



PATIENT PRESENTING CLINICAL SIGNS

Gabby Chicoine

History: Presented for mass removal of previously dx lipoma in R inguinal region. Rapid growth and now bruising present. Pre-op BW showed PCV 24%. Previously had splenectomy (4/2020) after AUS and spleen FNA for splenomegaly. Histopath on spleen was Hemangioma.

SPECIES

Canine

PE: Severely bruised and irregular mass in R inguinal area. Chest rads: WNL. Infectious disease PCR: Neg. PCV 24%, Retics 10% H, Plt 515k H.

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

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.

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.6 cm. The left kidney measured 6.92 cm.

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.71 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.57 cm at the caudal pole and 0.54 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

Spleen

The region of the **spleen** was unremarkable.

REFERRING VET

Dr. Allen

Liver

The **liver** revealed mild, heterogenous parenchymal changes with only minor disruption. The gallbladder and common bile duct were unremarkable.

INVOICE

91297

Gastrointestinal

DATE

8/17/21

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Gabby Chicoine

SPECIES

Pancreas

Canine

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.

BREED

Golden Retriever

Free Abdomen

SEX

A mixed, hypoechoic, undifferentiated mass with peripheral inflammation was noted and measured approximately 8.5 cm in the left inguinal area. This is strongly consistent with hemangiosarcoma.

Spayed Female

AGE

ULTRASONOGRAPHIC FINDINGS

12 years

Inguinal mass, suspect hemangiosarcoma. This is potentially resectable.

Minor, heterogenous hepatic changes. Micrometastasis is a potential, yet there is no evidence of free hemorrhage noted in this patient.

WEIGHT

66 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

CBC path review is warranted. Surgical consultation is recommended. CT evaluation is ideal for surgical planning. Chest radiographs are warranted to assess for metastatic disease.

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DABVP, Cert. IVUSS

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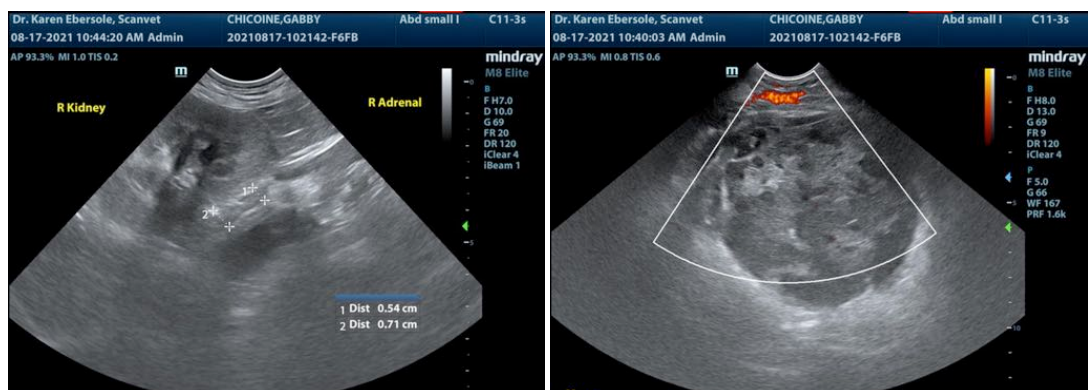
Dr. Allen

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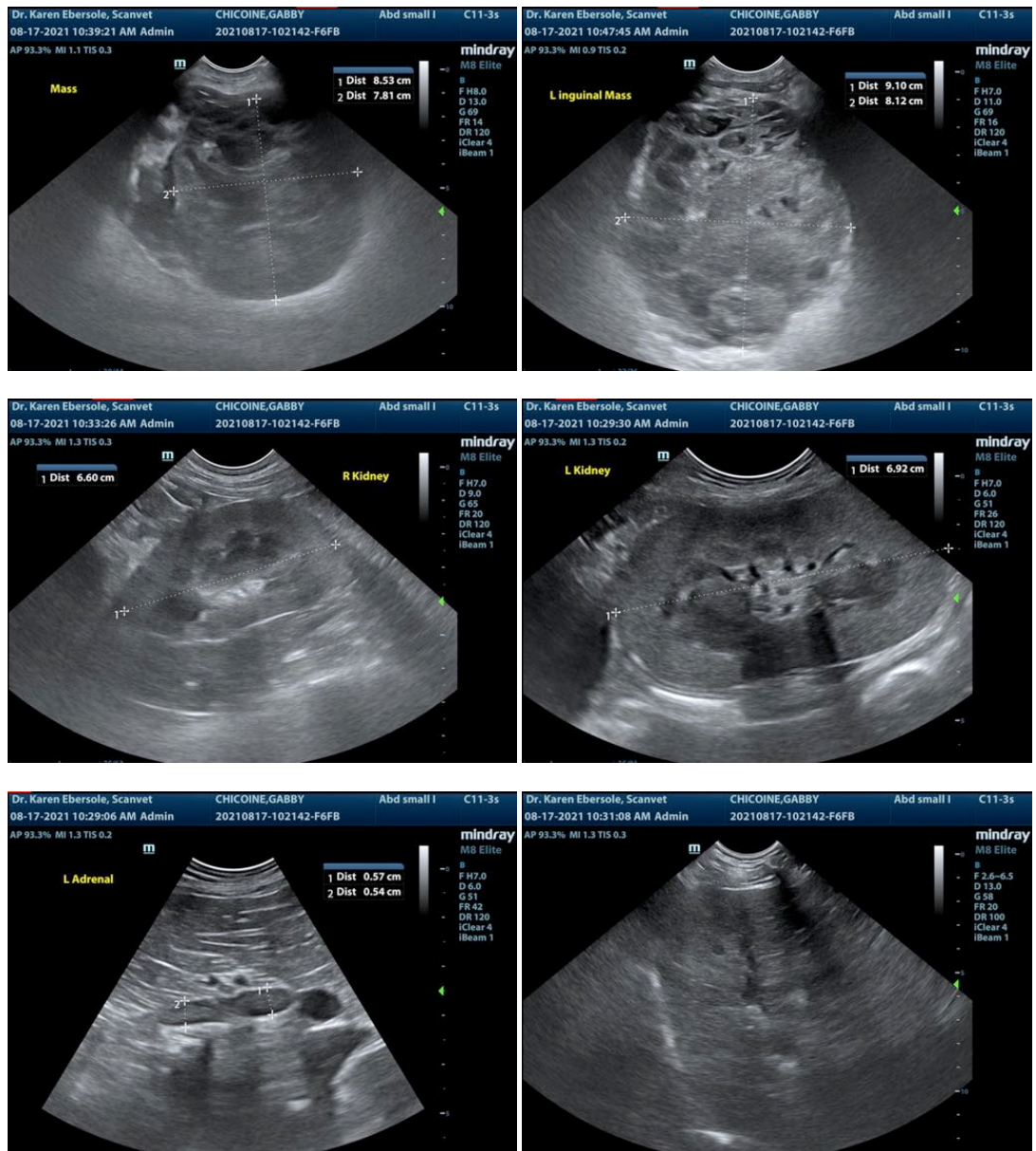
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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