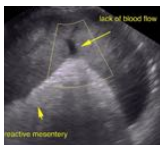
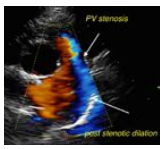
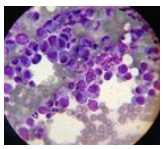
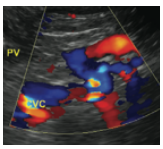

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PATIENT

Gary Bergen

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

5 years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sunridge AC

REFERRING VET

Dr. Duncan

INVOICE

32413

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: Mass cranial to bladder found on wellness exam and seen on Ab x rays
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 urinary bladder was deviated.

The prostate appeared uniform with no evidence of pathology.

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 6.03 cm. The left kidney measured 6.37 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 0.56 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

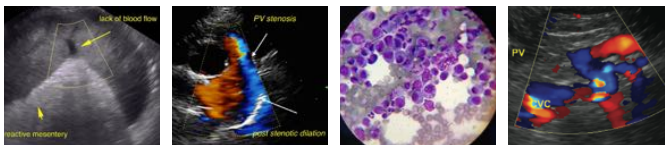
The **spleen** revealed multi-focal, hypoechoic nodular changes that measured up to 0.74 cm. The spleen revealed mild, irregular enlargement.

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 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



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demonstrated normal luminal chyme and stool consistency respectively. The descending colon was deviated. The colic lymph node was reactive and measured 0.76 x 0.14 cm. The mesenteric lymph nodes measured 0.63 cm in width.

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.

Free Abdomen

A sublumbar lymph node mass was noted and measured 3.4 cm and extended into the deep pelvic inlet measuring at least 7.0 cm in length.

ULTRASONOGRAPHIC FINDINGS

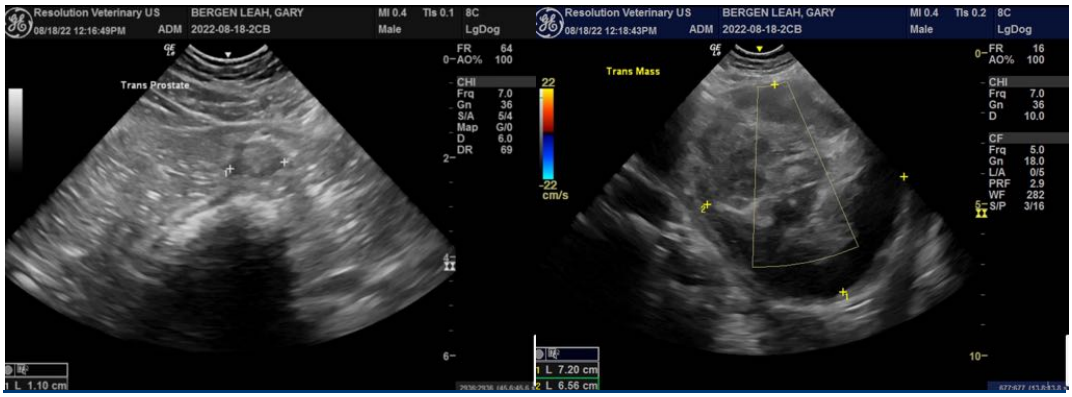
Sublumbar/iliac lymph node mass. Likely sarcoma.

Splenic enlargement with nodular changes.

Variable mesenteric lymph nodes appeared to have a reactive pattern. This is likely unrelated to the primary mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass, CT evaluation for potential surgical planning is recommended. However, pelvicotomy would likely be necessary. There was no evidence of metastatic disease. FNA of the pelvic mass and spleen would be warranted to assess for any cytological relationship, yet this is likely nodular hyperplasia of the spleen. The mass does not appear to be deriving from the prostate.



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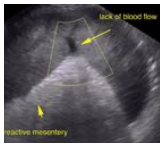

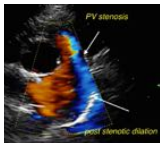

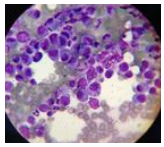
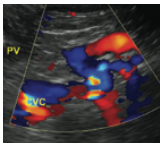

