



PATIENT PRESENTING CLINICAL SIGNS

Nala Allan QAR, acute worsening of hind end weakness, bloated abdomen
Abnormal PE/Chem/CBC/UA Results: Current Medications nsaids and gaba BID, apoquel

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

Pit Bull

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 left kidney measured 7.5 cm. The right kidney measured 7.3 cm.

AGE

10 Years

WEIGHT

95 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 2.17 cm x 0.54 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 3.38 cm x 1.4 cm at the cranial pole and 0.82 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Sara Hansen

The **spleen** revealed a focal expansion of a 2.0 cm nodule, isoechoic to surrounding parenchyma. Slight irregular contour noted elsewhere.

Liver

HOSPITAL NAME

Pawsitive Wellness VC

The **liver** was riddled with multiple masses, occupying the majority of the left liver and portions of the right medial liver. Generalized hepatic enlargement noted. Regional inflammation noted. Masses appeared to envelop the gallbladder.

Gastrointestinal

REFERRING VET

Dr. Hardy

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

DATE

7/18/22

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.



PATIENT *Heart*

Nala Allan Rapid view of the heart revealed no evident pathology.

SPECIES **PRIMARY FINDINGS**

Canine • Large hepatic masses, primarily on the left, yet extending to the right medial liver – unlikely to be cleanly resectable.

BREED • Focal splenic nodule – possibly unrelated to the liver.

Pit Bull **SECONDARY FINDINGS**

SEX • Age related renal changes

Spayed Female **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

AGE CT evaluation could be considered for further definition. Likely carcinoma. FNA of the liver mass could also be considered for further definition. Suspect carcinoma.

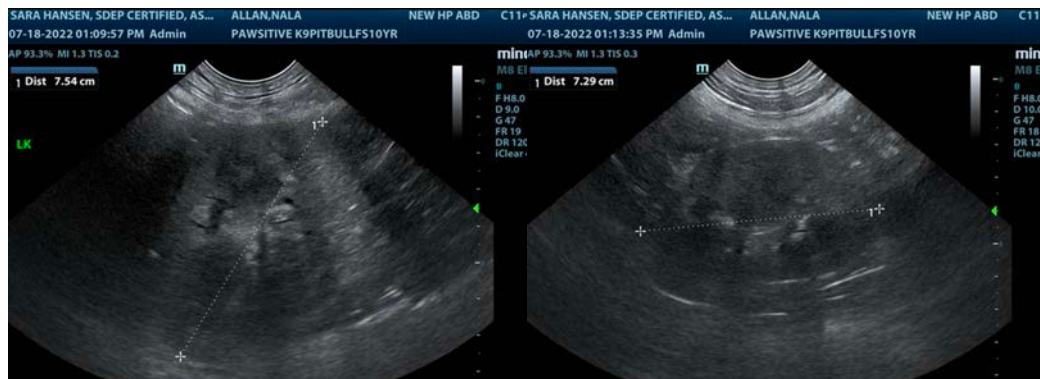
10 Years

WEIGHT

95 Pounds

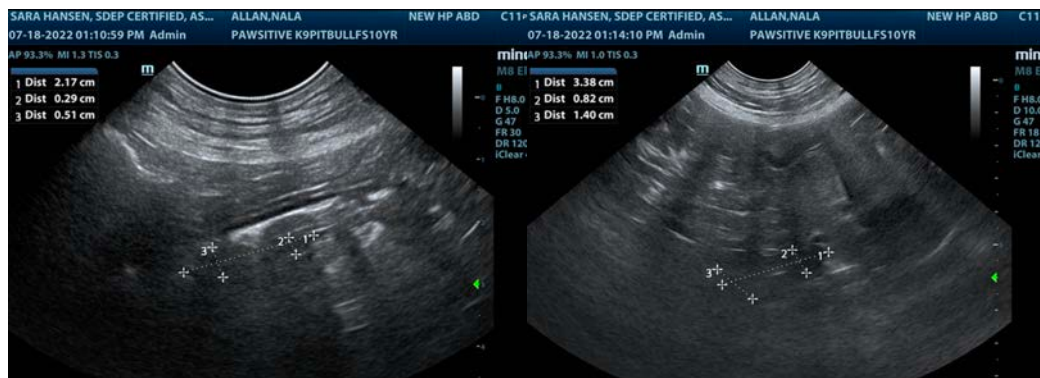
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PATIENT

Nala Allan

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

10 Years

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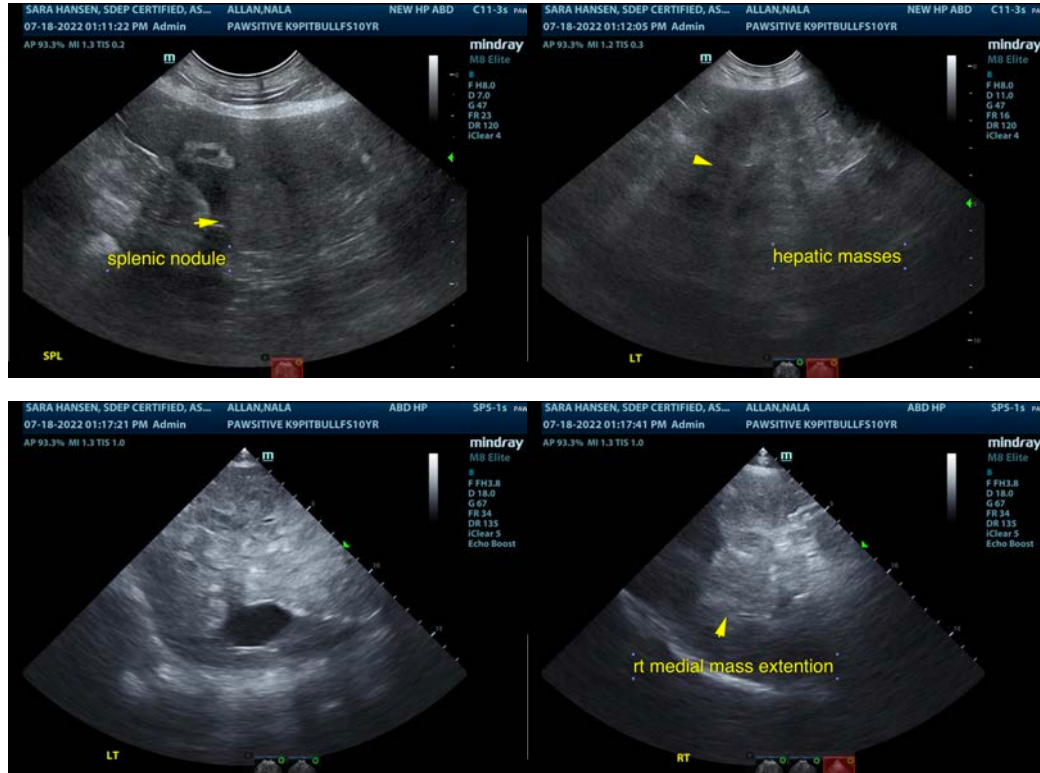
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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