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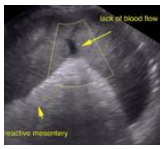
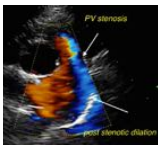
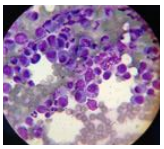
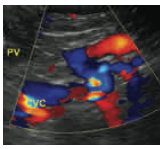

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1-800-838-4268 info@sonopath.com

PATIENT
Crockett Benbrook

SPECIES
Canine

BREED
Coonhound

SEX
Neutered male

AGE
12 years

WEIGHT
101 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Animal General Augusta

REFERRING VET
Dr. Castimore

INVOICE
30266

DATE
5/11/22

PRESENTING CLINICAL SIGNS

Not getting better on half doses of doxy sid x 14 days (another vet) began today doxy 10mg/kg BID, cerenia, pred (was on pepcid)
Abnormal PE/Chem/CBC/UA Results: ALKP 304, Amyl 1853, RBC 2.76, HCT 18.6, HGB 6.8, RDW 11.4, Retic 417.9, WBC 36.13, Neu 30.54, Mono 3.58, Plt 110, MPV 17.8

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.71 cm. The right kidney revealed a hypoechoic nodule in the cranial pole measuring 1.45 cm. This is strongly suggestive for a metastatic lesion. The right kidney measured 8.66 cm.

The pelvis in this patient revealed a complex, mixed, hypoechoic 12.7 x 7.8 cm cystic and parenchymal mass impinging upon the urethra and bladder.

Adrenal Glands

The right **adrenal gland** was 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 3.67 x 1.07 cm at the cranial pole and 0.77 cm at the caudal pole. The left adrenal gland was mildly enlarged and measured 3.6 x 1.1 cm at the cranial pole and 1.09 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic 2.78 x 1.3 cm nodule and other nodules that measured up to 1.01 cm and 0.65 cm. An overt 2.5 cm splenic mass was noted deriving from the caudal pole.

Liver

The **liver** revealed multi-focal, hyperechoic lipogranulomatous changes. This is not overtly pathological. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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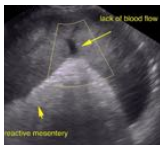
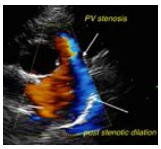
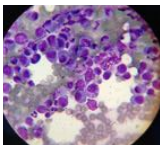
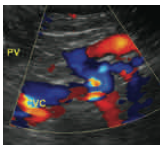

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Gastrointestinal

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

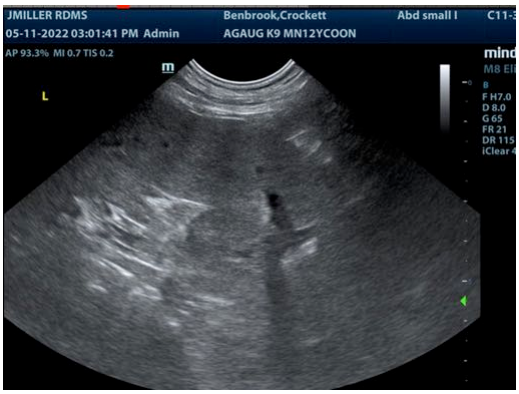
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

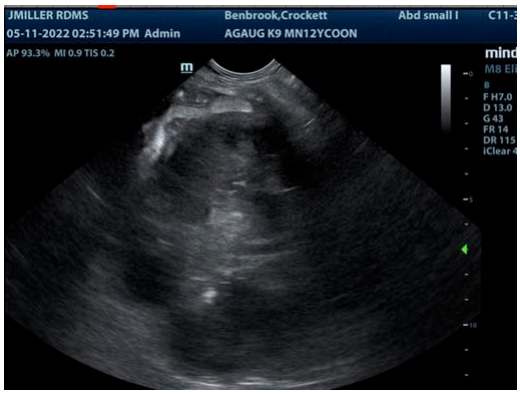
ULTRASONOGRAPHIC FINDINGS

Multi-centric neoplasia with pelvic mass, splenic mass and nodules. Possible hepatic involvement and right renal involvement. Multi-centric sarcoma is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origin of the pelvic mass is unclear. This is likely lymph node or possibly prostate; however, it is peripherally inflamed. The mass may be chemo reducible. FNA of the mass, splenic lesion +/- right renal lesion would all be indicated in this patient with immediate chemotherapeutic intervention. CT of the abdomen would be ideal with the potential for surgical planning, yet this appears to be a multi-centric process and removal of the pelvic mass would likely be difficult. The spleen is likely involved as well.





