



PATIENT

Rudy Powell

PRESENTING CLINICAL SIGNS

History: ADR, Not eating x2 days. Lethargic. Acts constipated.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Palpable mid-abdominal masses, firm to touch. Abdo Radiograph = mid cranial mass deflecting intestines CHEM hypokalemia, CBC mild, non-reg anemia. FN aspirate pulls dark fluid from cystic spaces. Needle stick of solid mass areas poorly exfoliative and non-diagnostic.

BREED

Chihuahua Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male

The **urinary bladder** was overdistended with a mild amount of suspended debris. The apex of the bladder was deviated caudally.

AGE

10

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 3.5 cm.

WEIGHT

12.2

The **right kidney** was not visualized and may be the source of the mass as well. *See Spleen section.

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 left adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

A 5.0 cm x (at least) 8.0 cm undifferentiated mass was noted, occupying the area of the **spleen**. The mass appeared to be deriving from the caudal pole of the spleen, however, pancreatic origin is also possible. The mass extended caudally to the urinary bladder. Ultrasound guided FNA is indicated.

IMAGING PERFORMED BY

Gordon Brackee

HOSPITAL NAME

Bradentown VH

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.

REFERRING VET

Dr. Gordon Brackee

INVOICE

22393

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.

DATE

5/8/23



PATIENT

Pancreas

Rudy Powell

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. *See Spleen section.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Undifferentiated mass occupying the area of the spleen, could be of splenic, pancreatic or right kidney origin.

Chihuahua Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FNA of the mass is indicated and should allow for definition of the mass origin. CT evaluation for surgical planning would be ideal, or direct exploratory surgery. Core biopsy may be necessary given the lack of exfoliation on FNA. Sarcoma or carcinoma is suspected. If the patient did not have a complete neuter, I cannot rule out testicular origin to the mass.

Male

AGE

10

WEIGHT

12.2

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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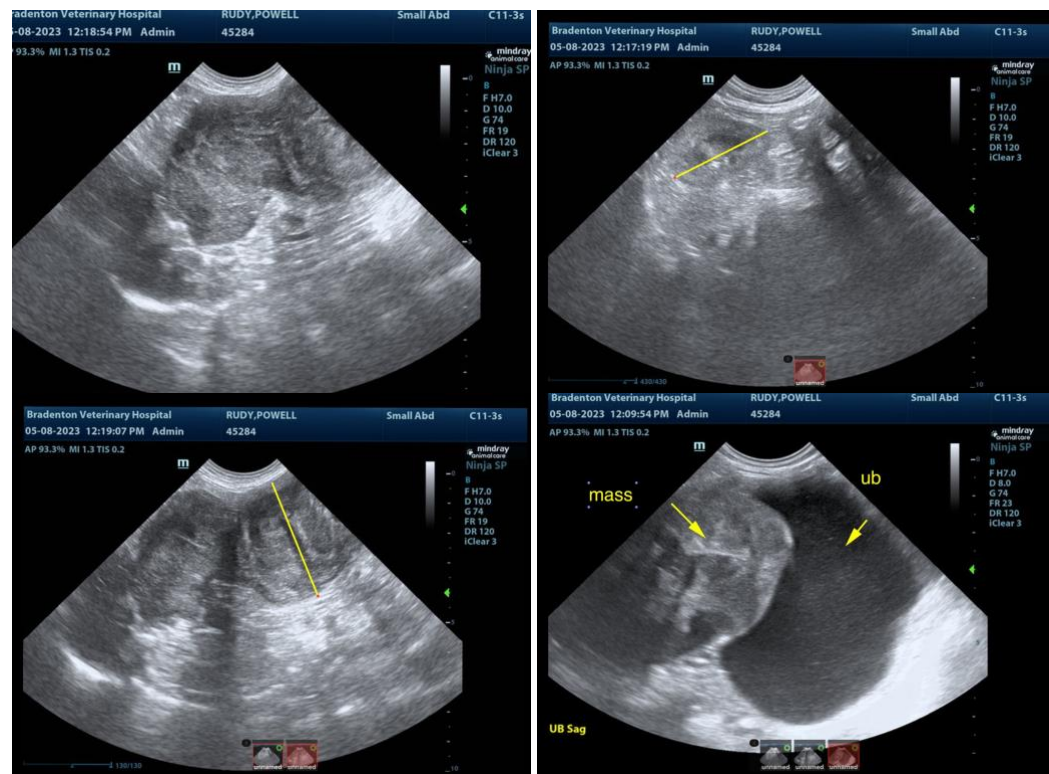
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BREED

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SEX

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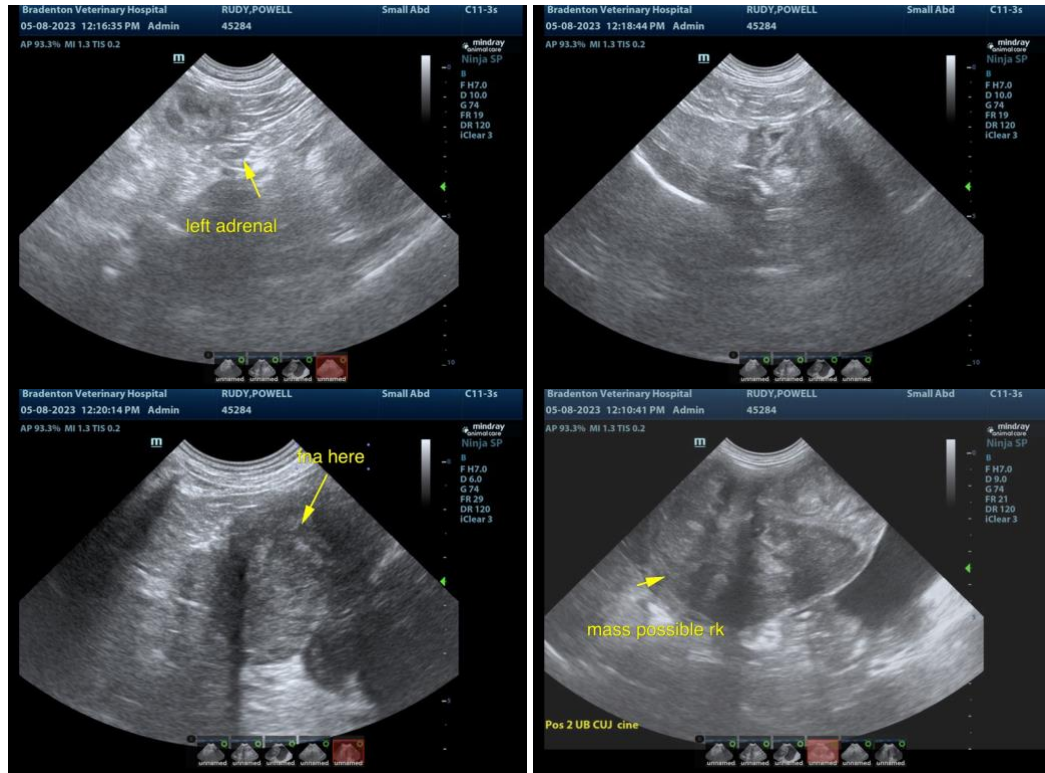
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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