



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Ollie Miller

SPECIES
Canine

BREED
German Shepard

SEX
Neutered male

AGE
13 years

WEIGHT
78 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Brenner

HOSPITAL NAME
Riverside Animal Clinic

REFERRING VET
Dr. Brenner

INVOICE
31142

DATE
6/21/22

History: June 9, 2022 difficulty doing stairs, lipoma left lateral thorax and wont lay on left side anymore, decreased appetite.
Abnormal PE/Chem/CBC/UA Results: June 9, 2022 Left lateral thorax firm, lobulated, SQ mass 10-12" dorso-ventral cannot palpate medial margins. Thin BCS 2-3/9, muscle loss rear legs. CP slow to absent rear legs, present forelimbs. Abdomen mid-caudal firm round moveable mass. Suspect Left thoracic mass infiltrative lipoma or sarcoma, suspect degenerative myelopathy and/or osteoarthritis rear legs. CBC mild non-regenerative anemia HCT 36.9% (37.3-61.7). Chemistry increased ALT 277 (10-125), ALKP 445 (23-212). 4Dx heartworm test Negative. TT4 normal. Lat/VD abdomen radiographs Mass effect cranial-mid abdomen. Small intestines displaced caudally, subjectively enlarged spleen and liver, cranial abdomen poor detail, ventral spondylosis L1-2-3 and L7-S1.

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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.6 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 left adrenal gland measured 0.83 cm. The right adrenal gland measured 0.5 cm.

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 medial **liver** revealed a hepatoma type mass measuring approximately 10.0 cm. This appears to be deriving from the left medial liver. Occasional parenchymal cyst was noted. The gallbladder revealed a minor amount of excessive debris and over distension. The gallbladder measured 6.0 x 5.0 cm. Regional,



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minor inflammatory pattern was noted around the gallbladder with echogenic gallbladder wall. This is consistent with chronic cholangitis and mildly inflamed mucocele formation.

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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. The stomach was deviated caudally owing to the mass effect. 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. No associated abnormal lymphatic activity was noted.

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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Appears to be left medial liver mass. Hepatoma presentation is likely, histopathologically benign, yet pedunculated. Architecture supports benign hepatoma, yet space occupying and somewhat pedunculated.

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Gallbladder mucocele with minor inflammatory pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Removal of the hepatic mass is recommended. CT evaluation for surgical planning is recommended with liver lobectomy and likely cholecystectomy would be appropriate in this case.

