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Clinical Sonography & Telecytology
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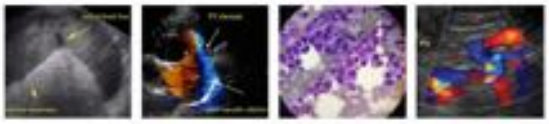


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Jett Lynn

SPECIES
Canine

BREED
Great Pyrenees

SEX
Spayed female

AGE
8 years

WEIGHT
77 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Loetitia Saint-Jacques, RVT

HOSPITAL NAME
Donner Truckee VH

REFERRING VET
Dr. Vannini

INVOICE
46631

DATE
8/15/23

PRESENTING CLINICAL SIGNS

History: intermittent gagging/cough since June, no exercise intolerance, E/D +/+, V/D -/-, no wheezing or crackles upon auscultation. Differential Diagnosis* rule out lung mass Findings: Thorax: Right and left lateral and ventral-dorsal views are available for evaluation. A solitary soft tissue mass is present in the right caudal lung lobe. The mass measures approximately 6 x 4 cm based on the right lateral

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 right kidney measured 7.6 cm. The left kidney measured 6.4 cm.

Adrenal Glands

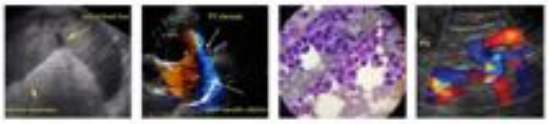
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.55 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 3.07 x 0.56 cm.

Spleen

The **spleen** revealed a focal, hypoechoic, nodule at the caudal pole measuring 1.8 x 0.9 cm. There was mild disruption of architecture. The spleen was folded upon itself caudally. The remainder of the parenchyma was uniform.

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



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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

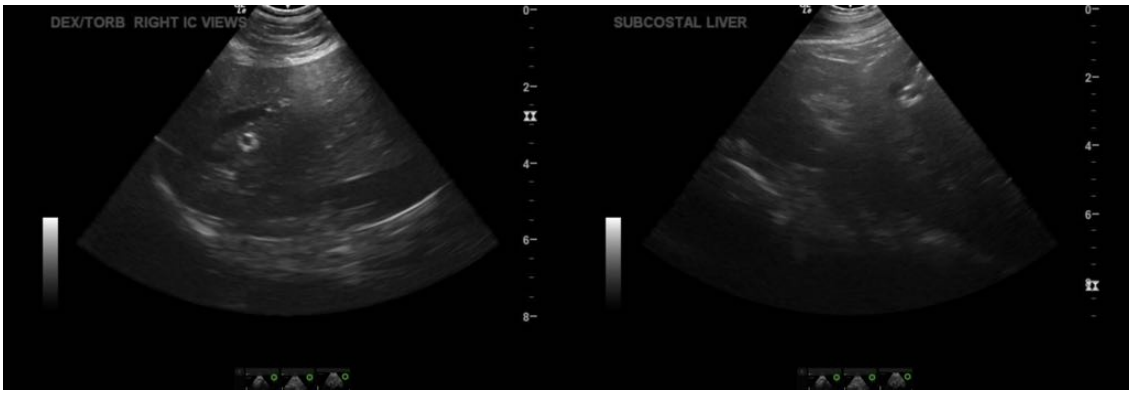
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule. Hyperplasia versus round cell neoplasia are the primary concerns.
- Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated to ensure that this is a benign lesion. There was no evidence of primary disease associated with the lung lesion. CT is indicated for potential surgical planning.



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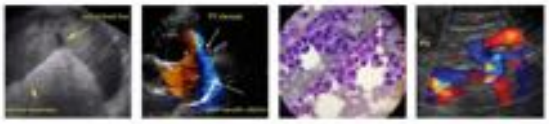

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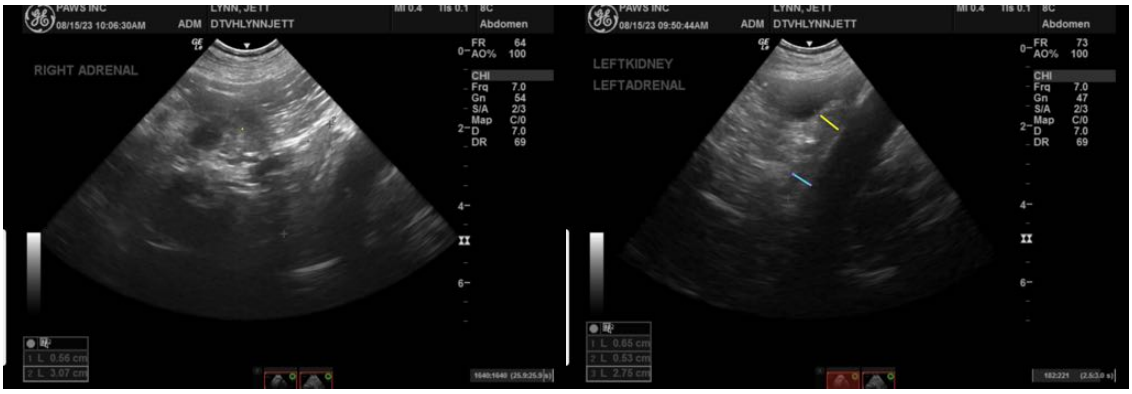
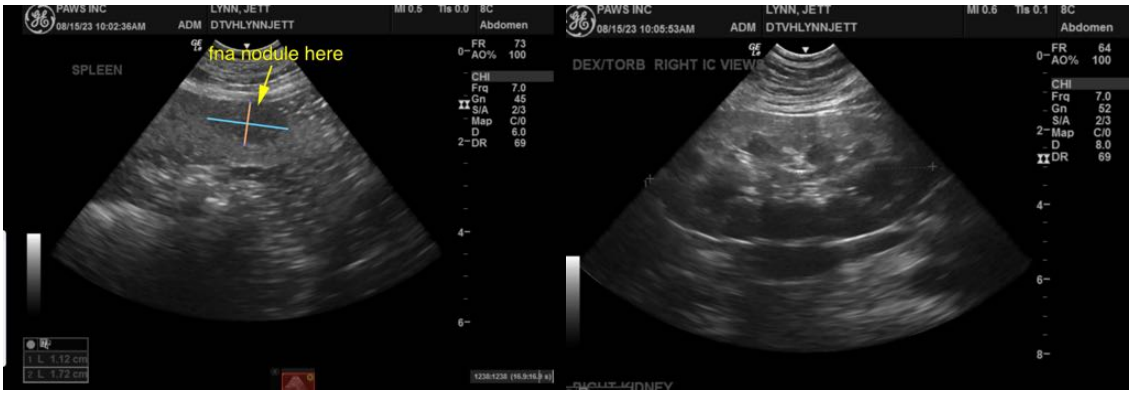
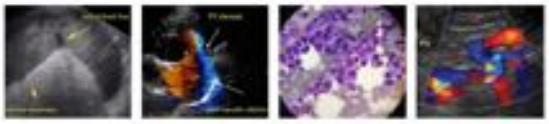




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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