



PATIENT

Kali Calandriello

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

58 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

16572

DATE

7/11/22

PRESENTING CLINICAL SIGNS

History: Recheck MCT "mets". Hx cutaneous MCT Grade 2 spread on skin. Has had multiple removed. Latest growth; superficial, caudal between hind legs- growing rapidly. Dog stopped walking.

Abnormal PE/Chem/CBC/UA Results: ALP 1557, Lymphocytes 0.8 (5/22/22)

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.86 cm. The left kidney measured 6.5 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 right adrenal gland measured 2.88 cm x 1.09 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 2.86 cm x 0.64 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** was mildly heterogeneous and slightly irregular.

Liver

The **liver** revealed coarse architecture and increased portal markings and isoechoic nodular changes (up to 3.0 cm) in the left liver.

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.

Pancreas

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.

Free Abdomen



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A subcutaneous undifferentiated hypoechoic **mass** was noted in this patient, measuring 8.8 cm x 8.5 cm with regional enhanced fat present suggestive for inflammation.

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An iliac lymph node enlargement was noted, measuring 4.5 cm x 1.87 cm. The lymph node was hypoechoic and rounded.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subcutaneous mass, aggressive round cell neoplasia pattern
- Iliac lymphadenopathy, strongly suggestive for metastatic disease
- Hepatic nodules, strongly suggestive for metastatic disease
- Mildly heterogeneous and slightly irregular spleen, given the patient history, concern for metastatic disease

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Secondary Findings

- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the liver nodules, spleen and iliac lymph nodes in this patient to assess for metastatic spread. Prognosis is very guarded.

