



PATIENT

Gershwin Hartigan

PRESENTING CLINICAL SIGNS

Progressive liver enzyme elevations. ALT 400.

SPECIES

Canine

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.

BREED

Labrador Retriever

The residual prostate was uniform at 0.90 cm.

SEX

Neutered Male

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 4.23 cm. The right kidney measured 5.9 cm.

AGE

13 Years

Adrenal Glands

WEIGHT

85 Pounds

The **left adrenal gland** was 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 3.0 cm x 0.69 cm at the caudal pole and 0.63 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

No evident pathology in the region of the **right adrenal gland**.

Spleen & Liver

DABVP, Cert. IVUSS

An expansive irregular, disruptive parenchymal mass was noted in this patient, measuring up to 14 cm. The mass occupied the cranial abdomen with regional inflammation. It impinged upon the left **liver** and may be deriving from it. The mass also impinged upon the **spleen**. Exact origin cannot be ascertained. It is presumed to be hepatic. However, the spleen also presented minor heterogeneous parenchymal changes. The visible right cranial liver appeared unremarkable. The mass is significantly inflamed.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ho-Ho-Kus VH

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.

REFERRING VET

Dr. Dan Eisenberg

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.

INVOICE

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Heart

DATE

7/22/22

Rapid view of the heart revealed no evident pathology.



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PRIMARY FINDINGS

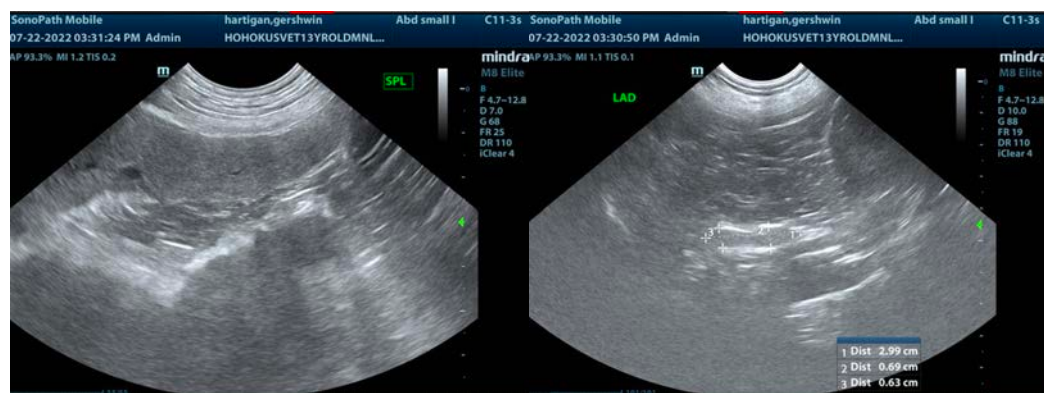
- Extensive cranial abdominal mass – exact source of hepatic or splenic origin could not be completely ascertained.

SECONDARY FINDINGS

- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning could be considered. However, this is a particularly aggressive mass. Direct exploratory surgery with expectations of splenectomy or left liver lobectomy more likely could be considered. Potential for torsion. FNA of the mass could be considered for further definition. However, this is a surgical urgency. Rapid intervention is strongly recommended.





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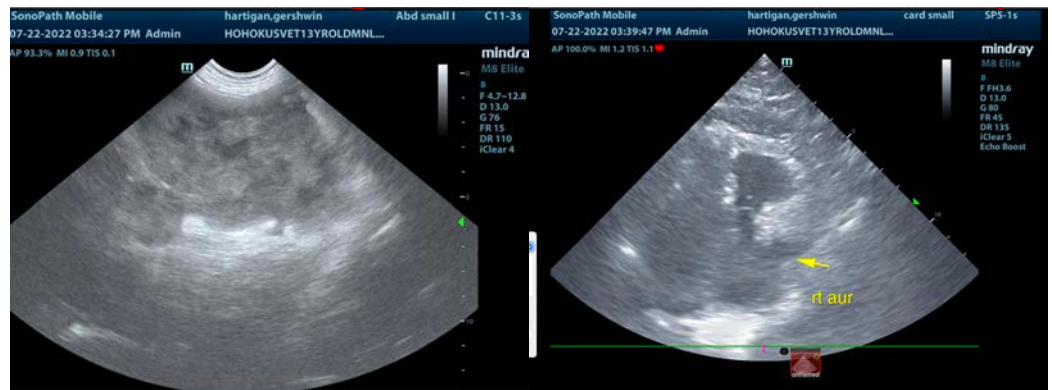
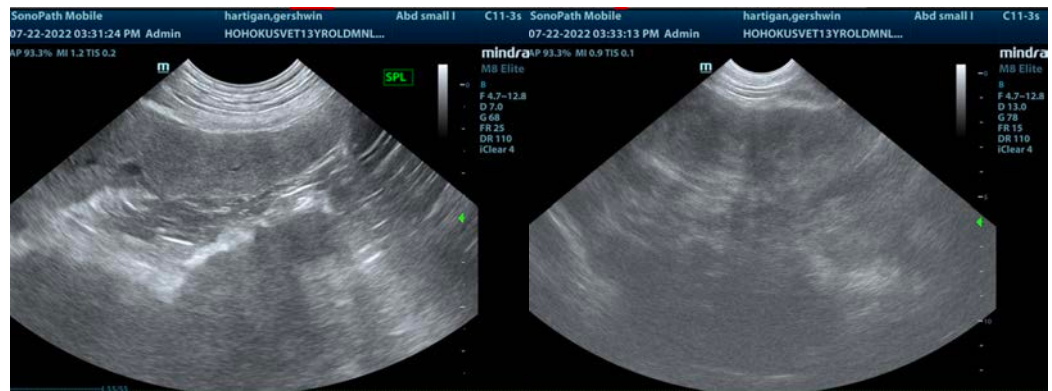
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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