



PATIENT **PRESENTING CLINICAL SIGNS**

Einstein Robinson

History: owner noticed coughing and hacking earlier this month, came in for routine wellness do radiographs and lab work

SPECIES

Abnormal PE/Chem/CBC/UA Results: lymphocytes 9990 WBC 18.5 rest of blood work WNL radiographs- mass like effect with heart

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Chinese Pug

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.

SEX

Neutered male

AGE

13 years

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 6.0 cm with a slight, hyperechoic medullary rim sign.

WEIGHT

34 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.49 cm at the caudal pole and 0.61 cm at the cranial pole. The left adrenal gland measured 0.41 cm at the caudal pole and 0.44 cm at the cranial pole.

IMAGING PERFORMED BY

Ashley Whitesell

Spleen

HOSPITAL NAME

Dickson AC

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hypoechoic nodule was noted and measured 1.14 x 0.84 cm. 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.

REFERRING VET

Dr. Hovis

Liver

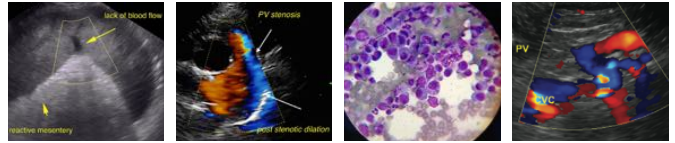
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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

8/1/23



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Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Thorax

The thorax in this patient revealed an expansive, mixed, hypoechoic mass that extended for at least 5 x 8 cm. Diaphragmatic differentiation was not evident. I cannot completely rule out herniated tissue. However, this is unclear. Hepatization of the lung owing to underlying neoplastic process is suspected. FNA can be considered.

Heart

Rapid view of the heart revealed normal volumes and contractility. However, the heart was displaced owing to the thoracic masses.

ULTRASONOGRAPHIC FINDINGS

Extensive thoracic mass, suspect sarcoma. Cannot completely rule out the possibility of herniated hepatic tissue, yet unlikely as the diaphragm was not well defined.

No evidence of cardiac disease.

Age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass and chest CT would be ideal. I suspect sarcoma, carcinoma is possible. Herniated hepatic tissue with chronic degenerative changes is possible, yet less likely.



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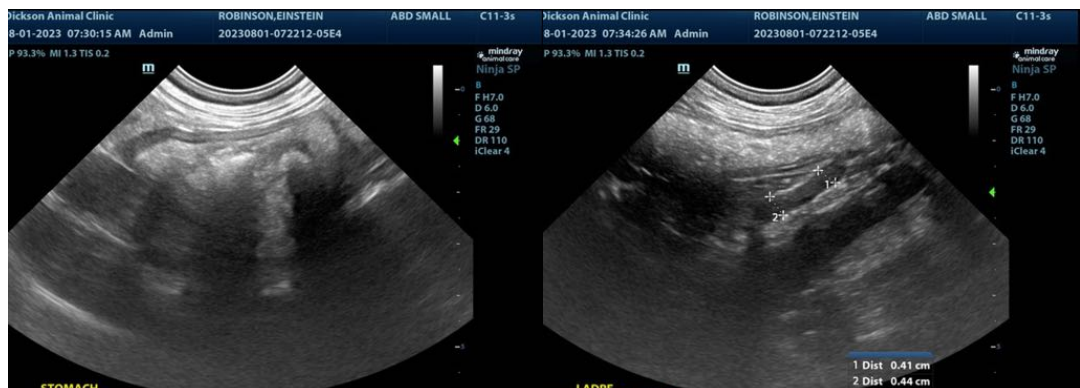
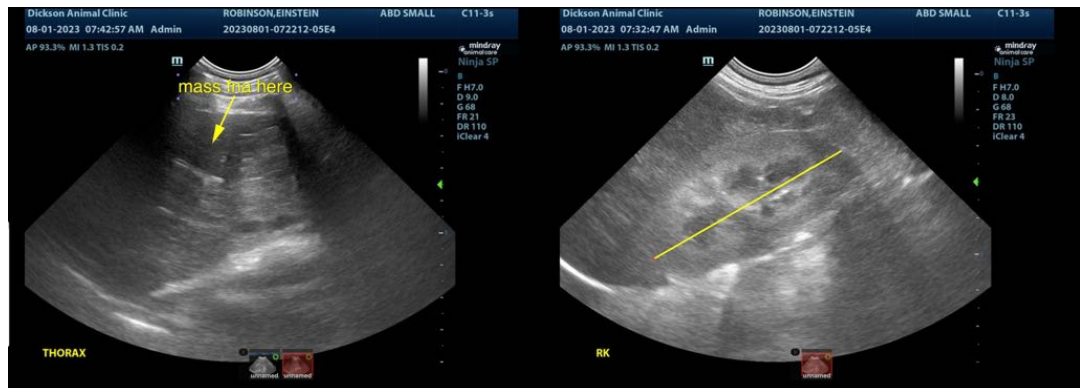
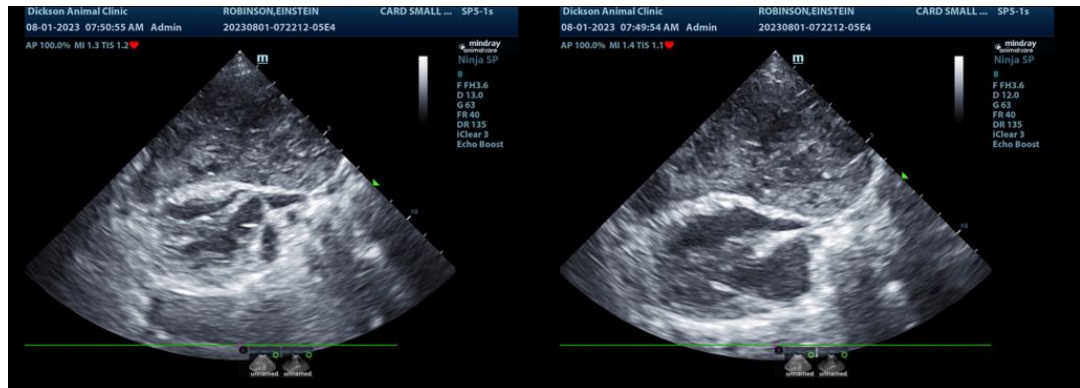
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Chinese Pug

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

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