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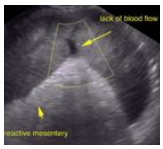
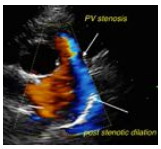
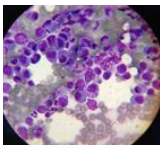
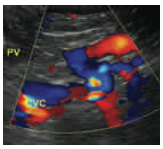

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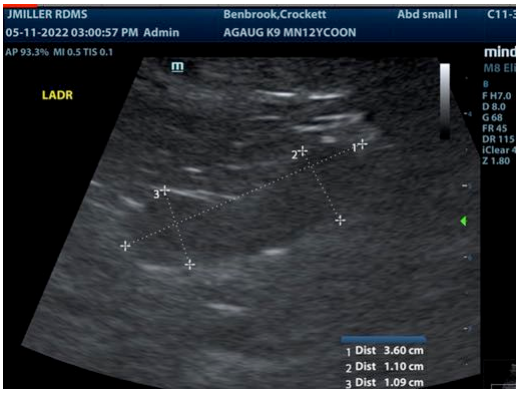

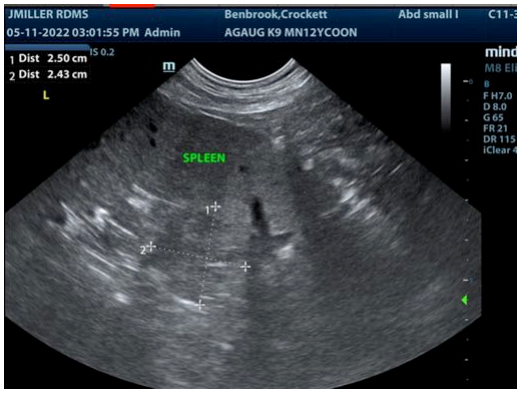

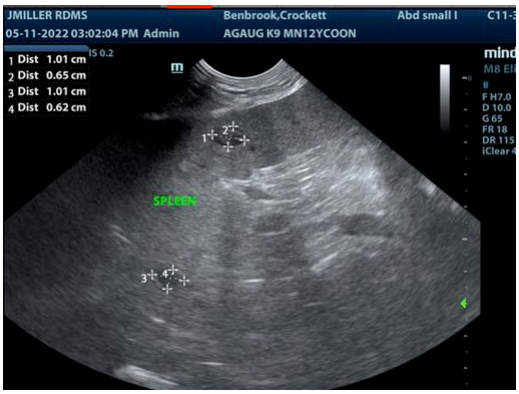

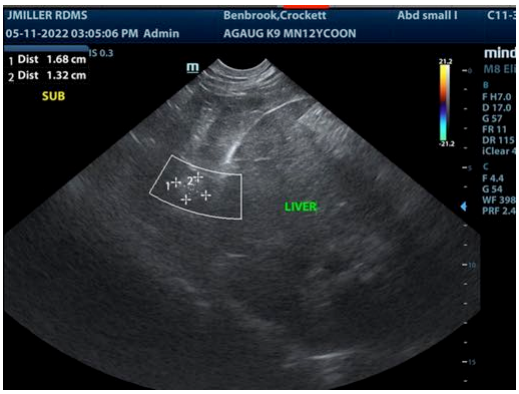

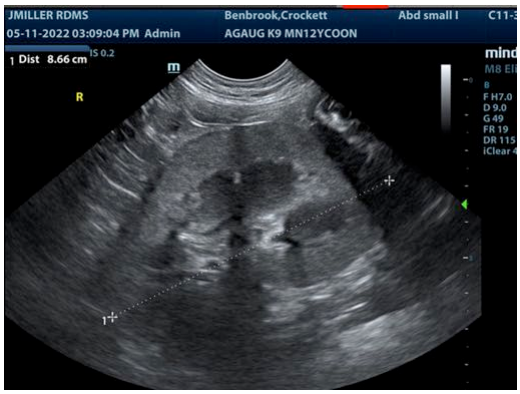

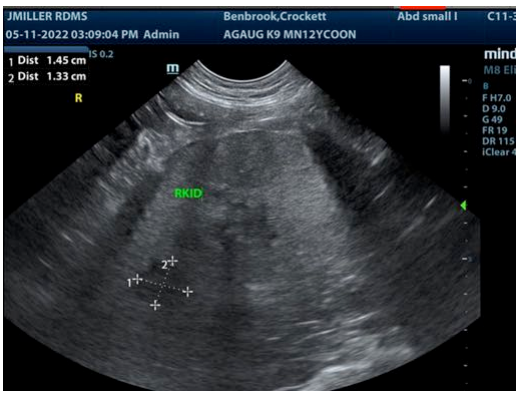

