



PATIENT **PRESENTING CLINICAL SIGNS**

Diamond Jadlos

History: Was at emergency hospital for pancreatitis 2 weeks ago. Recovered but was told that he needed an ultrasound. Owner requested double cavity to be sure everything is ok. Moving to Ohio and is not sure will be able to get to the vet right away once there.

SPECIES

Abnormal PE/Chem/CBC/UA Results: No clinical signs.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Rottweiler

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.

SEX

Spayed female

AGE

7 years

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 right kidney revealed an anechoic cyst at the cranial pole. The right kidney measured 7.0 cm. An anechoic cyst was noted at the cranial pole measuring 2.0 cm.

WEIGHT

123 lbs

Adrenal Glands

INTERPRETED BY

The **adrenal glands** were not visualized.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Christensen

The **spleen** revealed a reticular honeycomb type infiltrative pattern. This is strongly consistent with round cell neoplasia. FNA is indicated.

HOSPITAL NAME

Tranquility VC

Liver

REFERRING VET

Dr. Christensen

The **liver** revealed subtle, hypoechoic nodular changes with mild irregular contour and mild hepatomegaly. 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.

INVOICE

Gastrointestinal

44157

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.

DATE

5/3/23



| | |
|---|---|
| PATIENT | Pancreas |
| Diamond Jadlos | 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. |
| SPECIES | |
| Canine | Free Abdomen |
| BREED | An iliac lymph node mass was noted. A large amount of abdominal fat was noted in this patient. Sublumbar lymph node mass was noted and was peripherally inflamed. An undifferentiated cranial abdominal mass was noted and measured 10.0 cm. |
| Rottweiler | |
| SEX | Heart |
| Spayed female | Rapid view of the heart revealed no evidence of pathology. There was no evidence of pericardial effusion. |
| AGE | LA:AO heart base 1.2, FS 35%. |
| 7 years | |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 123 lbs | Cranial abdominal mass. |
| | Iliac lymph node mass. |
| INTERPRETED BY | Sublumbar lymph node mass. |
| Eric Lindquist, DMV DABVP, Cert. IVUSS | Infiltrative splenic pattern. |
| | Hypoechoic, nodular changes in the liver. |
| IMAGING PERFORMED BY | Unremarkable heart. |
| Dr. Christensen | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| HOSPITAL NAME | The exact origin of the cranial abdominal mass is unclear. It may be connected to the spleen or liver. Multi-centric round cell neoplasia pattern involving sublumbar lymph node mass, spleen and separate mass in the cranial abdomen, potential hepatic involvement. Screening FNA of the lymph node, spleen and undifferentiated mass in the liver are all indicated. CT evaluation would be ideal for this type of patient and presentation for further definition. Chest radiographs are warranted to assess for metastatic disease. |
| Tranquility VC | |
| REFERRING VET | |
| Dr. Christensen | |
| INVOICE | ABOUT SONOPATH CT SERVICES: |
| 44157 | SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services |
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Eric Lindquist, DMV
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IMAGING PERFORMED BY

