



PATIENT

Brooklyn DeSantis

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

51 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evendale Blue Ash
Pet Hospital

REFERRING VET

Dr. Jo Goodman

INVOICE

39911

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Recheck ultrasound from 6/2/22. Patient presented today after having a bout of foamy, blood tinged vomitus and melena in stool. Patient has not been eating well the last several days. Has slowed down and been slowly more lethargic over the last several weeks. Prev hx of heart murmur, hypothyroidism, pancreatitis, Cushing's, elevated liver enzymes and glaucoma. current meds: thryo-tabs, gabapentin, t-relief and vetoryl. Ran CBC/Chem/UA in house (results attached) and urine culture and PLI pending at lab. started on ampicillin IV and sucralfate, sending home metronidazole and enrofloxacin to start tonight.

Abnormal PE/Chem/CBC/UA Results: temp: 102.6 pink/icteric 3-4 sec crt BCS 4 pain score 3 exam form also attached with bloodwork

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 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 5.0 cm.

Adrenal Glands

A 3.0 cm x 2.0 cm irregular, hypoechoic structure was noted in the region of the **left adrenal gland**, which appears to invade into the phrenic vein and vena cava.

The **right adrenal gland** was enlarged and irregular.

Spleen

The **spleen** was largely uniform with a hypoechoic nodule measuring 1.0 cm at the cranial pole with capsular expansion and loss of structural detail.

Liver

The **liver** revealed a 6.0 cm mixed echogenic, progressive left-sided mass with peripheral inflammation and deviation of the gallbladder. The echotexture is similar to that of the intestinal mass.

Gastrointestinal

The **stomach** itself was unremarkable. A mass appears to be deriving from the distal small intestine with a focal hyperechoic linear structure within the midst.

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.



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ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy with left adrenal invasion
- Intestinal mass – appears to be small intestinal with possible underlying foreign body.
- Left liver mass
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic process. Significant progression from the prior sonogram on all lesions. Prognosis is poor.

