



**PATIENT**

Sal Fiore

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Animal Mansion

**REFERRING VET**

Dr. Parker

**INVOICE**

30130

**DATE**

5/3/22

**PRESENTING CLINICAL SIGNS**

Evaluation of mass in inguinal region; mass is causing pitting edema of both hind legs and inguinal region. Pet was neutered, scrotal ablation /mass removal performed Feb 2022. Pet subsequently developed edema and mass-like lesion in inguinal region. Scrotal mass biopsy returned as round cell tumor- suspect mast cell tumor grade 3- on May 3. Pet's symptoms, after prednisone and lasix, are dramatically improved (no edema, and the mass that was the size of a baseball is now barely palpable. US requested to stage pet for possible chemo etc. Thoracic rads to be done today.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** itself was unremarkable, yet deviated by the iliac masses.

The prostate was enlarged and cystic measuring 3.89 x 2.03 cm.

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 5.6 cm. The right kidney measured 5.7 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 right adrenal gland measured 2.4 x 0.59 cm at the caudal pole and 1.05 cm at the cranial pole. The left adrenal gland measured 2.0 x 0.52 cm at the caudal pole and 0.58 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**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. Trace free fluid was noted between the liver lobes.



**PATIENT** *Gastrointestinal*

Sal Fiore 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.

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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.

**SEX**

Neutered male

*Free Abdomen*

**AGE**

6 years

**ULTRASONOGRAPHIC FINDINGS**

Iliac and sublumbar lymph node masses with irregular, heterogenous prostate.

**WEIGHT**

30 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the masses is warranted to define underlying neoplasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

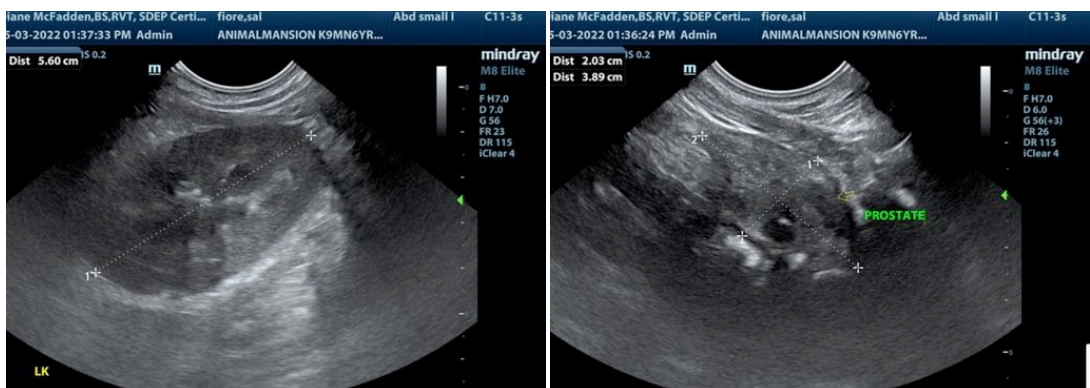
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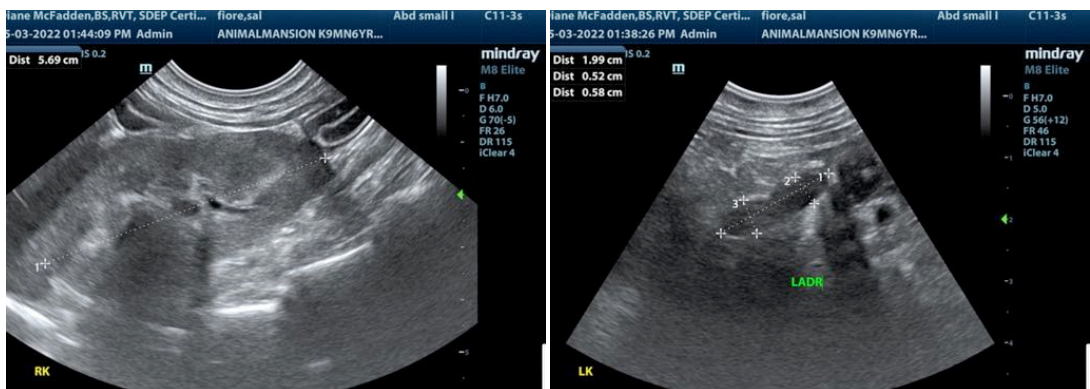
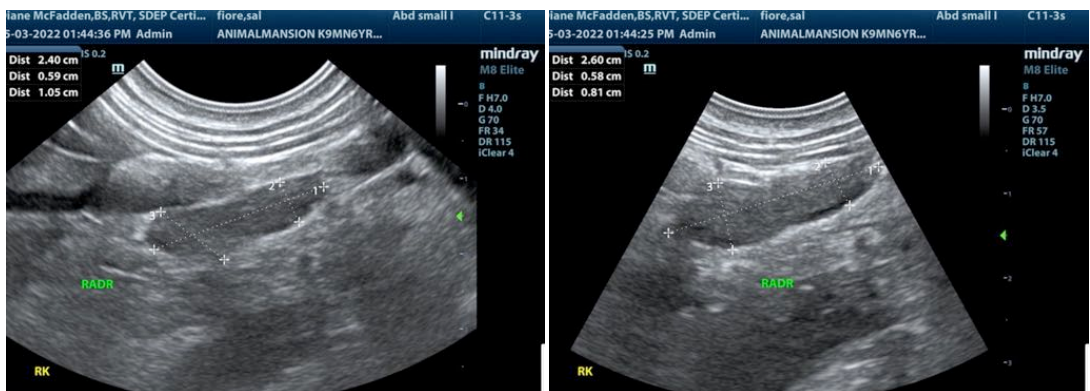
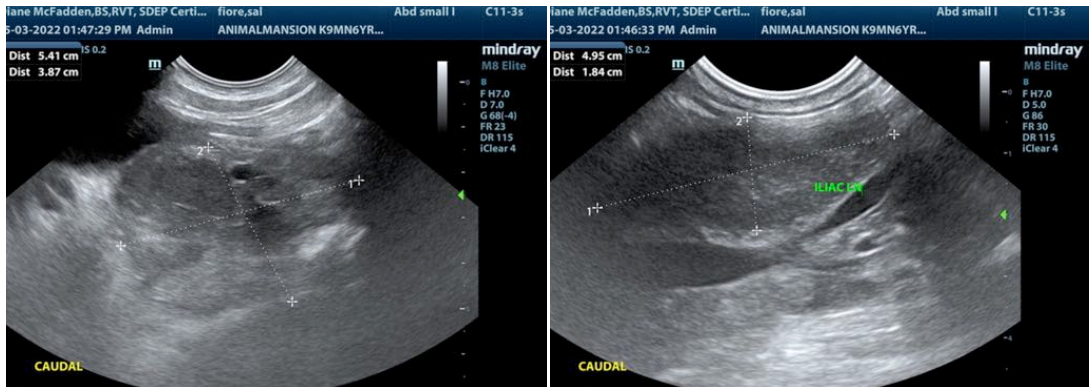
Dr. Parker

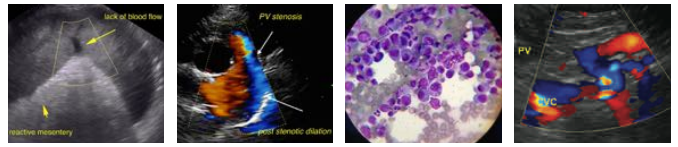
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Sal Fiore

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.

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Canine

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.

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French Bulldog

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com

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