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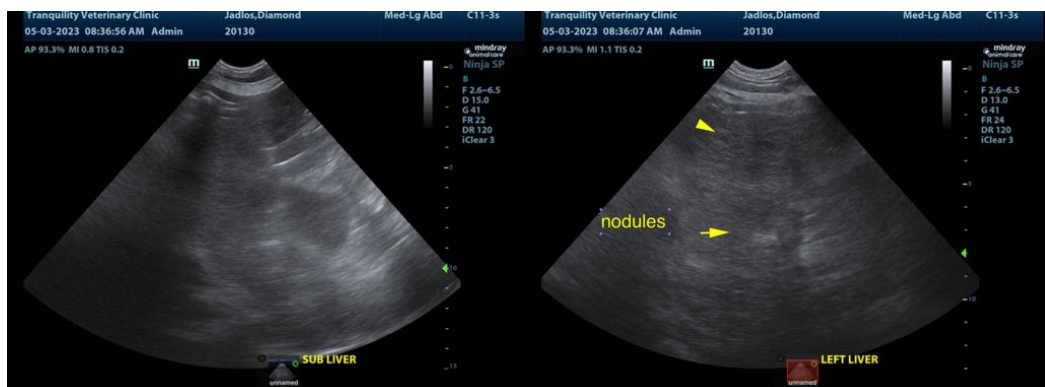
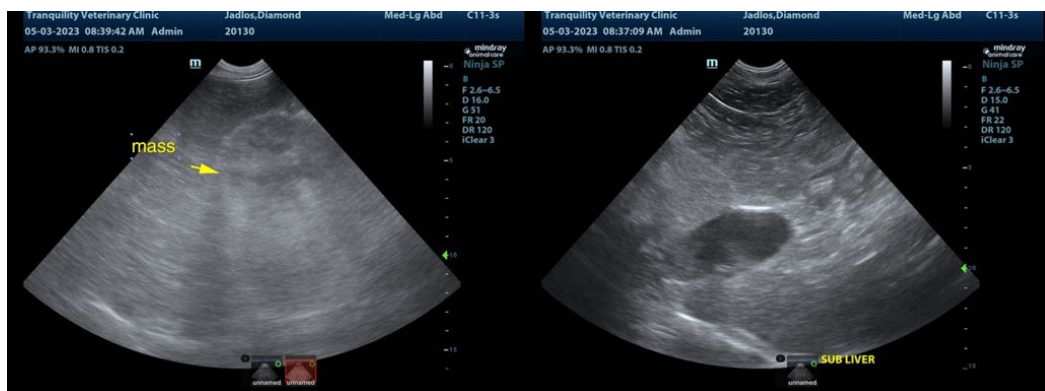
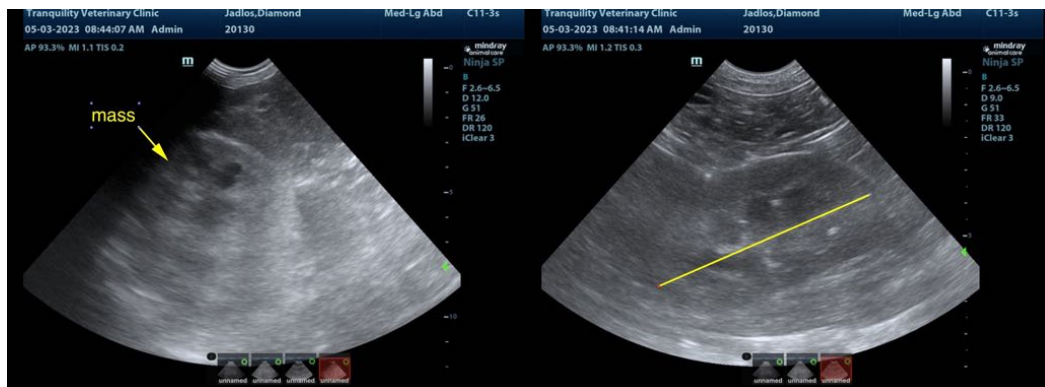
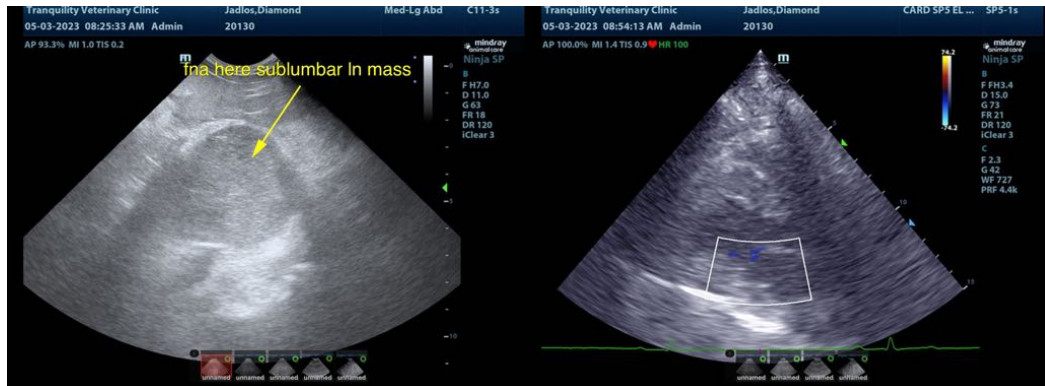
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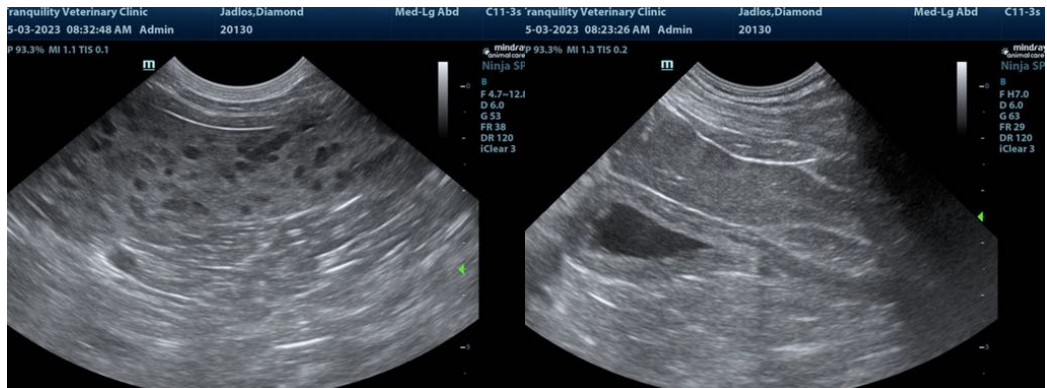
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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