



PATIENT

Copper Vandever

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

6 years

WEIGHT

81 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sallee

HOSPITAL NAME

Hermiston VC

REFERRING VET

Dr. Sallee

INVOICE

30865

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Follow up full abdominal ultrasound - images of bladder only sent last week (invoice 30821). p has since had recurring hyphema right eye only, not eating well (only if hand fed), although urine has improved, clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of dependent debris. The bladder and urethra were structurally unremarkable.

The left **kidney** was swollen, mildly irregular with enhanced surrounding mesentery. The left kidney measured 7.3 cm. The right kidney presented a mass that was deriving from the cranial cortex and disrupted the renal architecture and the renal pelvis. Pericapsular inflammatory pattern was noted.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm and was visualized obliquely. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and was uniform. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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.



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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.

BREED

Labrador

ULTRASONOGRAPHIC FINDINGS

Minor bladder debris. Structurally unremarkable bladder and urethra.
Right renal mass, possible early left renal involvement.

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 years

I recommend an updated urinalysis to assess for inflammatory sediment +/- culture. Screening FNA of the left renal cortex is indicated. If the left renal FNA is free of evident pathology then a right nephrectomy is indicated. I suspect carcinoma or possibility of hemangiosarcoma. There is a minor potential for an inflammatory lesion. Prognosis is guarded. Chest radiographs are indicated.

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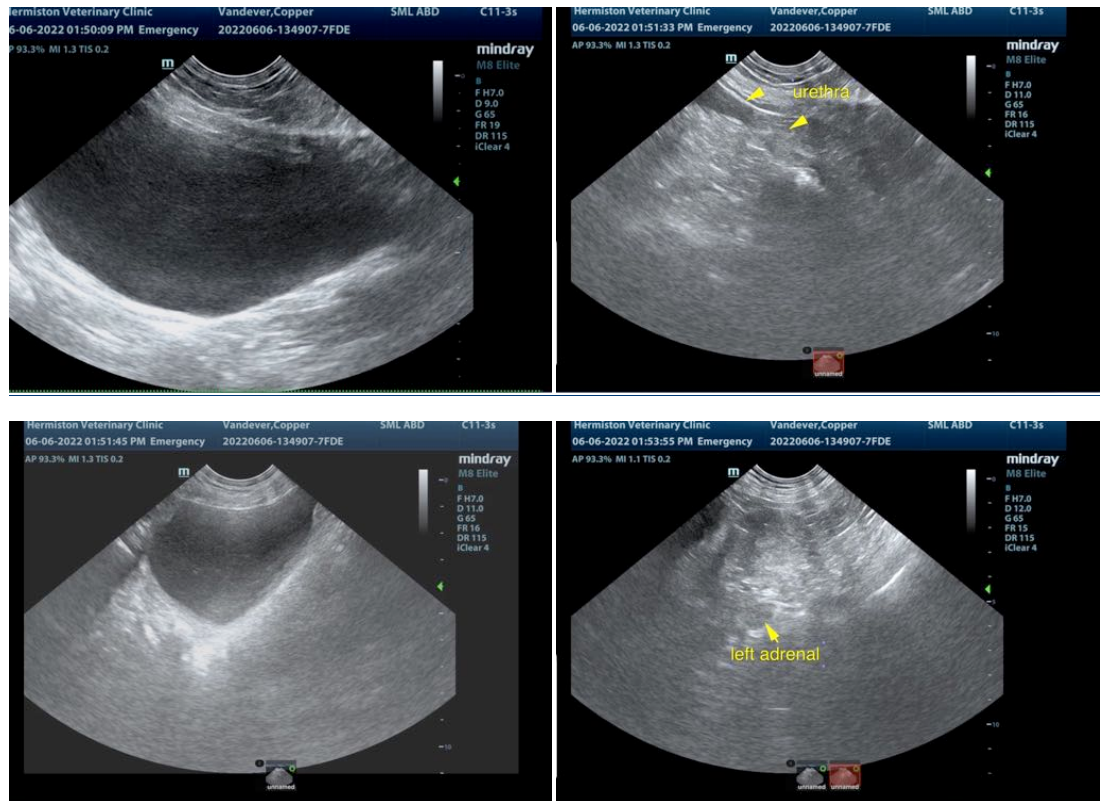
Dr. Sallee

