



PATIENT

Bailey Flynn

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

WEIGHT

54.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Linda Grau

INVOICE

15102

DATE

5/7/22

PRESENTING CLINICAL SIGNS

History: pt went outside last night, collapsed. Pt couldn't walk last night, is walking this morning

Abnormal PE/Chem/CBC/UA Results: RBC: 4.20 HCT: 28.2 HGB: 9.7 PLT: 65 MPV: 14 PCT: 0.09 BUN: 29 AMYL: >2500 LIPA: 4971

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 right kidney measured 4.62 cm. The left kidney measured 4.44 cm.

Adrenal Glands

The **right adrenal gland** was not visualized.

The **left adrenal gland** was not visualized. **See Free Abdomen Section.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No evidence of passive congestion.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.



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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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Free Abdomen

A moderate amount of **free fluid** was noted in the abdomen. An undifferentiated mixed hypoechoic mass was noted, medial caudal to the left kidney. The mass measured approximately 4.0 cm x 5.0 cm, extended caudally into the sublumbar space, likely deriving from the left adrenal gland as normal left adrenal gland was not visualized. Reactive irregular mesentery was noted throughout the mid abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Large mass in the region of the left adrenal gland with free fluid, suspect caval invasion and hemorrhage

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis of the free fluid and FNA of the mass could be considered for further definition +/- CT evaluation for further assessment. Prognosis is guarded to poor. Abdominal spread of the neoplastic pathology is likely.

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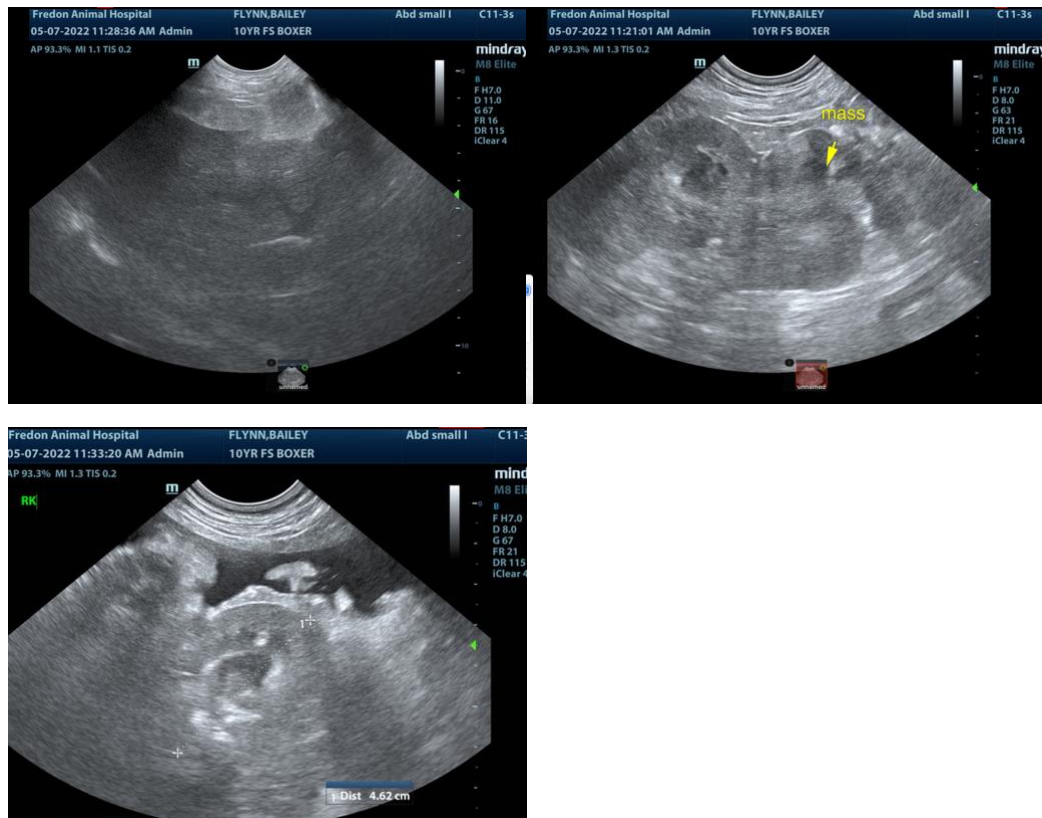
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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