



PATIENT

Roxy Brz

PRESENTING CLINICAL SIGNS

History: R/O mass vs other; wt loss; slightly PU/PD, diarrhea
Abnormal PE/Chem/CBC/UA Results: ALT 343, ALKP 2539, BUN 36, Ca14.3, amylase 3586, PSL 3227; UA: protein 3+, USPG 1.029

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Terrier

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. 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

Spayed Female

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. Mild to moderate mineralization was noted. The right kidney measured 5.46 cm. The left kidney measured 4.69 cm.

AGE

10 years

WEIGHT

20 lbs

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. A slight, nodular mineralization was noted in the caudal pole of the left adrenal gland. The left adrenal gland measured 2.12 x 0.93 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland measured 2.13 x 1.07 cm at the cranial pole and 0.79 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

HOSPITAL NAME

Andover

The **spleen** was folded upon itself and impinged upon the hepatic mass.

INVOICE

91308

Liver

The right **liver** revealed heterogenous changes and irregular swelling. A hepatic mass was noted in the left liver. The mass measured 8.0 cm with areas of cavitation. The mass impinged upon the spleen and may be resectable. The cranial liver is unremarkable with normal common bile duct and portal vein.

DATE

8/18/21

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.



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Pancreas

SPECIES

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

Terrier

Heart

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Left-sided hepatic mass impinging upon the spleen. Clean separation was not visualized, but it is suspected to be of hepatic origin. This may be resectable.

Bilateral adrenal hypertrophy.

WEIGHT

20 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for surgical planning of the liver mass with potential concurrent splenectomy if necessary. Hepatocellular carcinoma is suspected. Blood pressure measurements are warranted +/- eventual work-up for Cushing's disease.

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DABVP, Cert. IVUS

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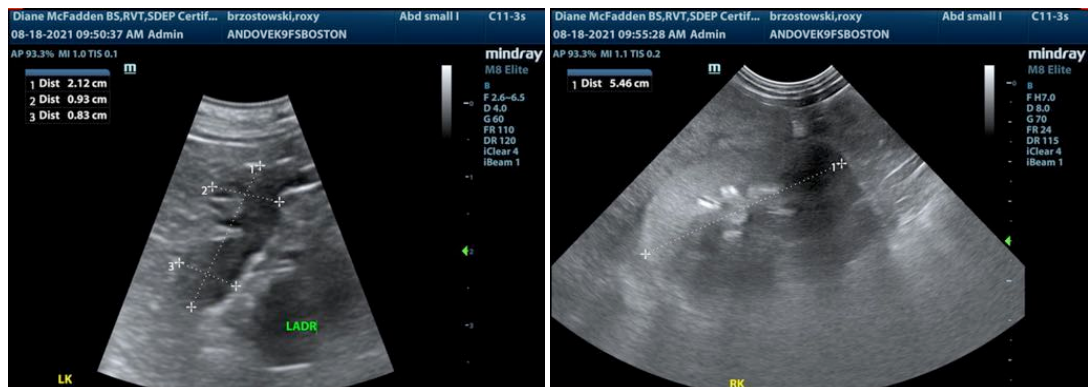
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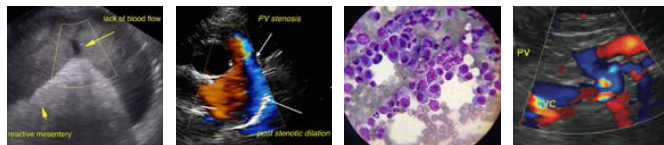
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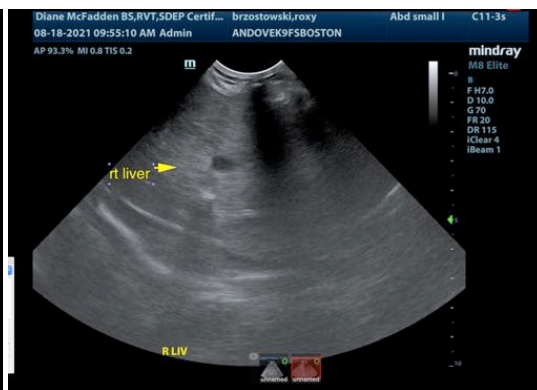
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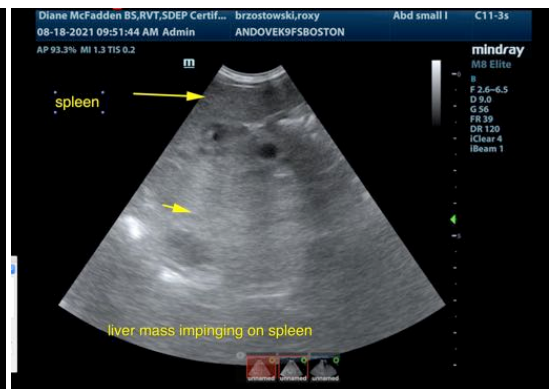
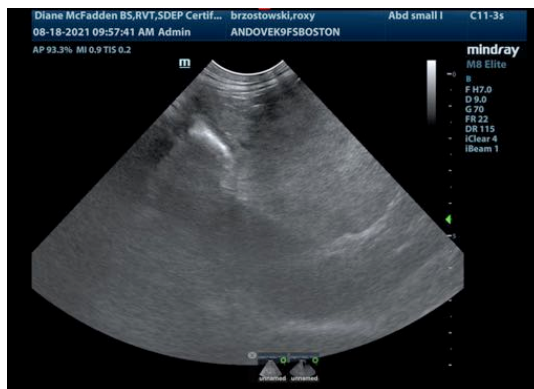
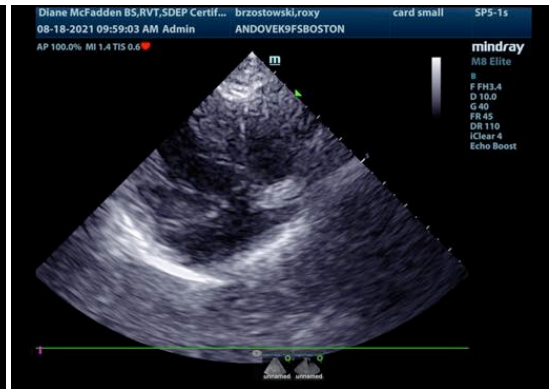
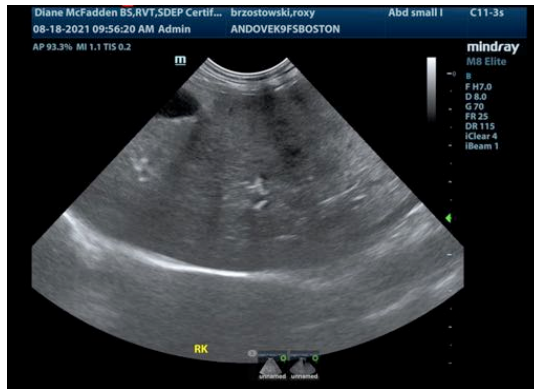
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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