



PATIENT

Raylan Ross

SPECIES

Canine

BREED

Mix Spaniel

SEX

Neutered Male

AGE

10

WEIGHT

8.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannon Heintz

HOSPITAL NAME

Audubon Family VC

REFERRING VET

Shannon Heintz

INVOICE

23488

DATE

7/19/23

PRESENTING CLINICAL SIGNS

2-week history of weight loss, muscle wasting, polyuria/polydipsia and barbered fur/alopecia of the caudal tail base and neck. Eating normally, drinking increased. Defecation normal. Physical exam also reveals periodontal disease, several historical benign skin masses, and slight discomfort on abdominal palpation. Blood work is attached.

Abnormal PE/Chem/CBC/UA Results: Hyposthenuria, elevated liver enzymes, hyperphosphatemia, and hypocalcemia (see attached report).

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 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 4.6 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The **right adrenal gland** was normal in size and contour, measuring 0.87 cm at the cranial pole and 0.35 cm at the caudal pole.

Normal **left adrenal gland** was not present. *See Free Abdomen section.

Spleen

The **spleen** was mildly enlarged and folded upon itself with subtle micronodular changes and scalloping contour.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular tracts were of normal volume with no evidence of congestion. Minor gallbladder debris and slight micropolyloid changes were noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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



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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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Free Abdomen

A mixed hypoechoic undifferentiated iliac lymph node **mass** was noted with areas of cavitation, measuring 4.0 cm x 3.0 cm with ill-defined margins.

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A separate mixed hypoechoic mass (3.0 cm x 1.8 cm) was noted in the area of the left adrenal gland, suspect adrenal origin.

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- Iliac lymph node mass and undifferentiated mass in the region of the left adrenal gland - suspect adrenal origin.
- Splenic enlargement with scalloping contour.
- Partially full stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Splenic and iliac lymph node FNA +/- FNA of the mass in the region of the left adrenal gland are all indicated after coagulation panel and blood pressure measurements. If hypertension is an issue, then urine catecholamine is indicated to assess for pheochromocytoma, which can be metastatic in the spleen and iliac lymph nodes. Prognosis is guarded.

