



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy O'Brien

History: Patient has chronic intermittent inflammatory skin disease and had recent administration of oral tapering dose of Prednisone and cefpodoxime, combined with medicated shampoo. Patient has been doing well since last visit, taking medication well and no issues. He was markedly PU/PD with prednisone but owners upon reflection felt that he had started to drink more over the past year in general. Patient has been transitioned onto Carprofen 75mg BID since ceasing oral prednisone for O.A. Routine senior diagnostics were performed which showed a sharp increase in hepatic enzymes prompting a complete abdominal scan Patient is painful upon cranial abdominal palpation. Immediately when putting probe on patient an unexpected mass was identified. It was in the sublumber region and based on radiographs that were also pursued following this finding it appears to be in the location of a sublumber LN. It was not palpable rectally. There was some patchy calcification visible on the radiograph within the mass. There didn't appear to be any orthopedic changes focally. 3 view thoracic films were assessed and no metastatic disease was identified, no cardiomegaly noted and all was deemed grossly normal

**SPECIES**

Canine

**BREED**

Labrador Pit Mix

**SEX**

Neutered male

Biochem: - ALT 296 (18 - 121 U/L) - ALP 2,113 (5 - 160 U/L) - GGT 29 (0 - 13 U/L) - Cholesterol 357 (131 - 345 mg/dL) - Lipase 554 (0 - 250 U/L) CBC: - WBC 33.2 (4.9 - 17.6 K/ $\mu$ L) Neutrophils 29,681 (2.94 - 12.67 K/ $\mu$ L) Monocytes 1.56 (0.13 - 1.15 K/ $\mu$ L) Eosinophils 0.033 (0.07 - 1.49 K/ $\mu$ L) - All other biochem/CBC parameters WNL, Pro BNP WNL Urine: SG 1.011, all other parameters WNL 4Dx: NEG x 4 Fecal: NPS

**AGE**

13 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

70.4 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Tudini

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 7.2 cm. The right kidney measured 7.0 cm.

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**Adrenal Glands**

The adrenal glands were imaged obliquely. The left adrenal gland was mildly enlarged and measured 1.53 x 0.96 cm. The right adrenal gland was mildly enlarged measuring 1.4 cm at the cranial pole and 1.1 cm at the caudal pole.

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**Spleen**

The **spleen** in this patient revealed mixed, hypoechoic mass that measured 2.66 cm and was non cavitated. Other subtle, micronodular changes were noted in the spleen.

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**Liver**

The **liver** was mildly enlarged and fairly uniform with increased portal markings. Mixed, echogenic nodular changes were noted and non-disruptive. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. 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.

**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**

Undifferentiated, mixed, hypoechoic mass noted in the sublumbar region. The mass appeared to be mineralizing with mixed, hypoechoic, rounded, peripherally inflamed and appeared to be deriving from the lymph node. However, prostatic origin cannot be completely ruled out.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Bilateral adrenal enlargement.
- Hepatic remodeling. Nodular hyperplasia pattern.
- Mixed, hypoechoic mass in sublumbar region.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Anal gland palpation +/- imaging is indicated to assess for anal gland carcinoma. Ultrasound-guided FNA of the caudal abdominal sublumbar or iliac mass and splenic mass is warranted. The prognosis is guarded. FNA of the liver can be considered; however, this does not appear to be overtly involved in the presumed neoplastic process. There is a potential emerging PDH given the patient's history, yet the sublumbar/iliac pathology and splenic pathology are of primary concern.



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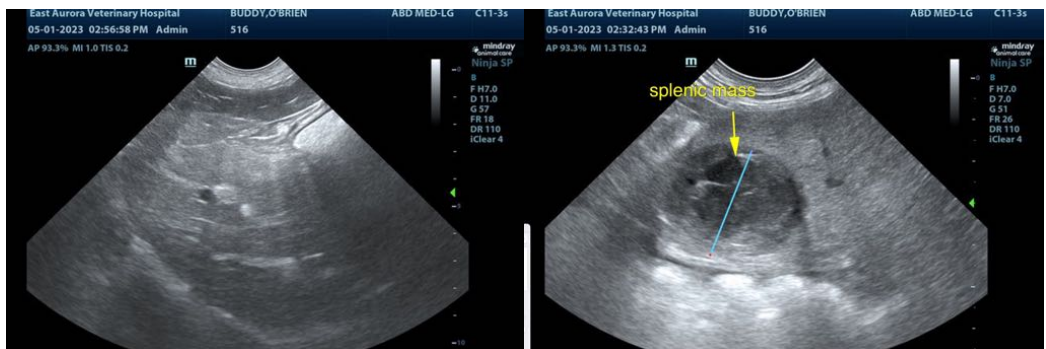
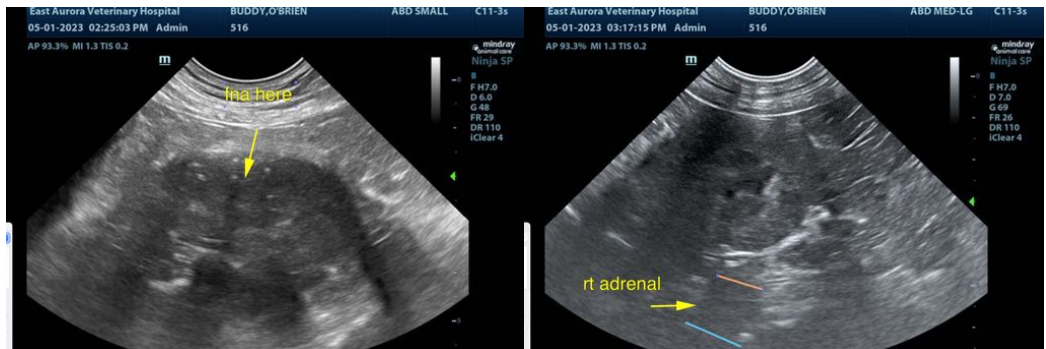
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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