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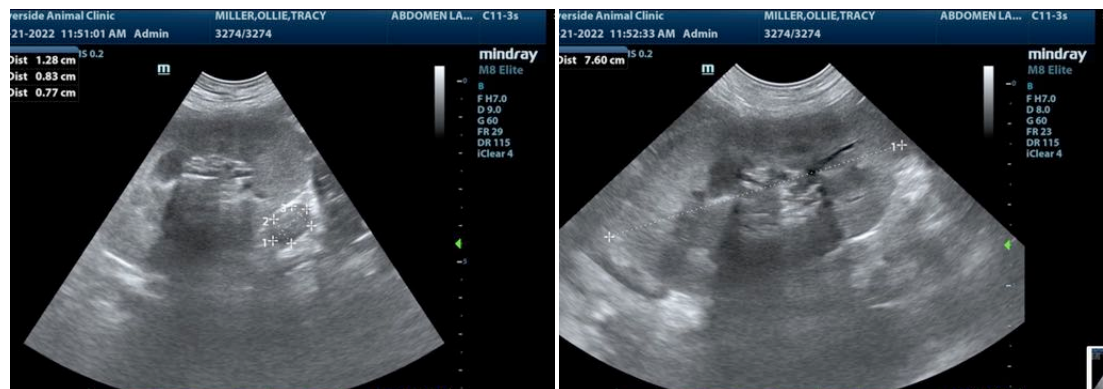
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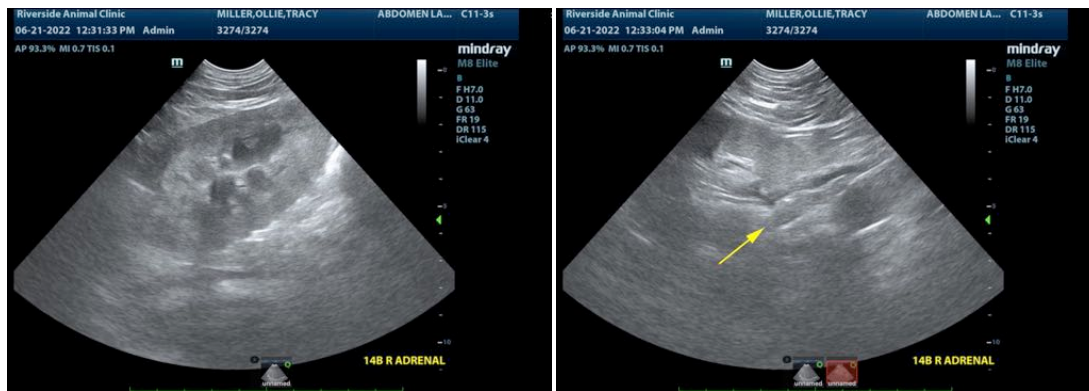
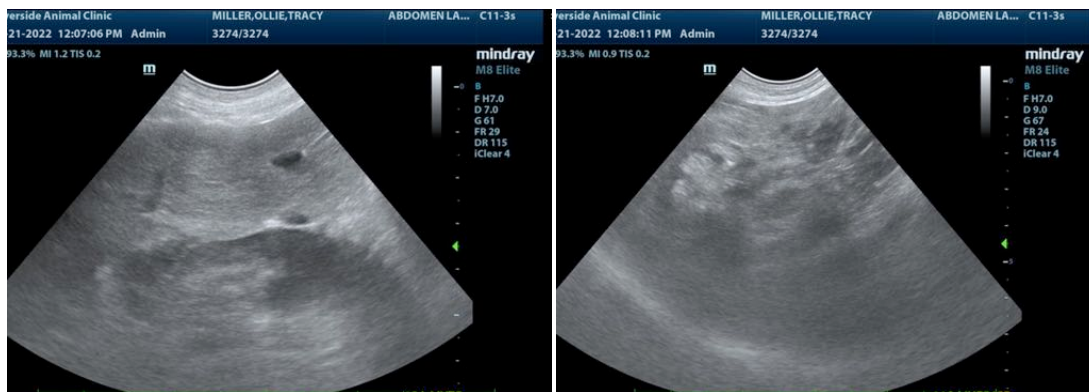
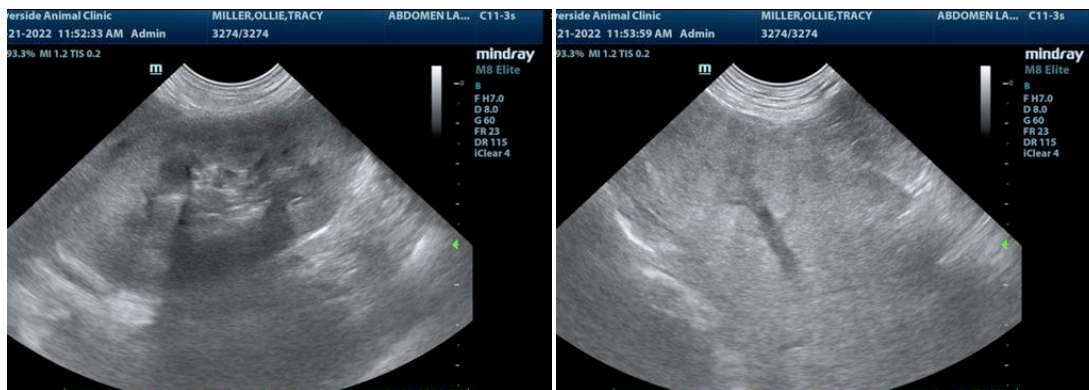
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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