



**PATIENT**

Taz Kontrelos

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

3 Years 2 Months

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Leon Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Leon Anderson

**INVOICE**

38488

**DATE**

6/7/22

**PRESENTING CLINICAL SIGNS**

Two weeks of on and off straining to defecate with no production save a small amount of very loose stool on occasion. He has also vomited when outside in the morning over the last few days. Taz was neutered as a cryptorchid elsewhere when a pup.

Abnormal PE/Chem/CBC/UA Results: PE: Soft stool on rectal exam. Firm area in caudal abdomen. Remainder of examination is good. CBC, Chem, Fecal, UA pending.

**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.

Iliac lymph nodes were unremarkable.

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 9.27 cm. The right kidney measured 7.44 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 2.28 cm x 0.82 cm at the caudal pole and 0.71 cm at the cranial pole.

**Spleen**

The **spleen** was enlarged with subtle micronodular changes. The spleen was folded upon itself cranially and caudally.

**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**

The upper **gastrointestinal tract** was unremarkable. The pelvic region revealed a 5.51 cm x 4.35 cm mixed hypoechoic complex mass that appeared to be deriving from the colon, impinging upon and deviating the descending colon and the pelvic urethra. This mass was moderately vascular and appears to be isolated. Regional inflammation obscured some visibility. A separate mass was present cranial to the urinary bladder.



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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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German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

- Undifferentiated mass cranial to the urinary bladder and separate mass in the pelvis – both masses may be colonic in origin.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of both masses +/- CT evaluation recommended for further definition. Significant inflammation present. Chest radiographs warranted. Strong concern for neoplasia. Granulomatous disease possible.

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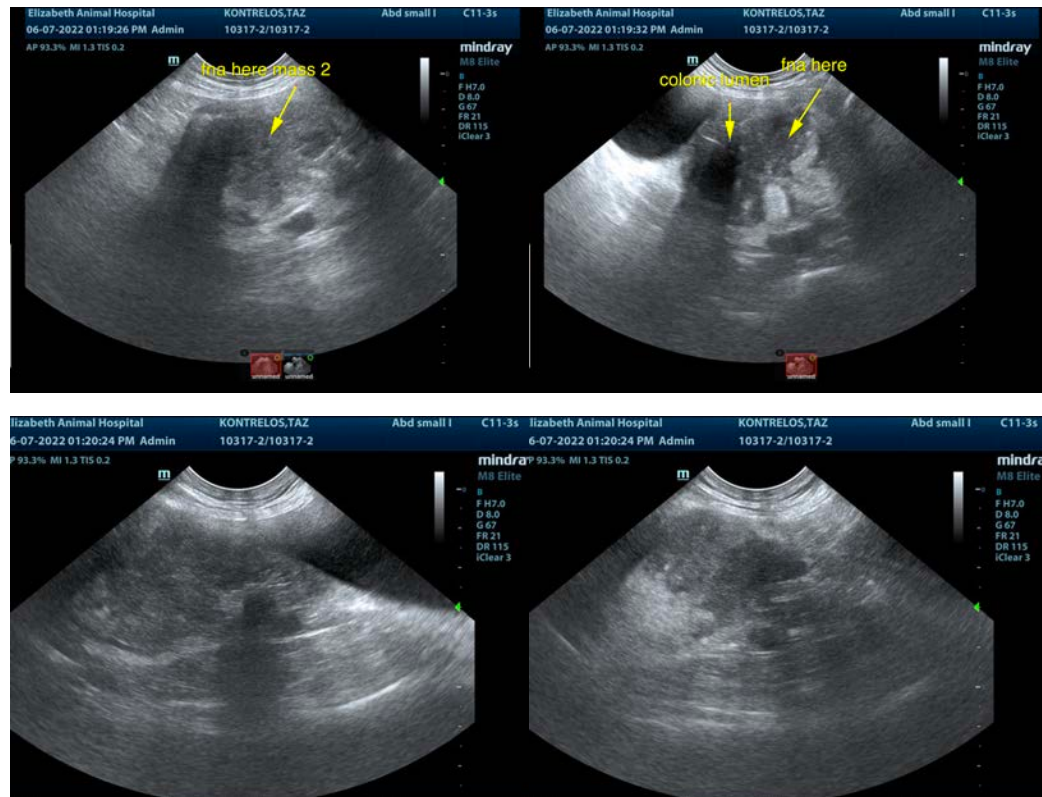
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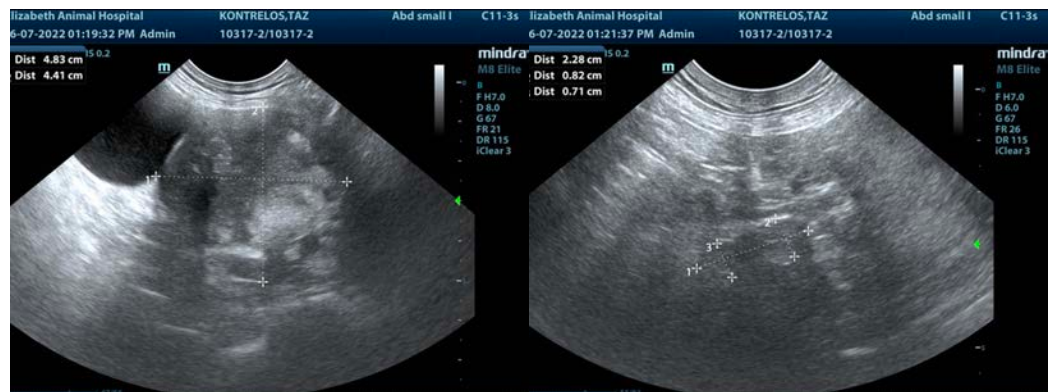
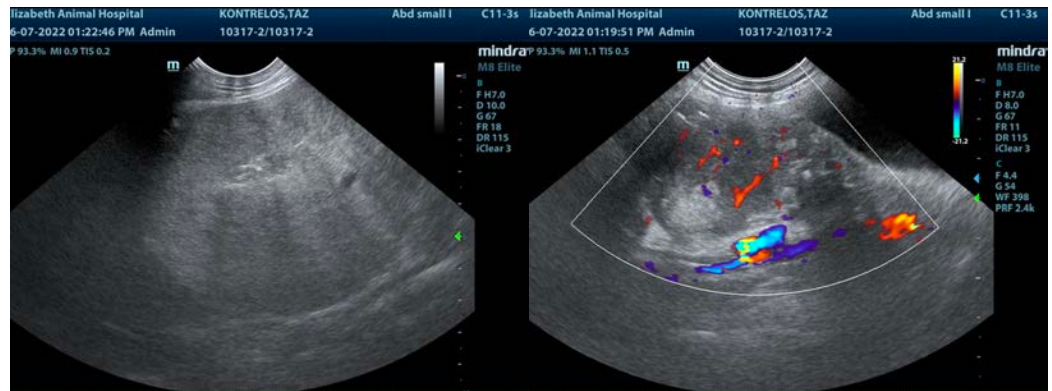
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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