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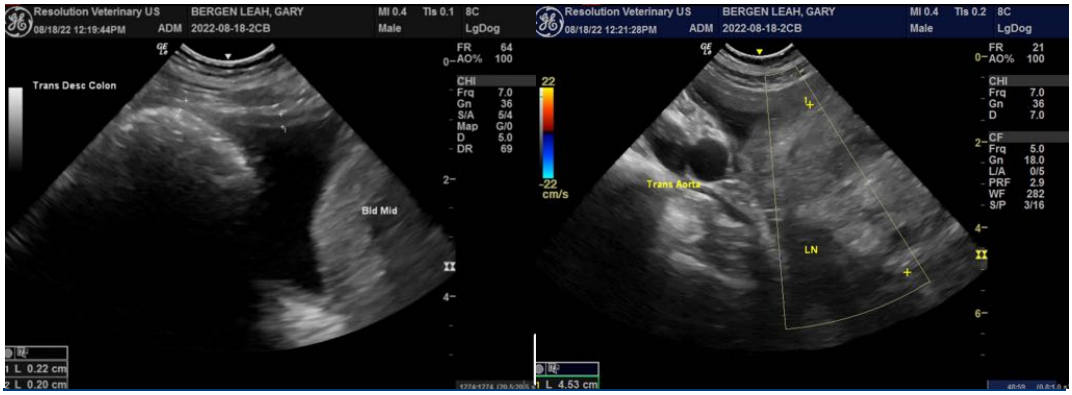

