



PATIENT

Tucker Hutchinson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

98 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

16628

DATE

8/1/22

PRESENTING CLINICAL SIGNS

History: vomiting/diarrhea; lethargy, benign splenectomy 4/2021

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 minor 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. Mineralization was present in the kidneys. The left kidney measured 8.0 cm. The right kidney measured 7.75 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 2.58 cm x 1.78 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 2.42 cm x 0.56 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

*See **Free Abdomen** section.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

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

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An undifferentiated mixed echogenic and cavitated **mass** was noted in the dorsal cranial to the urinary bladder, measuring 7.8 cm x 5.0 cm. The mass does not appear overtly correlated to any other pathology. This is likely direct recurrence of the prior splenic pathology.

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ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass, dorsal cranial to the urinary bladder, suspect sarcoma
- Age-related renal changes with mineralization

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FNA could be considered for screening purposes or direct exploratory surgery. The mass appears resectable. Chest radiographs and echocardiogram are warranted prior to surgery.

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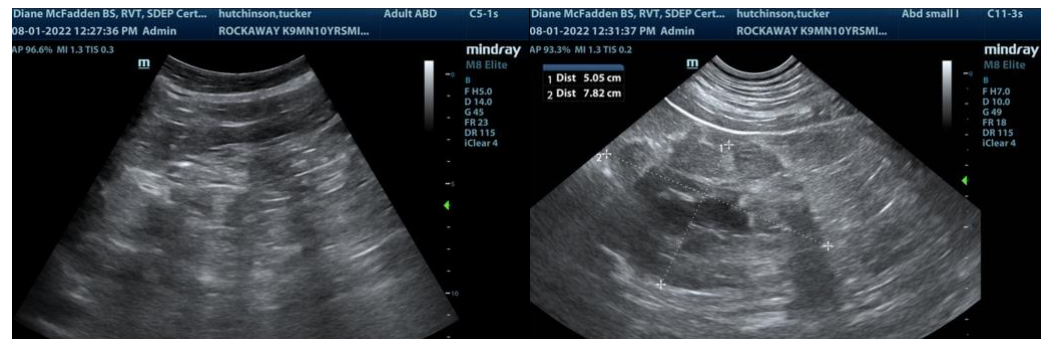
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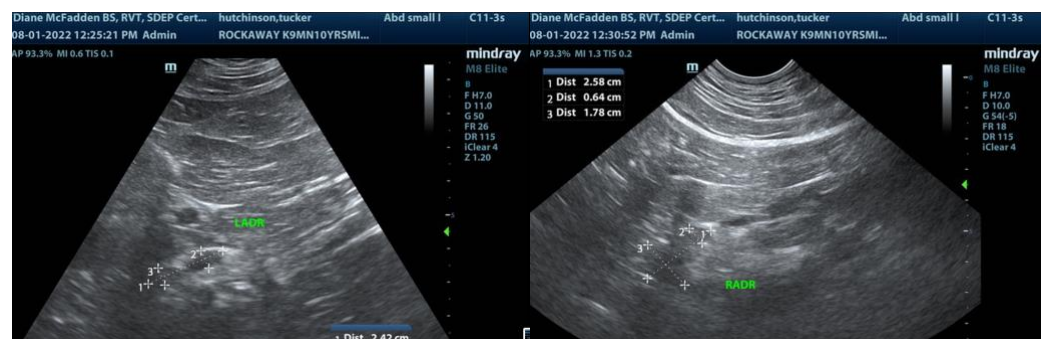


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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