



PATIENT

Toby McNier

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

75.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

INVOICE

36729

DATE

4/5/22

PRESENTING CLINICAL SIGNS

March 18, 2022 decreased appetite and energy for 5 days. March 25, 2020 eating better. April 5, 2020 less energy.

Abnormal PE/Chem/CBC/UA Results: March 18, 2022 Pale MM, no murmur, occasional stridor. CBC mild non-regenerative anemia microcytic normochromic, HCT 29%. Thyroid mildly low TT4, TT3, FT4, normal TSH likely metabolic response to non-thyroid illness but possibly hypothyroid still. Chest radiographs no metastatic disease seen. March 25, 2020 CBC stable RBC. Started Soloxine 0.7mg 1/2 tablet orally BID. April 5, 2020 Pale MM.

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 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 left kidney measured 6.13 cm. The right kidney measured 8.0 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland was slightly enlarged at the cranial pole. The left adrenal gland measured 3.14 cm x 0.95 cm at the cranial pole and 0.50 cm at the caudal pole.

The **right adrenal gland** was visualized obliquely, measuring approximately 8.0 mm.

Spleen

The **spleen** presented multifocal coalescing hypoechoic nodular changes expanding into multiple masses, strongly suggestive for sarcoma. No evidence of rupture. Both lymphosarcoma and hemangiosarcoma are possible.

Liver

The **liver** presented slight coarse architecture. No overt metastatic changes. However, micrometastasis cannot be ruled out and should be biopsied at surgery. The gallbladder was 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.



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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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Heart

Rapid view of the heart revealed no evident pathology in the right auricle.

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Golden Retriever

ULTRASONOGRAPHIC FINDINGS

- Splenic masses with possible micrometastasis to the liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate splenectomy and liver inspection with biopsy warranted. Prognosis is guarded to poor depending on with the pathology is limited cytologically to the spleen, as well as potential response to chemotherapy. CBC path review +/- bone marrow aspirate warranted, given the anemia.

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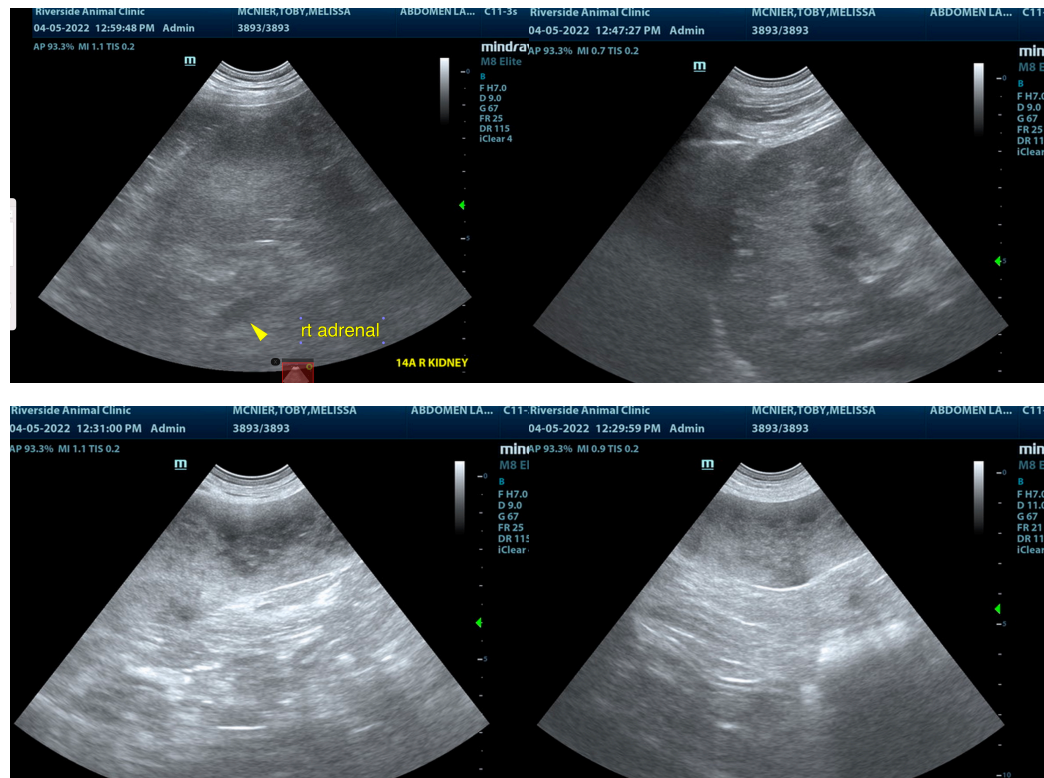
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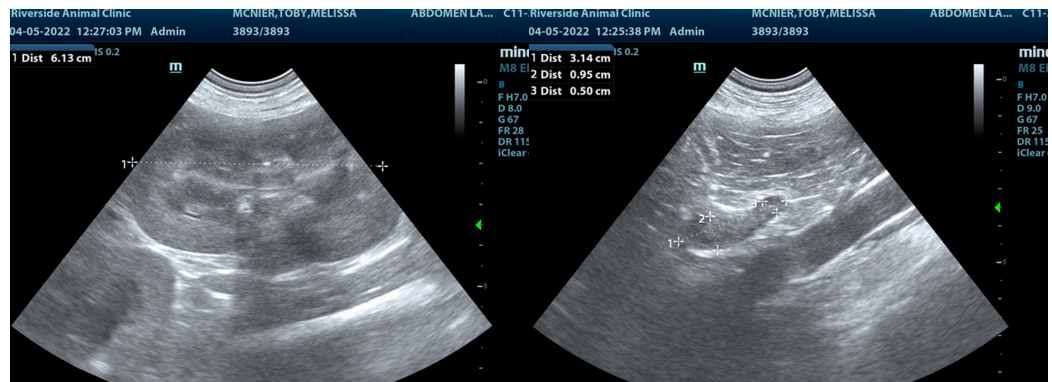
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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