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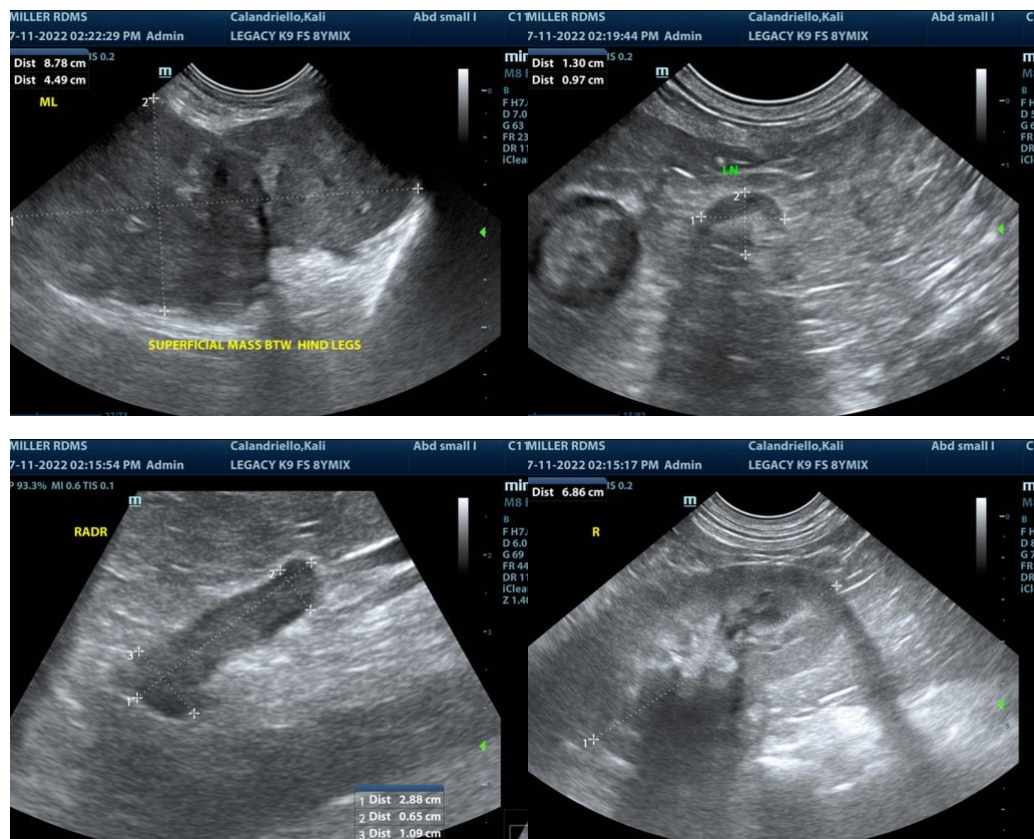
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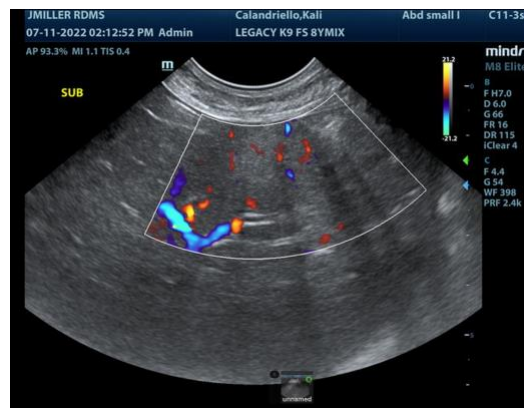
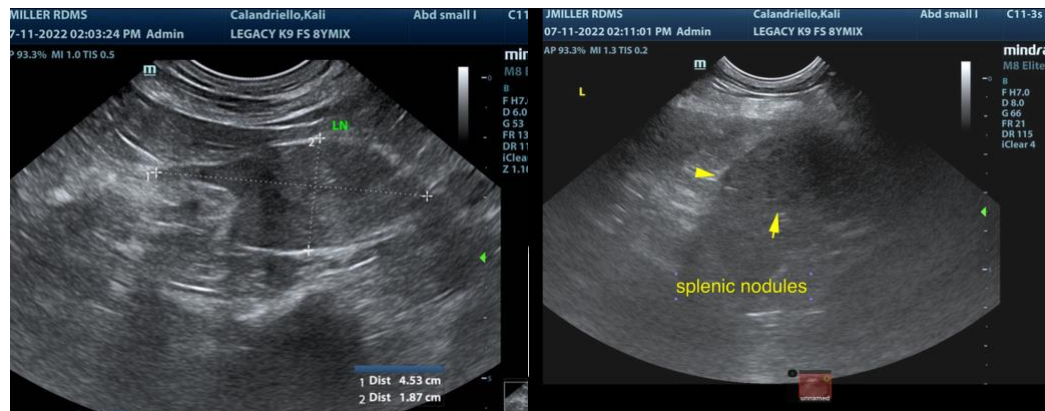
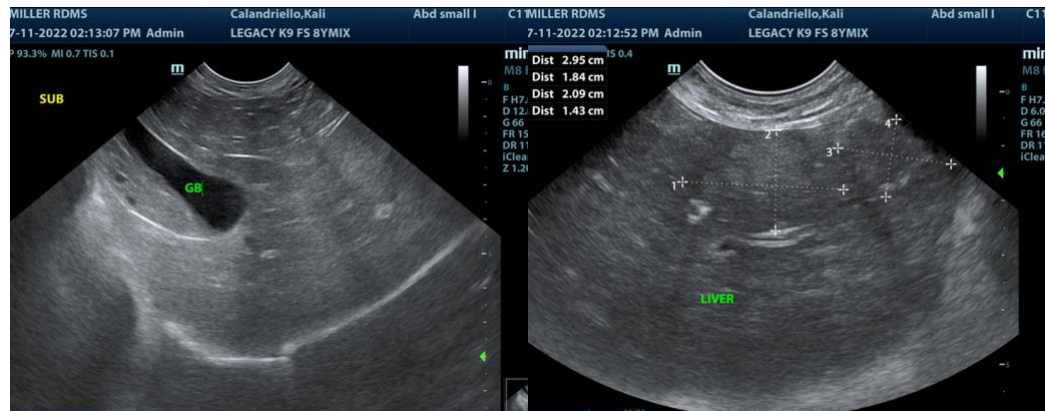
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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