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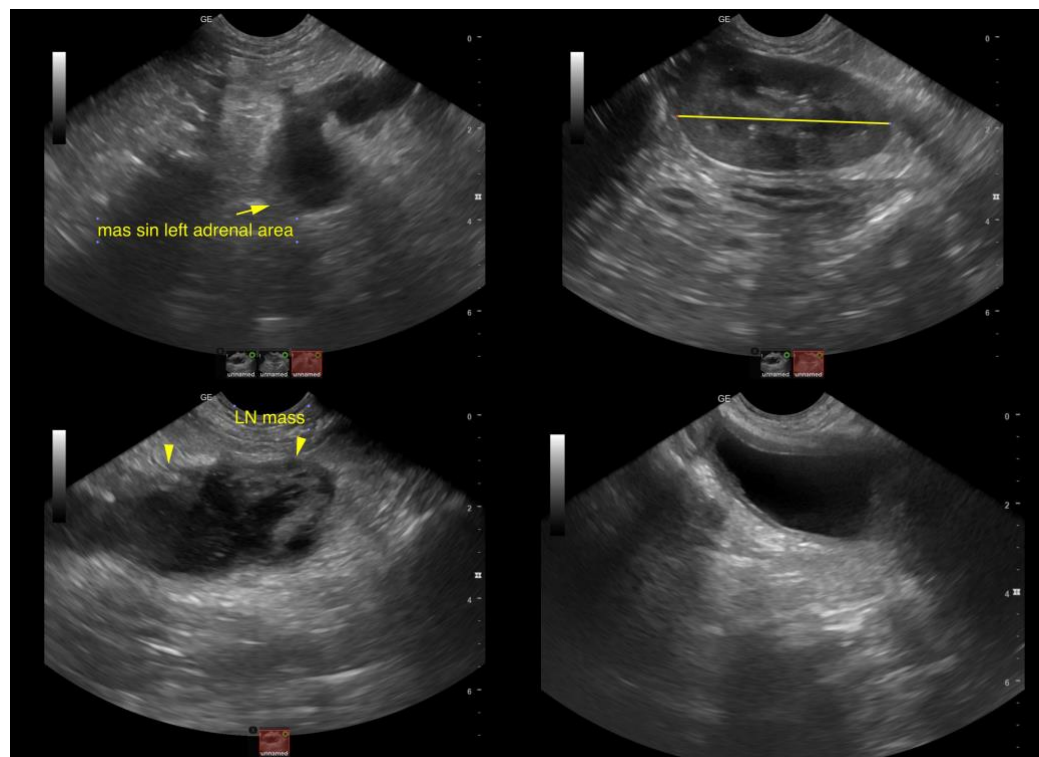
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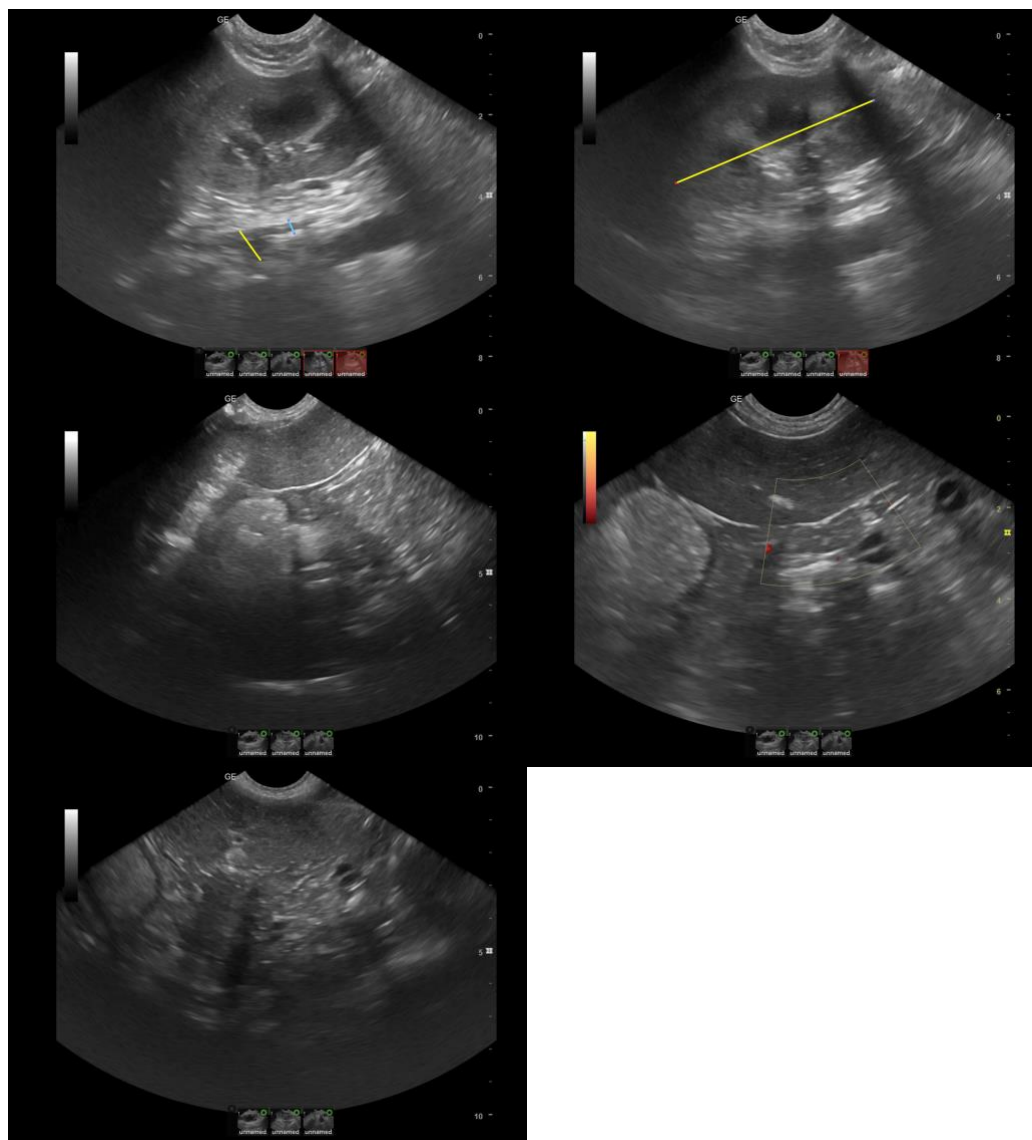
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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