



PATIENT

Copper Booth

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Neutered male

AGE

9 years

WEIGHT

48.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Brenner

INVOICE

32297

DATE

8/10/22

PRESENTING CLINICAL SIGNS

History: First seen August 8, 2022 for ruptured sebaceous cyst. History of not eat well for 1 day on and off for weeks. Not eat well for previous 4 days since cyst ruptured. History of allergies for years skin and otitis.

Abnormal PE/Chem/CBC/UA Results: Exam August 8, 2022 multiple lipomas, ruptured sebaceous cyst right hip, bilateral otitis, dermatitis groin and perirectal, pronounced sinus arrhythmia. August 8, 2022 CBC anemia normocytic normochromic but reticulocytes elevated HCT 25.4% (37.3-61.7), Ret 355.8 (10-110). Monocytosis 2.35 (0.16-1.12). Slight decreased PLT 117 (128-484). Chem Hypochloremia 107 (109-122), SDMA normal, TT4 normal, CPL normal, Heartworm 4 DX negative. Radiographs stomach full ingested with dilated area caudal to stomach similar density as stomach but separate. August 10, 2022 Urinalysis USG 1.000 inactive sediment

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 was noted. Ureteral papillae were normal.

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 was normal and measured 6.56 cm. The right kidney measured 6.24 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 left adrenal gland measured 1.79 x 0.53 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 1.39 x 0.48 cm.

Spleen

The **spleen** was slightly irregular in contour and mildly heterogenous parenchyma.

Liver

The **liver** in this patient revealed two expansive, mixed echogenic mass that measured 8-10 cm each. A separate expansive liver nodule was noted in the caudal aspect of the left liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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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.

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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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Reactive mesentery was noted throughout the cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

Multi-focal, hepatic neoplasia. Two large liver masses and other nodular changes. Free fluid likely owing to hemorrhage or paraneoplastic effusion.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic pathology does not appear resectable. FNA can be considered for further definition; however, the prognosis is poor. Abdominocentesis is warranted to assess for free fluid. Given the anemia hemorrhage deriving from the hepatic pathology is likely.

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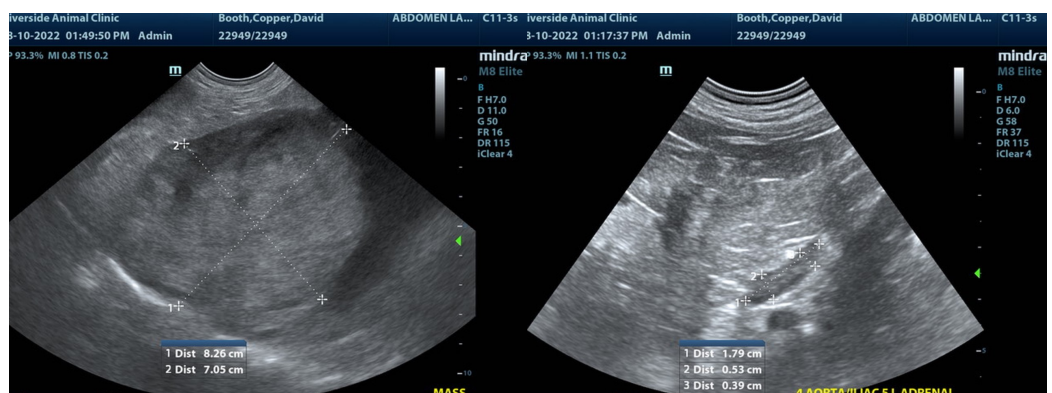
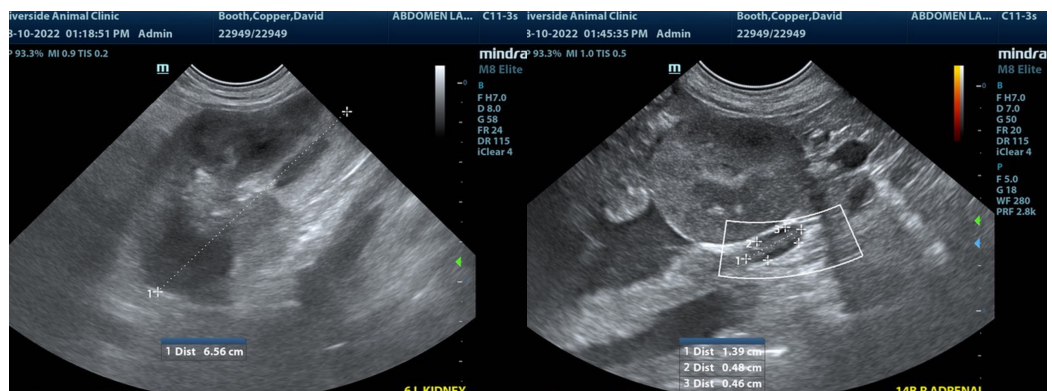
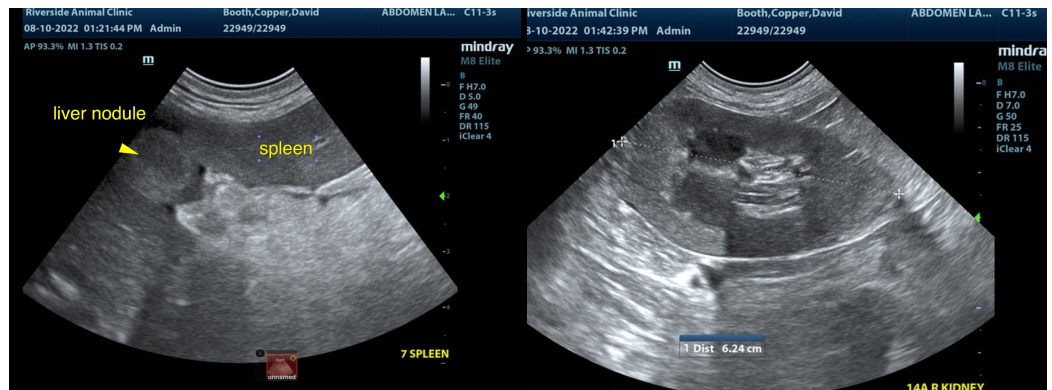
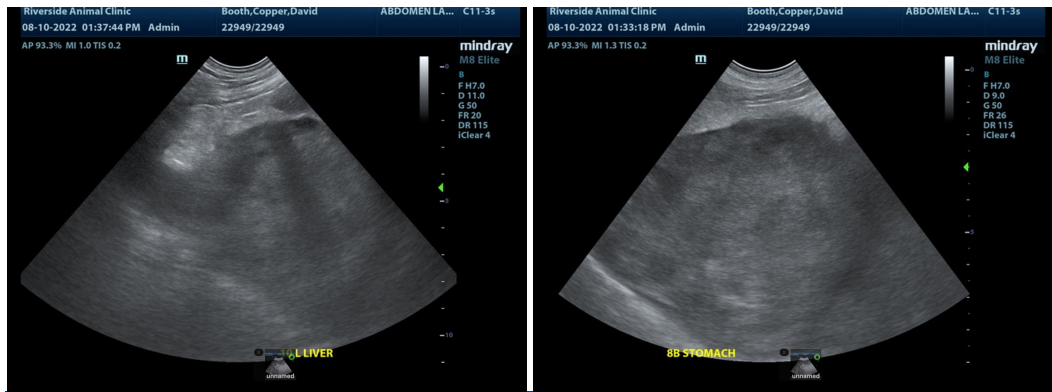
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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