

PATIENT PRESENTING CLINICAL SIGNS

Sydney Boardman History: Lethargy, hyporexia, weight loss. Possible organomegaly. Normal snap CPL. ALT 134. On Omeprazole trial to improve appetite. *Sedated with dexdomitor

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.

Labrador Retriever Mix

SEX The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pyelectasia was noted in the left kidney, measuring 0.25 cm. The left kidney measured 6.34 cm. The right kidney measured 6.18 cm.

Spayed Female

AGE

12 Years

Adrenal Glands

WEIGHT

66 Pounds

The **right adrenal gland** was uniform yet slightly enlarged, measuring 1.12 cm at the cranial pole and 0.62 cm at the caudal pole.

The region of the **left adrenal gland** revealed no evident pathology.

INTERPRETED BY

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

Spleen

The **spleen** revealed an expansive hypoechoic mass, measuring 2.16 cm. Capsular expansion was noted.

Liver

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. An anechoic cyst was noted in the left liver, measuring 1.26 cm x 0.9 cm. No evidence of metastatic disease.

HOSPITAL NAME

Falmouth AH

Gastrointestinal

REFERRING VET

Lilan Hauser, DVM

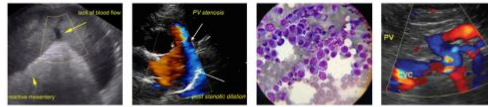
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

16685

Pancreas

DATE



PATIENT

Sydney Boardman

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

ULTRASONOGRAPHIC FINDINGS

- Focal splenic mass. Hemangiosarcoma or round cell neoplasia possible. Benign nodule possible, however, the capsular expansion is concerning
- Anechoic cyst in the left liver
- Slightly enlarged right adrenal gland
- Age-related abdominal changes elsewhere

BREED

Labrador Retriever Mix

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

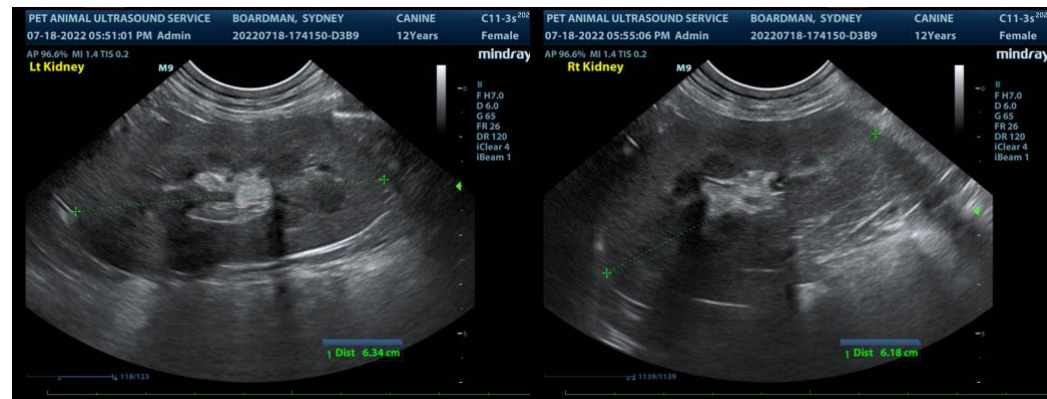
AGE

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Chest radiographs, echocardiogram and splenectomy with liver inspection and biopsy indicated. The splenic mass may be incidental and unrelated to the underlying overt clinical signs. Orthopedic disease. maldigestion, neoplasia elsewhere are all possible.

WEIGHT

66 Pounds

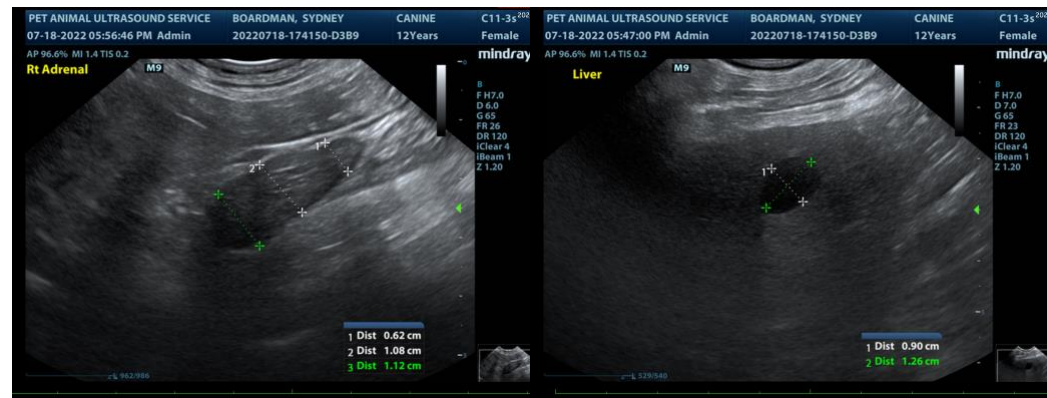


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HOSPITAL NAME

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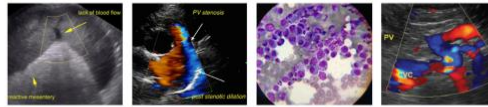
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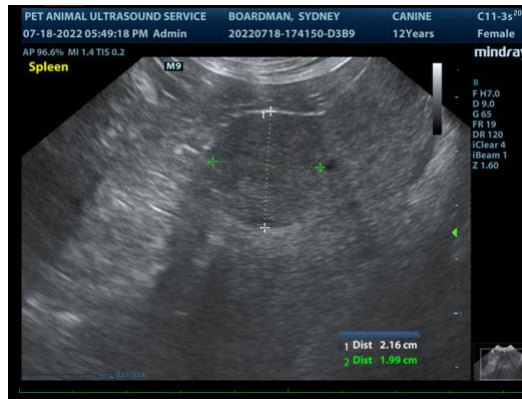
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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