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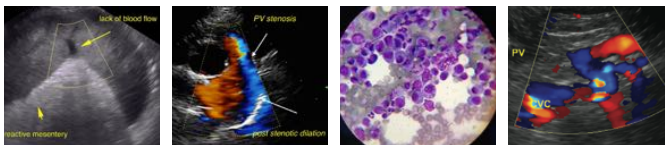

PATIENT

Molly Hocking

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

5 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Baker

INVOICE

32008

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Patient was treated for a suspected abscess on neck following fight with opossum mid-June. Mass resolved then returned, currently back on Amoxi-Clav. Patient ate rib bones last week. On abdominal radiographs on 7/25, spleen appears enlarged with possible mass effect on VD view. Normal Chem/CBC on 7/25.

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 was 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 right kidney measured 6.8 cm with slight pinpoint mineralization.

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 left adrenal gland measured 0.57 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 0.62 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed slightly increased portal markings with coarse architecture. The patient likely has a history of cholangitis. The gallbladder reveals a minor amount of debris, yet is not pathology. .

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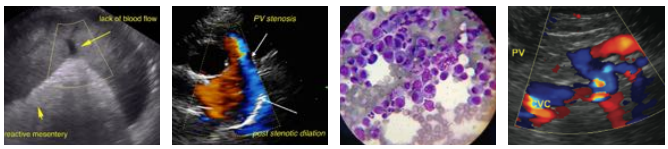

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of chyme was noted in the stomach. 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.

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

A cervical mass in this patient appeared to be parenchyma lesion measuring 4.2 cm. Deviation of regional vasculature was noted. This is most consistent with thyroid mass. The mass was not labeled as to right vs left.

ULTRASONOGRAPHIC FINDINGS

Pinpoint renal mineralization.

Otherwise, unremarkable abdomen.

No evidence of foreign bodies.

Suspected thyroid mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. FNA of the cervical mass is recommended. CT evaluation is recommended for surgical planning. It appears to impinge upon the esophagus which would be typical of a thyroid tumor. The mass is not typical of an abscess as it appears parenchyma. Power Doppler assessment can be considered for further definition. The architecture is suggestive of tissue proliferation and may be completely unrelated to the prior traumatic episode.

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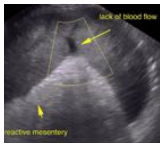
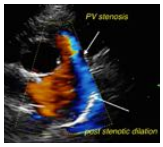
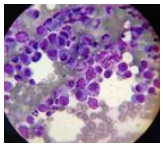
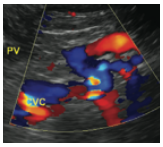

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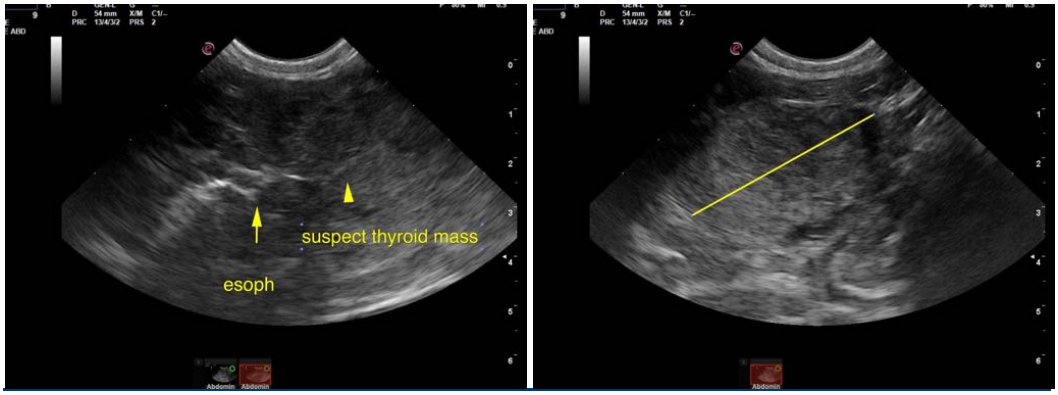

