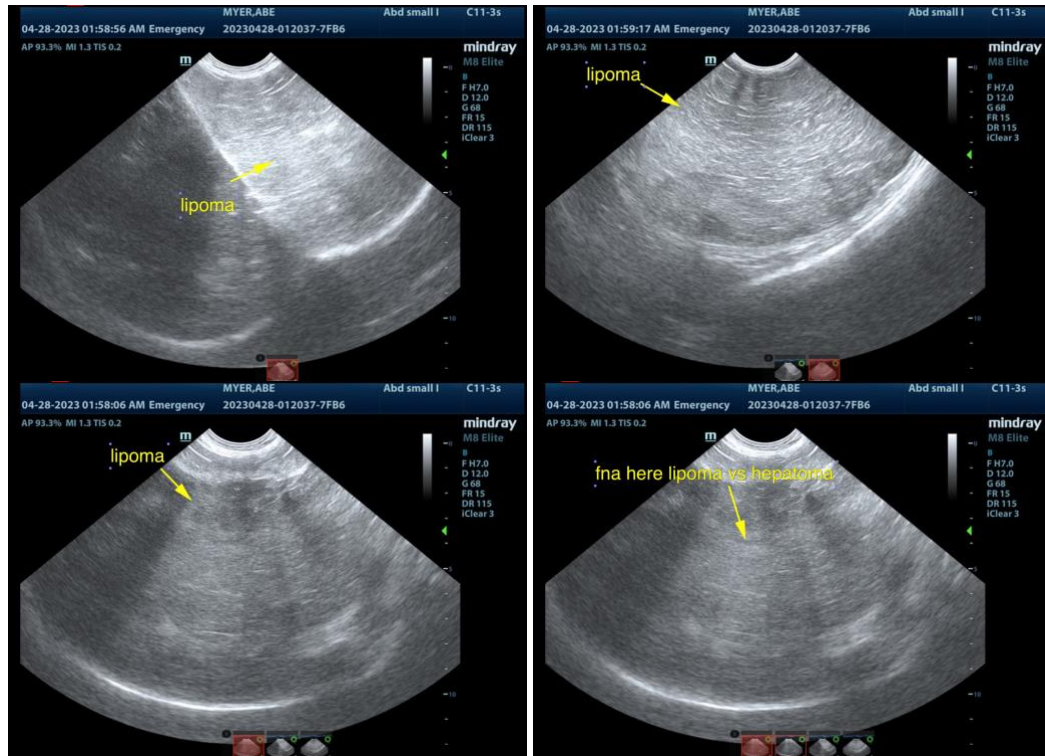
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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