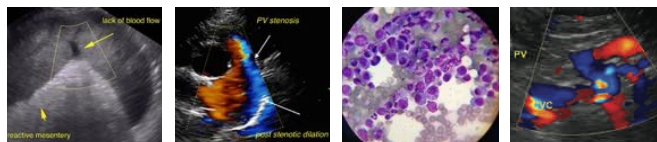
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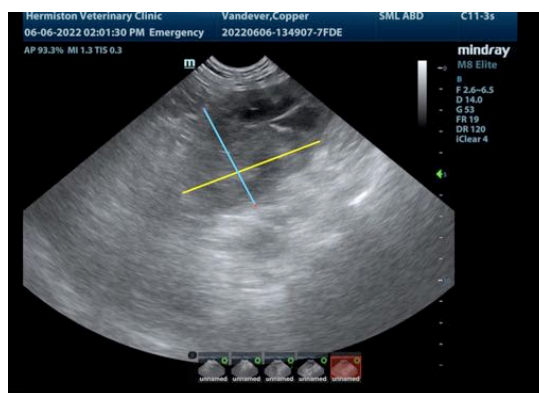
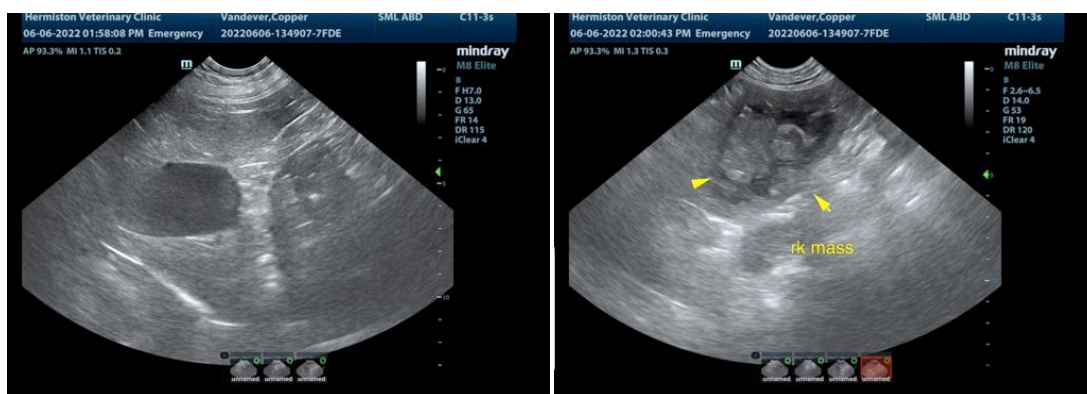
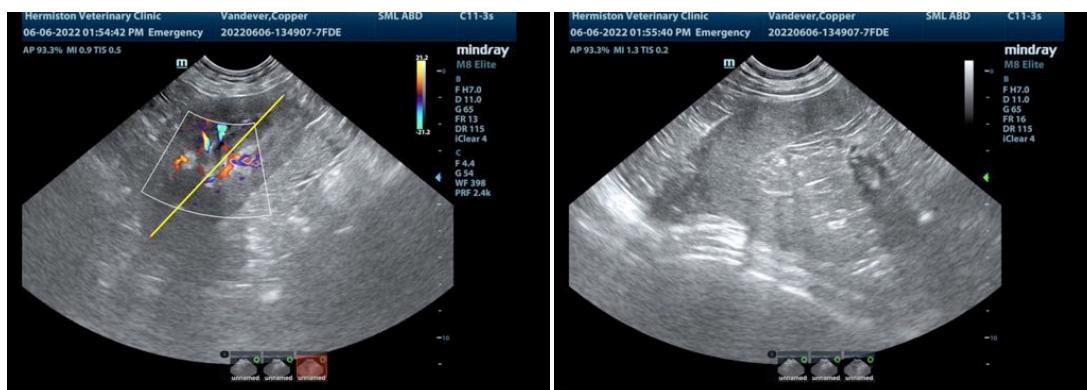
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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