

**PATIENT**

Otis Woolsey

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Silver Creek AC

**REFERRING VET**

Dr. Tangeman

**INVOICE NUMBER**

16546

**DATE**

7/8/22

**PRESENTING CLINICAL SIGNS**

History: Pt has been losing weight for approx 6 mos with decreased appetite and decreased energy level. occasional intermittent diarrhea

Abnormal PE/Chem/CBC/UA Results: Mildly elevated neutrophil count and SDMA, otherwise CBC/Chem/UA and fecal float are wnl.

**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 bladder was impinged upon by one of the caudal abdominal masses.

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 7.16 cm. The right kidney measured 7.38 cm.

**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 right adrenal gland measured 3.0 cm x 1.79 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland measured 3.2 cm x 0.73 cm at the cranial pole and 0.75 cm at the caudal pole.

**Spleen**

The visible **spleen** was unremarkable yet cannot be completely ruled out of the neoplastic process.

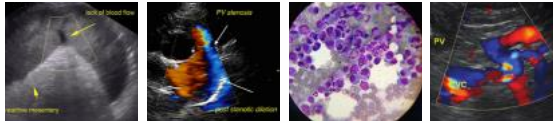
**Liver**

The cranial mid abdomen revealed multifocal hypoechoic ill-defined masses that appeared to be deriving from the **liver**. Areas of cavitation were noted and parenchymal expansion. Granular appearance noted both through the liver and the spleen with areas of free fluid and enhanced mesentery. The gallbladder and common bile duct were unremarkable.

**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.

**Pancreas**



**PATIENT** Otis Woolsey  
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**

- Extensive abdominal neoplasia, likely deriving from the caudal liver

**BREED**

Pit Bull

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

I strongly recommend sampling on this patient with FNA of the parenchymal portions, drainage, culture and cytology with cytopspin of the fluid filled cavities. This is unlikely to be resectable, however, CT evaluation of the abdomen is warranted for further definition. The masses appear to involve portions of the omentum as well. Prognosis is guarded to poor depending upon eventual responsiveness to chemotherapy or the ability to resect or at least debulk for quality of life. Suspect carcinoma or sarcoma. Mild potential for nonneoplastic granulomatous disease.

**AGE**

6 Years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**HOSPITAL NAME**

Silver Creek AC

**REFERRING VET**

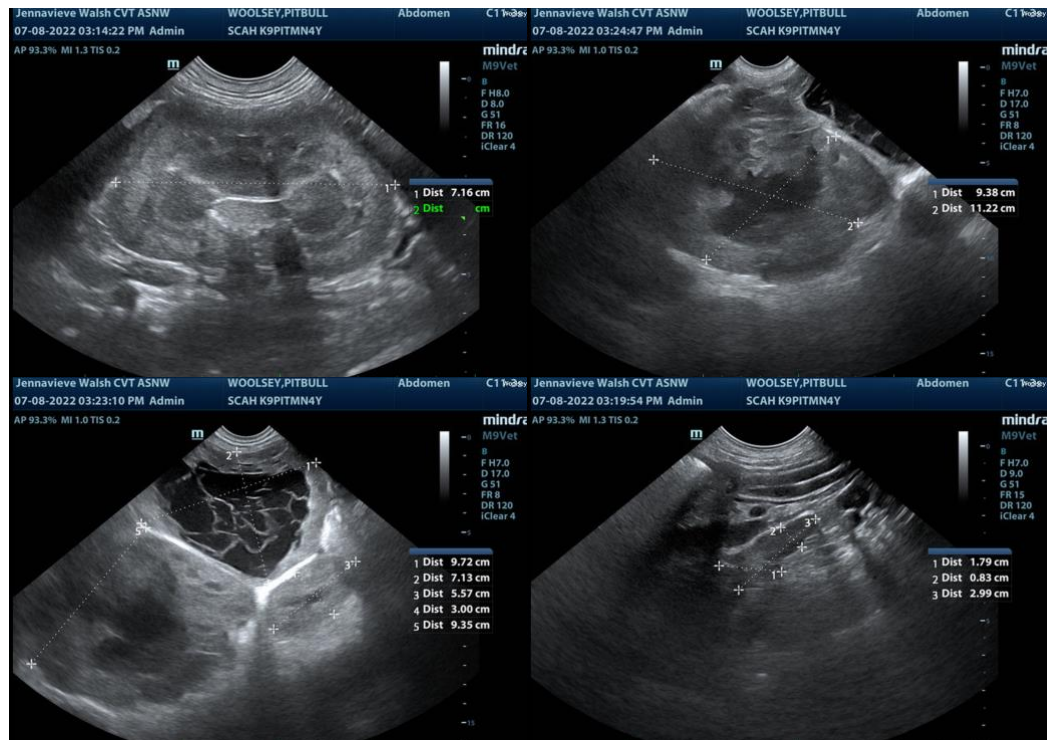
Dr. Tangeman

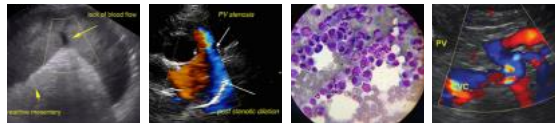
**INVOICE NUMBER**

16546

**DATE**

7/8/22





**PATIENT**

Otis Woolsey

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Silver Creek AC

**REFERRING VET**

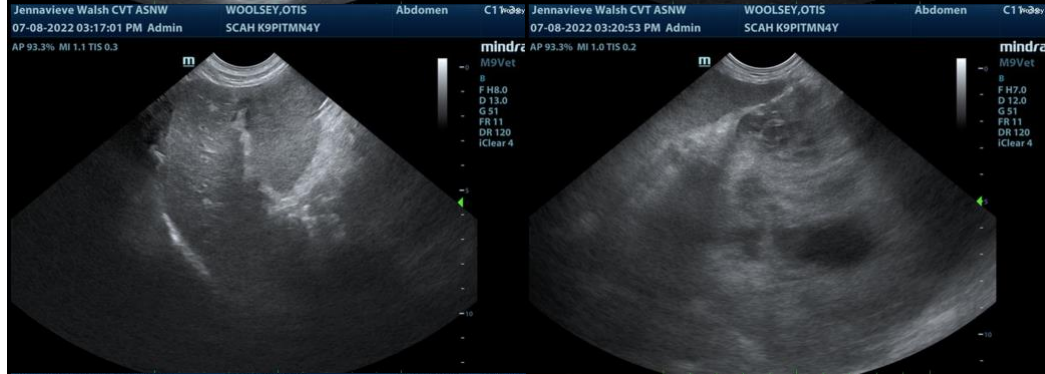
Dr. Tangeman

**INVOICE NUMBER**

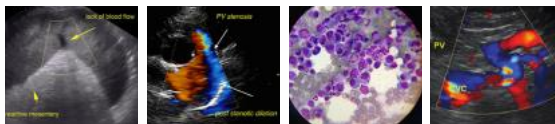
16546

**DATE**

7/8/22



The information and recommendations provided are based on the images presented by



**PATIENT** the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Otis Woolsey

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.

**SPECIES**

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

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Silver Creek AC

**REFERRING VET**

Dr. Tangeman

**INVOICE NUMBER**

16546

**DATE**

7/8/22