



**PATIENT**

Nala Millahn

**PRESENTING CLINICAL SIGNS**

History: Not eating, vomiting  
Abnormal PE/Chem/CBC/UA Results: wnl

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**SEX**

Spayed Female

The **left kidney** revealed mildly thickened cortices with slight pyelectasia. The left kidney was relatively normal in size and measured 7.0 cm. The right kidney was comprised of an 8.5 cm mixed hypoechoic mass. The mass appears to escape the renal capsule.

**AGE**

12 years

**Adrenal Glands**

**WEIGHT**

74.5 lbs

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 right adrenal gland was not visualized and may be involved in the underlying process.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Michelle Roche

The **spleen** was mildly heterogenous and slightly irregular with enhanced surrounding mesentery.

**HOSPITAL NAME**

Fredon AH

**Liver**

The **liver** revealed slight, irregular scalloping contour with subtle nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Free fluid was noted around the liver.

**REFERRING VET**

Dr. Grau

**Gastrointestinal**

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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**

6/7/22



**PATIENT**

**Pancreas**

Nala Millahn

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Labrador

A minor amount of free fluid was noted in the sublumbal space. Free fluid was noted in variable areas throughout the abdomen and sublumbal space. There appears that a large blood clot is present in a contour that would fit the vena cava.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Right renal neoplasia, possibly adrenal origin.

**AGE**

12 years

Free fluid.

Potential splenic and hepatic involvement.

**WEIGHT**

74.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prognosis is poor. This is a particularly aggressive presentation. FNA of the spleen, liver, abdominocentesis and right renal mass could all be considered for further definition.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Michelle Roche

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

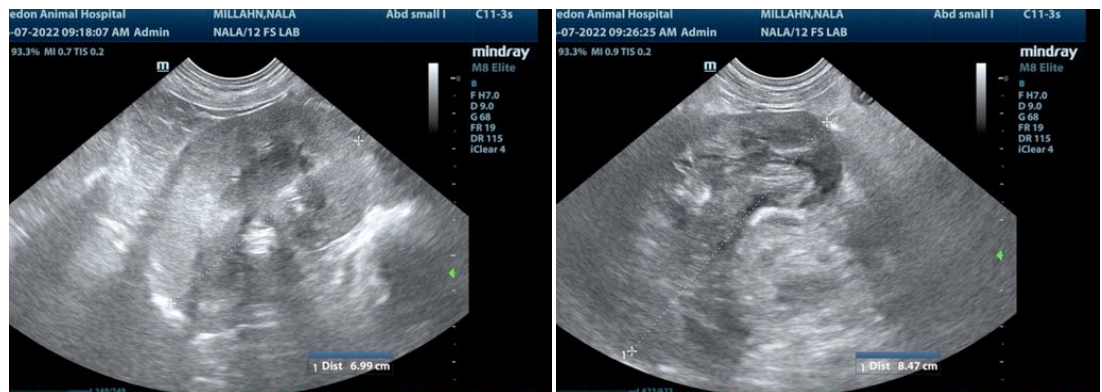
Dr. Grau

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**PATIENT**

Nala Millahn

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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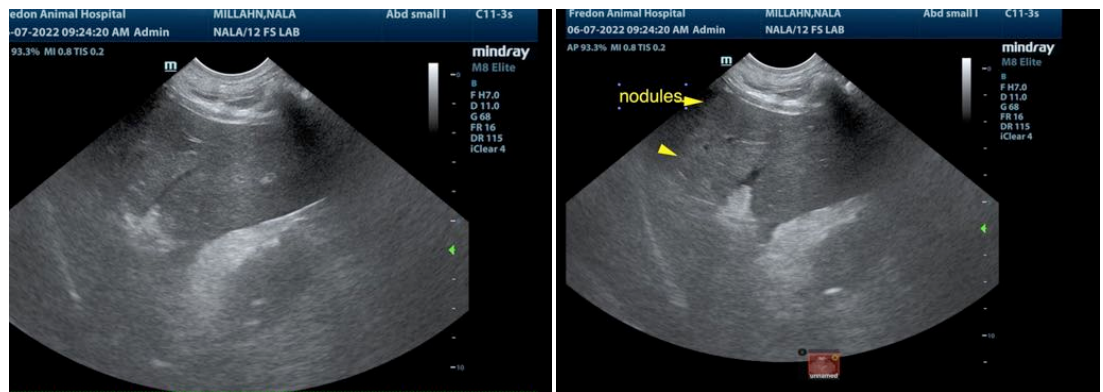
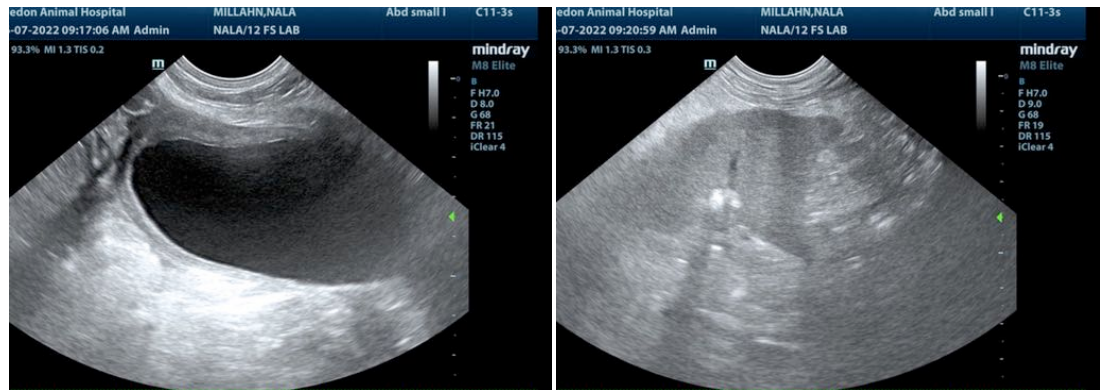
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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