

PATIENT PRESENTING CLINICAL SIGNS

Shea Bridges Mass in throat. Elevated pancreatic enzymes.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 The left **kidney** was largely normal expect for a mass that was deriving from the caudal pole and is connected by a bridge. The mass at the caudal pole of the left kidney measured 2.74 x 2.54 cm. The mass is connected to the caudal pole of the left kidney by approximately 5-7 cm wide bridge. This appears isolated. Focal areas of mineralization were noted. There is no evidence of rupture. The left kidney measured 7.09 cm. The right kidney measured 5.6 cm and was normal in size and contour.

AGE

12 years

INTERPRETED BY Adrenal Glands

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 left adrenal gland measured 2.03 x 0.63 cm. The right adrenal gland measured 2.71 x 1.45 cm at the cranial pole and 0.83 cm at the caudal pole.

IMAGING PERFORMED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME Spleen

Butler VH The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

REFERRING VET

Dr. Garro

INVOICE

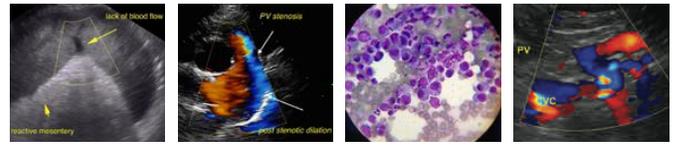
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Liver

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.



PATIENT

Gastrointestinal

Shea Bridges

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.

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

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.

AGE

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ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

The left thyroid region revealed a moderately vascular mass that measured 4.9 x 3.05 cm and is well encapsulated. The right thyroid was visualized and was unremarkable measuring 0.45 x 2.0 cm in length.

ULTRASONOGRAPHIC FINDINGS

Left thyroid mass.

Left renal mass, connected by small bridge. Suspect carcinoma, hemangiosarcoma or other neoplasia is suspected.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the left thyroid mass was performed without complication in two separate sites. There is a strong suspicion for left thyroid carcinoma. This appears resectable. Left thyroidectomy and left nephrectomy is recommended after three view chest radiographs to assess for metastatic disease.

HOSPITAL NAME

Butler VH

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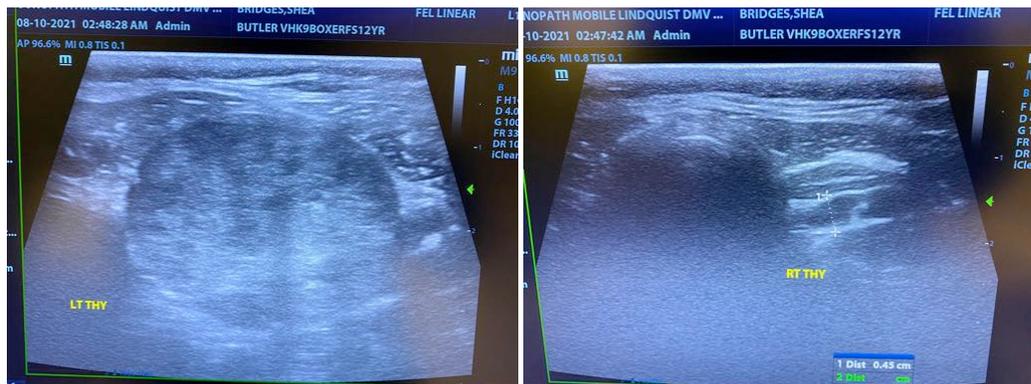
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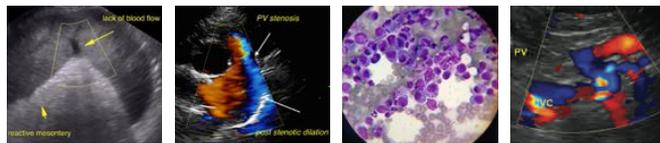
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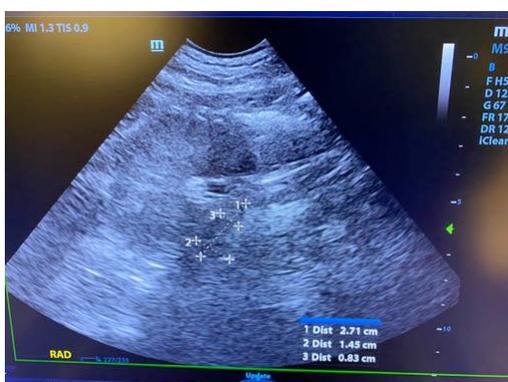
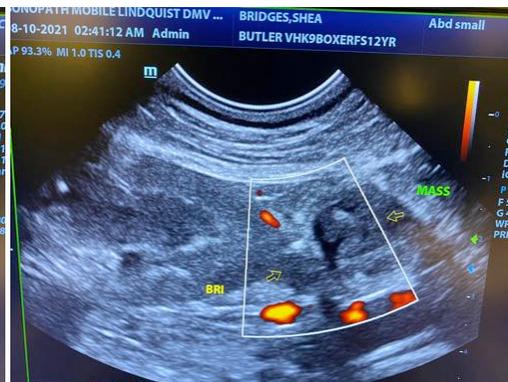
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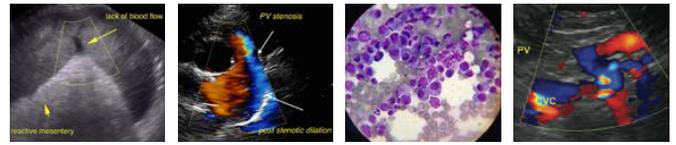
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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