



PATIENT

Della Myers

SPECIES

Canine

BREED

Basset Mix

SEX

Spayed Female

AGE

11

WEIGHT

42.8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

J. Powers

INVOICE

23061

DATE

6/24/23

PRESENTING CLINICAL SIGNS

History of elevated liver values. In addition has a medial L hind thigh mass (palpates lipomatous) - baseball sized

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.55 cm. The right kidney measured 6.04 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 2.3 cm x 0.7 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 2.3 cm x 0.89 cm at the caudal pole and 0.65 cm at the cranial pole.

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** revealed mild coarse architecture and minor increased portal markings, consistent with nonspecific inflammatory hepatopathy. The changes were minor. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

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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Other

The **leg mass** noted in this patient is most consistent with lipoma. It extended for approximately 3.5 cm in width and approximately 10.0 cm in length. It appeared fairly encapsulated. No hypoechoic tissue was noted.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Leg lipoma- not likely histopathologically pathological
- Minor nonspecific inflammatory hepatopathy
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

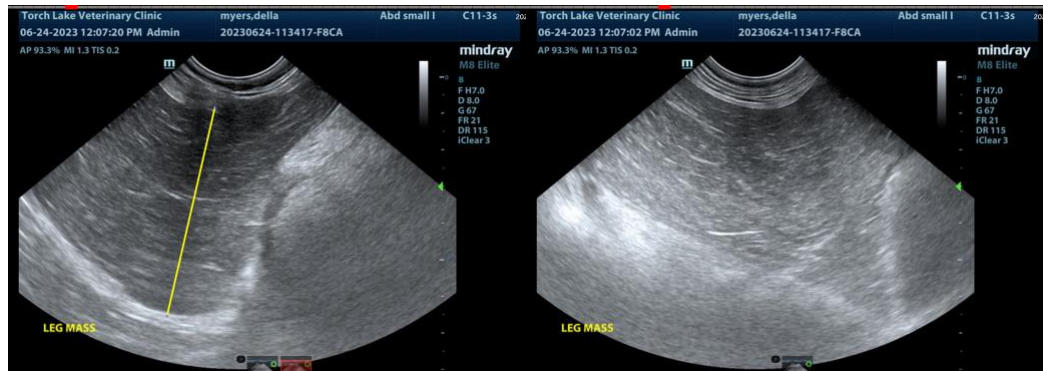
AGE

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Bile acid profile could be considered prior to surgery yet the changes were exceedingly minor.

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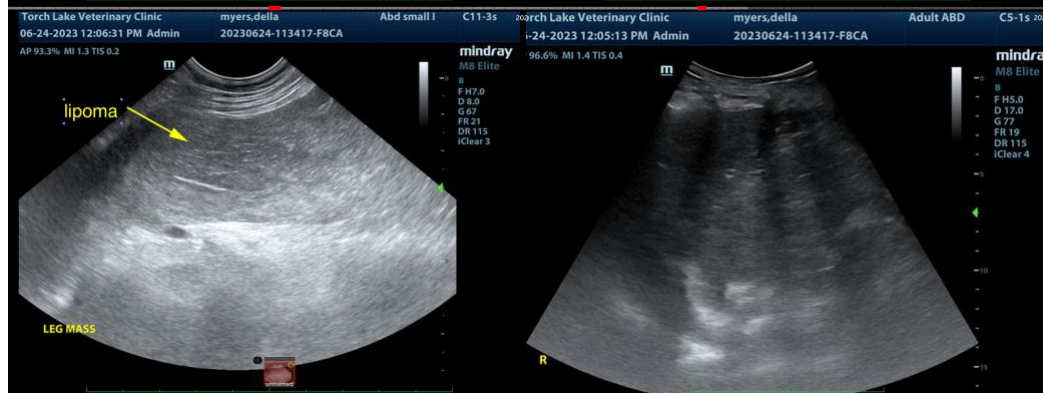


