



PATIENT

Bowser Glazebrook

SPECIES

Canine

BREED

Greyhound Mix

SEX

Neutered male

AGE

12 years

WEIGHT

71 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

46620

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: Off and on not eating with occasional vomiting, sluggish, been going on for about 3 months
Firm round mass palpated in caudal abdomen; generalized pyoderma lesions; ALKP 223, globulin 4.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization was noted. The left kidney measured 6.7 cm. The right kidney measured 7.6 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 0.67 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 0.64 cm at the caudal pole and 0.66 cm at the cranial pole.

Spleen

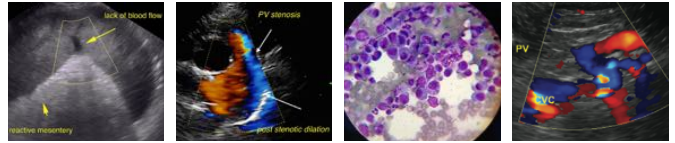
The **spleen** revealed multi-focal, hyperechoic nodular changes without disruption of architecture. The spleen was folded upon itself cranially. This is a positional variant.

Liver

The **liver** revealed multi-focal, mixed, hypoechoic and hyperechoic nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The mid small intestine revealed a mixed, echogenic, expansive with mild peripheral inflammation was noted. The mass measured 6.9 cm and was deriving from the small intestinal wall. The mass appears to be resectable. I suspect leiomyosarcoma or similar neoplasia. It appears to be potentially resectable.



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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.

ULTRASONOGRAPHIC FINDINGS

Small intestinal mass, suspect leiomyosarcoma or round cell neoplasia, carcinoma is less likely.

Undefined hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and FNA is indicated for further definition. However, diffuse disease is present. Screening FNA of the spleen and liver is recommended to ensure no obvious neoplastic metastatic disease is present. Chest radiographs are also warranted to assess for metastatic disease. If the spleen and liver aspirates are benign then direct exploratory surgery with resection and anastomosis is indicated.





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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.

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.

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