



**PATIENT**

Nika Rivera

**PRESENTING CLINICAL SIGNS**

Intra-abdominal mass cranial to RK adjacent to the spleen noted on in-house u/s.  
Abnormal PE/Chem/CBC/UA Results: Pending

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Australian Shepherd x  
Rottweiler

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.35 cm. The left kidney measured 5.74 cm.

**AGE**

13 Years

**Adrenal Glands**

**WEIGHT**

45.7 Pounds

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.73 cm x 0.60 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 2.17 cm x 1.03 cm at the cranial pole and 0.59 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Liver**

**HOSPITAL NAME**

Animal Mansion VH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

**REFERRING VET**

Dr. Bertoldo

**INVOICE**

38371

**Gastrointestinal**

The upper **gastrointestinal tract** was unremarkable. However, the distal small intestine was fairly thickened with hypertrophied muscularis.

**DATE**

6/3/22



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**Pancreas**

A 9.2 cm left **pancreatic** cystic mass noted. The mass impinges upon the spleen. The right limb of the pancreas appeared unremarkable. The mass also impinges upon the GI tract. Adherence to the intestinal serosa is a potential.

**SPECIES**

Canine

**Other**

Rapid view of the heart revealed no evident pathology.

**BREED**

Australian Shepherd x Rottweiler

**ULTRASONOGRAPHIC FINDINGS**

- Left pancreatic mass
- Geriatric abdomen otherwise with age related renal, adrenal and hepatic changes

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation would be ideal for surgical planning, or direct exploratory with expectations of left pancreatectomy. No overt evidence of metastatic disease, yet cannot be completely ruled out. FNA of the mass could be considered for further definition. Pancreatic carcinoma versus sarcoma or pancreatic necrosis all possible. Intestinal biopsies warranted at the time of surgery.

**AGE**

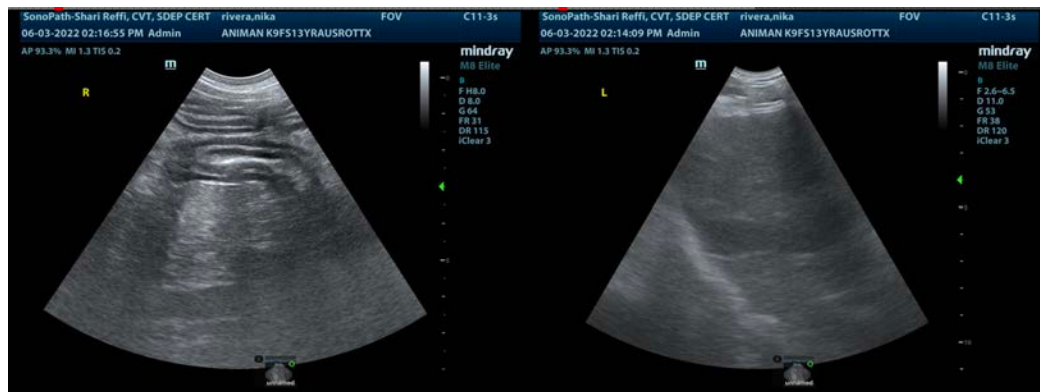
13 Years

**WEIGHT**

45.7 Pounds

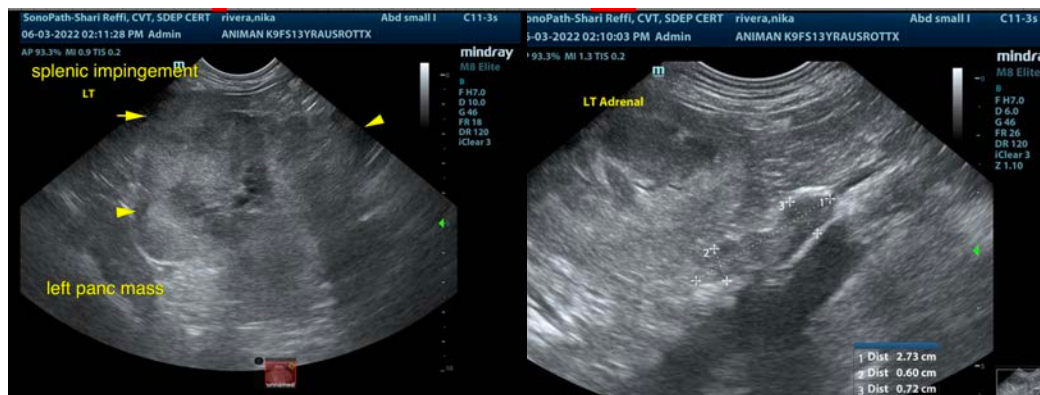
**INTERPRETED BY**

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**SPECIES**

Canine

**BREED**

Australian Shepherd x  
Rottweiler

**SEX**

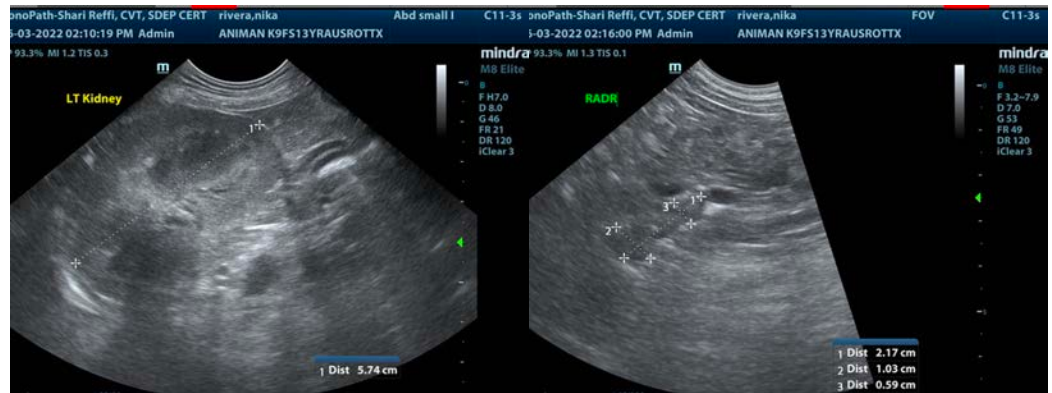
Spayed Female

**AGE**

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**WEIGHT**

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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

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