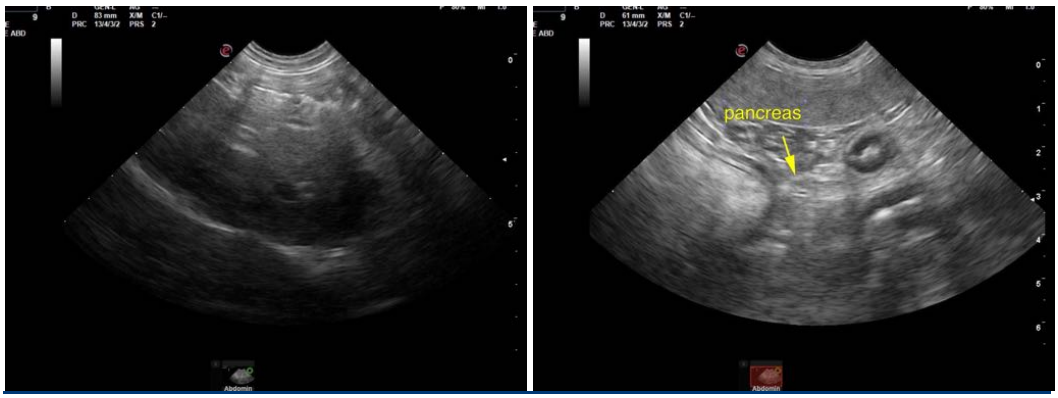

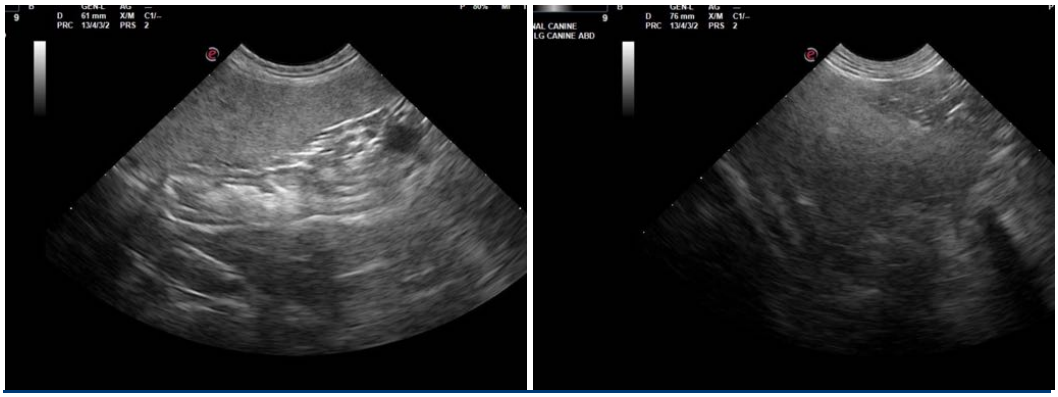

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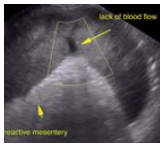
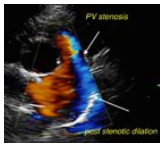
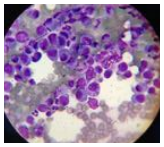
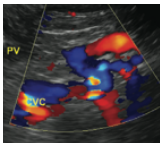

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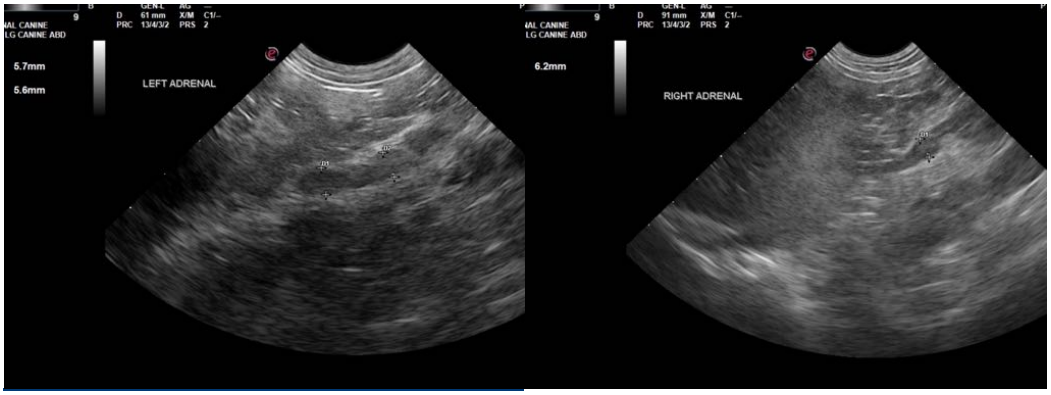

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com