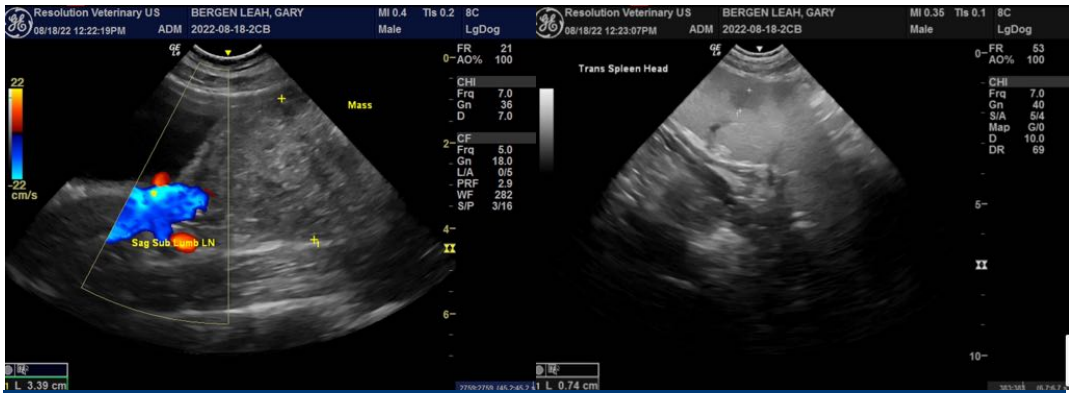

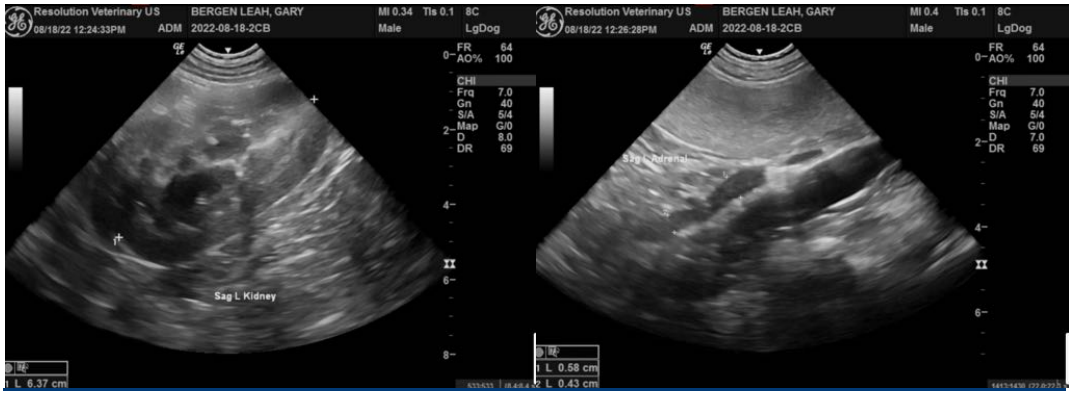

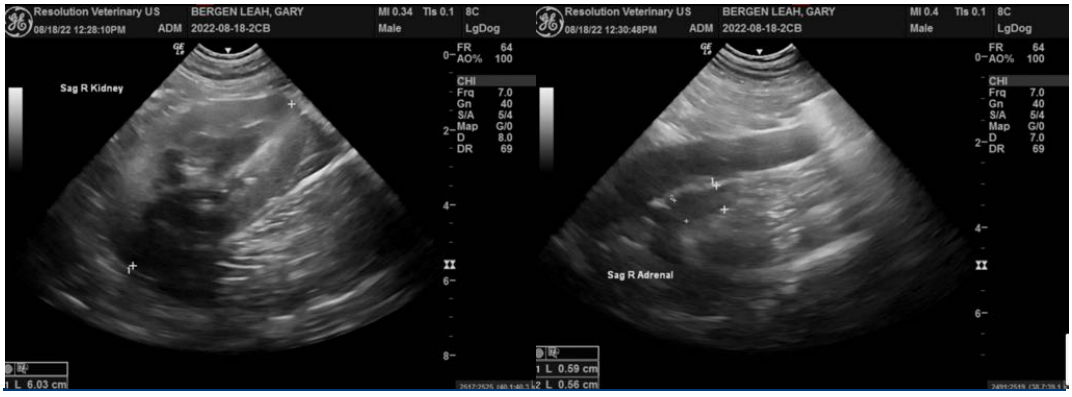

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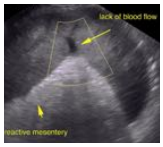
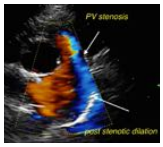
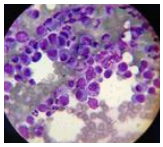
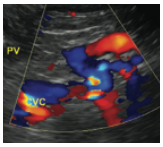

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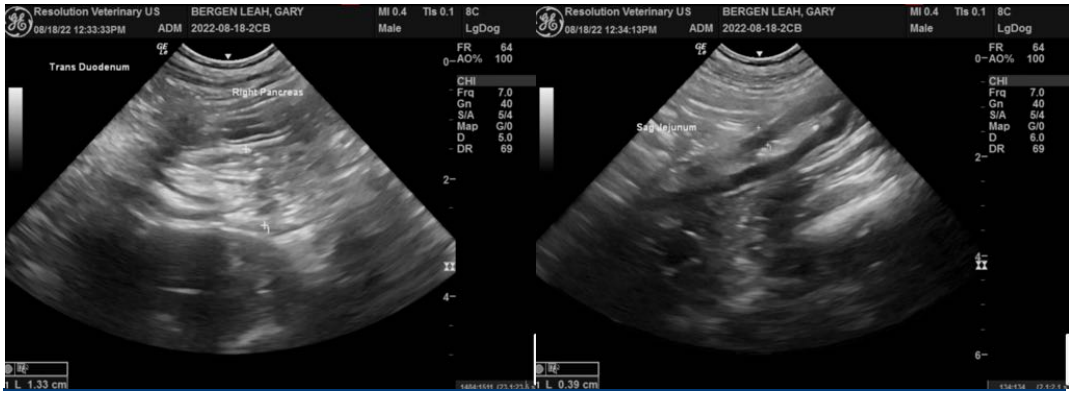

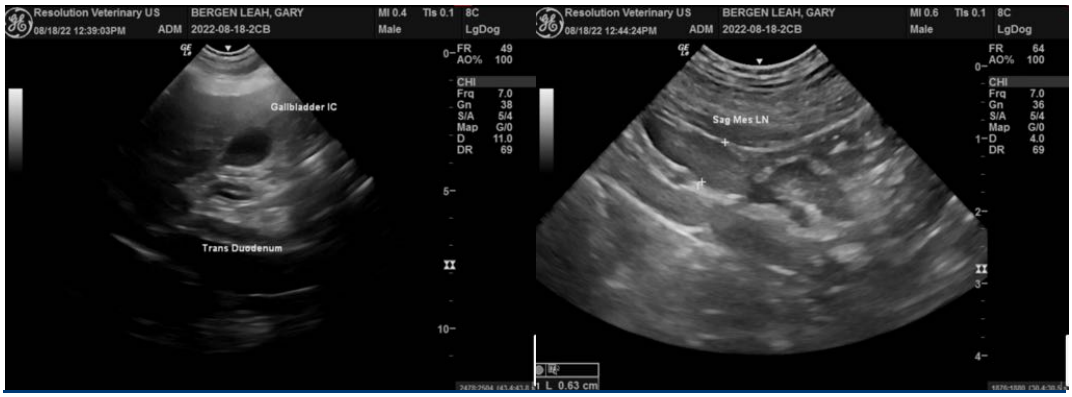

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com