

**DATE PRESENTING CLINICAL SIGNS**

8/20/21 History: Screening AUS. Monitoring splenic nodule.

PATIENT

Rowdy Goessling

Current Medications:

Lab Results: pending

Radiographs:

Date of Previous IntraPet Ultrasound: none

Sedation: not needed

Stat Report: not requested

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

2012

WEIGHT

N/A

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. Goessling

INVOICE

12650

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 left kidney measured 6.9 cm. The right kidney measured 6.88 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 3.33 cm x 0.7 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 3.51 cm x 0.82 cm at the caudal pole and 0.93 cm at the cranial pole.

Spleen

The **spleen** revealed a hypoechoic (1.3 cm) nodule at the mid body with capsular expansion and mild disruption or architecture.

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

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.

Heart

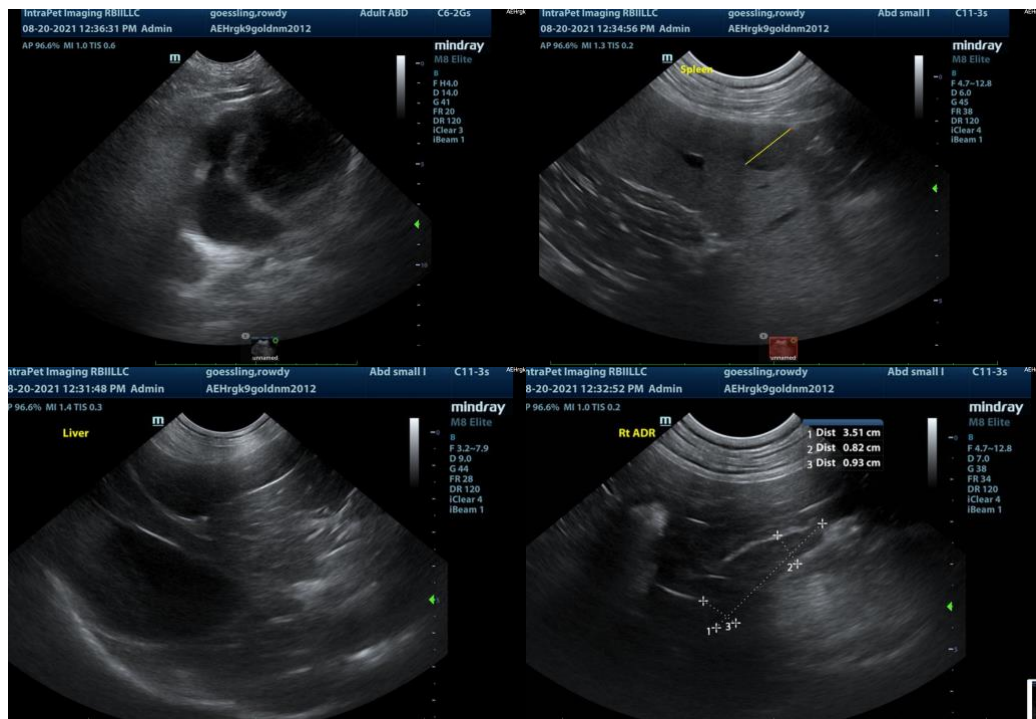
A rapid view of the **heart** revealed no evident pathology in the right auricle or elsewhere.

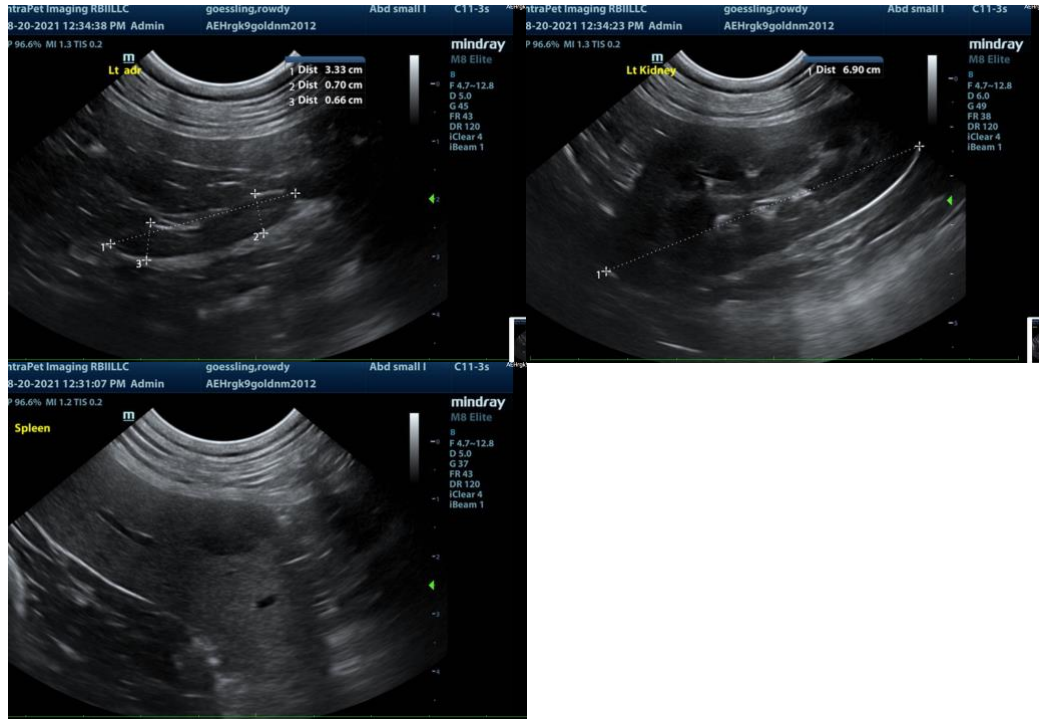
ULTRASONOGRAPHIC FINDINGS

- Solitary splenic nodule
- Normal abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging round cell neoplasia and hemangiosarcoma-strong potential in this patient. Nodular hyperplasia possible yet the concerning issue is the capsular expansion- this should be monitored carefully if not directly removed, from a proactive standpoint. 3 view chest- radiographs warranted if not already performed.





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.

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