SEX

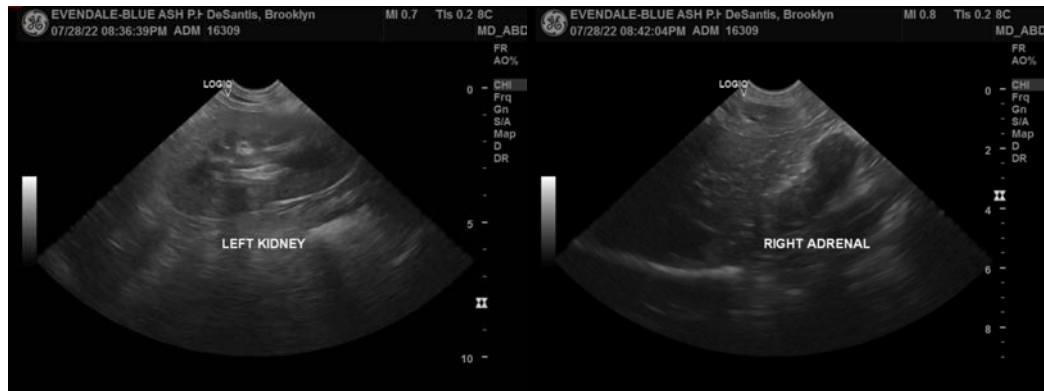
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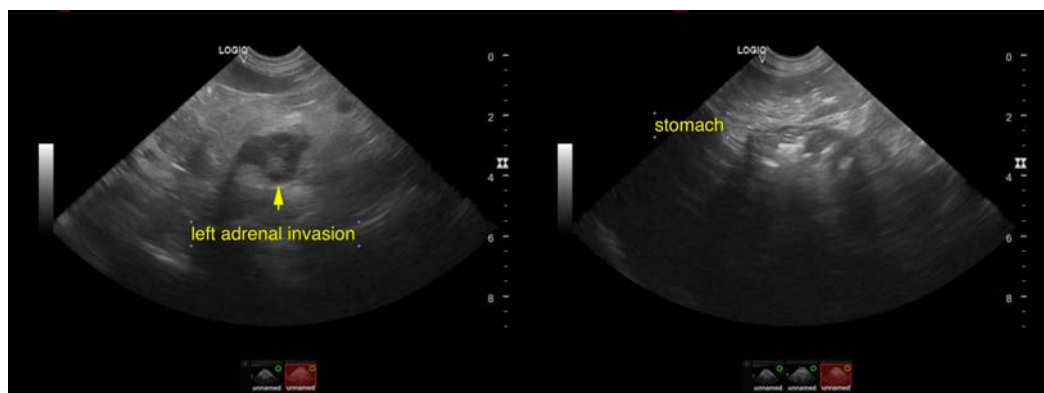
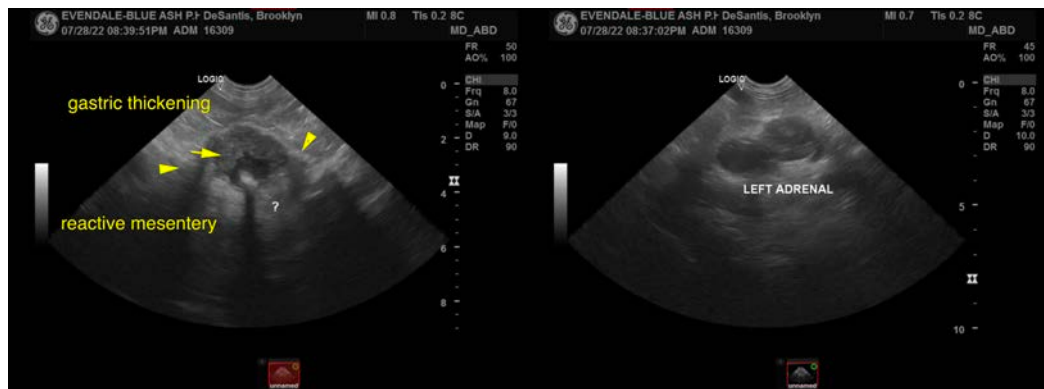
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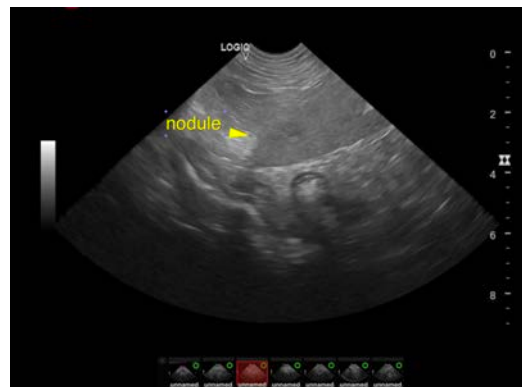
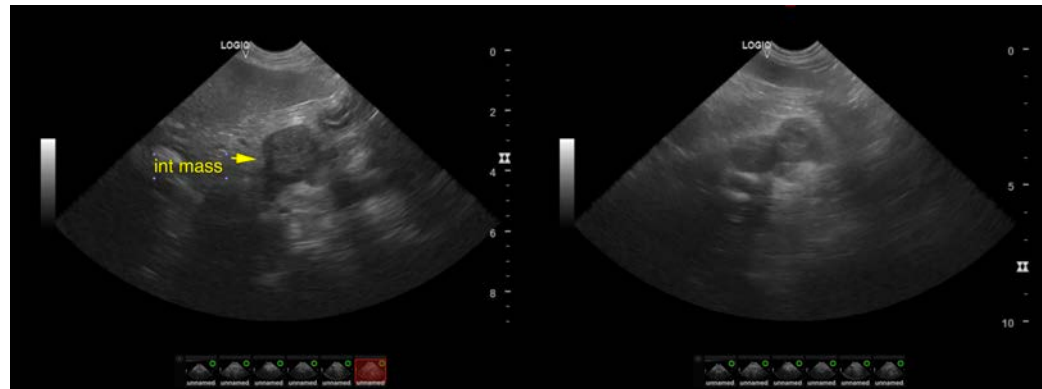
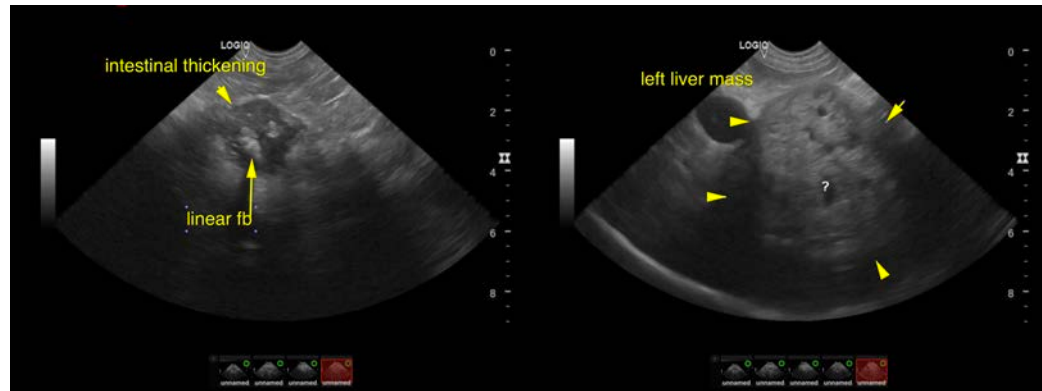
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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