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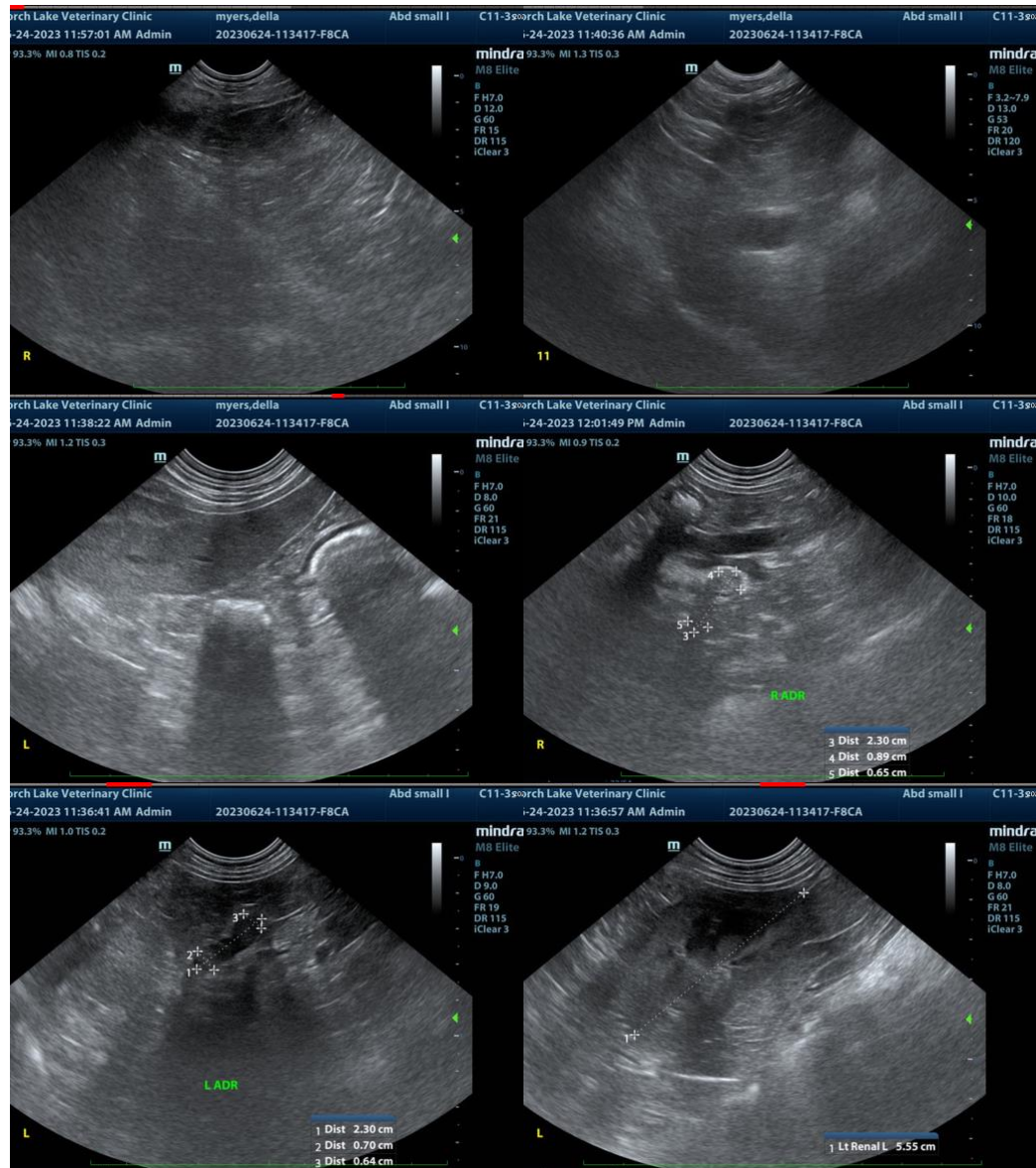
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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