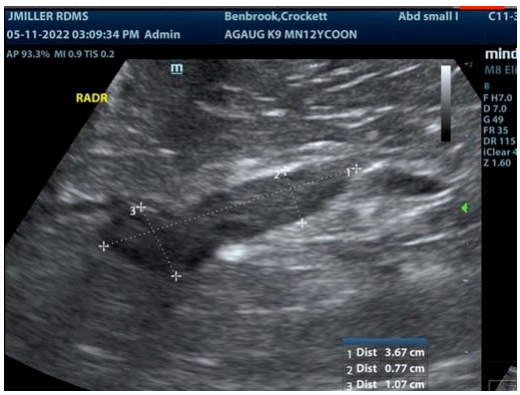

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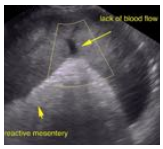
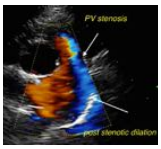
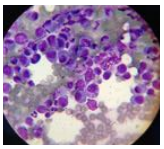
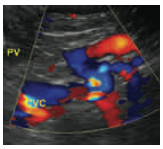

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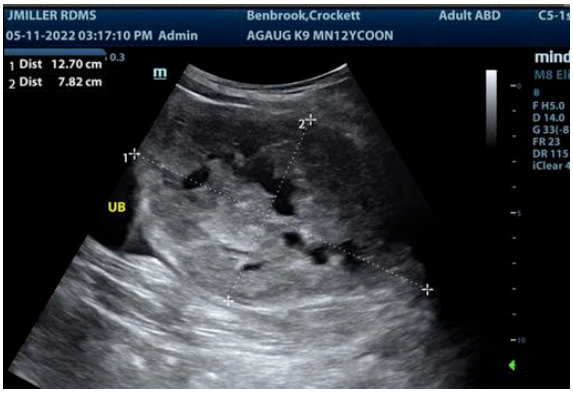

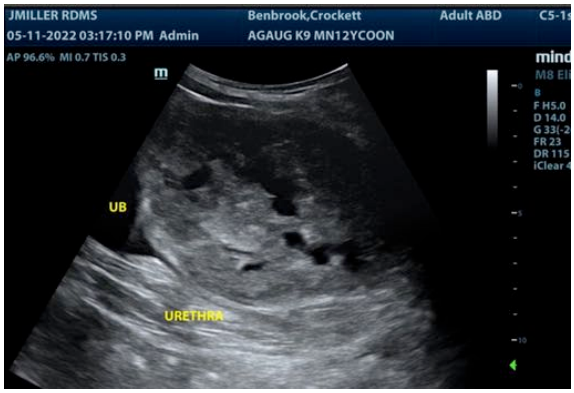

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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