



**PATIENT**

Dolly Barkton  
Bowers-Brock

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

64.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small – Corvallis

**REFERRING VET**

Dr. Brent Sadahiro

**INVOICE**

40777

**DATE**

8/25/22

**PRESENTING CLINICAL SIGNS**

acute onset lethargy, inappetance and mm fasciculations. Hypercalcemia, azotemia, thrombocytopenia noted on bloodwork. Mediastinal mass noted on thoracic rads.

Abnormal PE/Chem/CBC/UA Results: Rythmic mm fasciculations noted on PE, otherwise NSF  
Bloodwork: CBC Thrombocytopenia Plt 90k/uL (148-484) adequate on smear. CHEM/Lytes/Cpl BUN: 31mg/dL 7-27 Hypercalcemia Ca2+: 15.9 mmol (7.9-12.0) GGT: 14 U/l (0-11) Other WNL  
Hypercalcemia improved after 48 hours but azotemia progressed and path review triggered on CBC:  
CHEM: azotemia ( BUN = 39/creat = 2.1) CBC: thrombocytopenia ( 88K) w/ decreased estimate; increased lymphocyte %( 60) tca = 11.6; much improved. path review - RBC's borderline hypochromasia - may develop anemia. Thrombocytopenia confirmed - no etiology noted. Occ. intermediate lymphocytes noted - could be reactive. Aspirates of spleen and mediastinal mass obtained today - cytology pending.

**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 right kidney measured 6.5 cm. The left kidney measured 6.2 cm. Blood flow to the kidneys appeared to be adequate.

**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 3.58 cm x 0.74 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 3.42 cm x 0.50 cm at the caudal pole and 0.50 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**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.



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**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.

**Other**

A cranial mediastinal mass was noted in this patient, measuring approximately 4.0 cm x 4.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen
- Cranial mediastinal mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute renal insult such as Leptospirosis should be considered. Screening for Addison's warranted, even though the adrenals appear normal. Paraneoplastic azotemia likely, given that the kidneys appear unremarkable. FNA of the mass indicated for further definition. Surgical consultation and chest CT indicated. No other evidence of round cell neoplasia noted in the abdomen.

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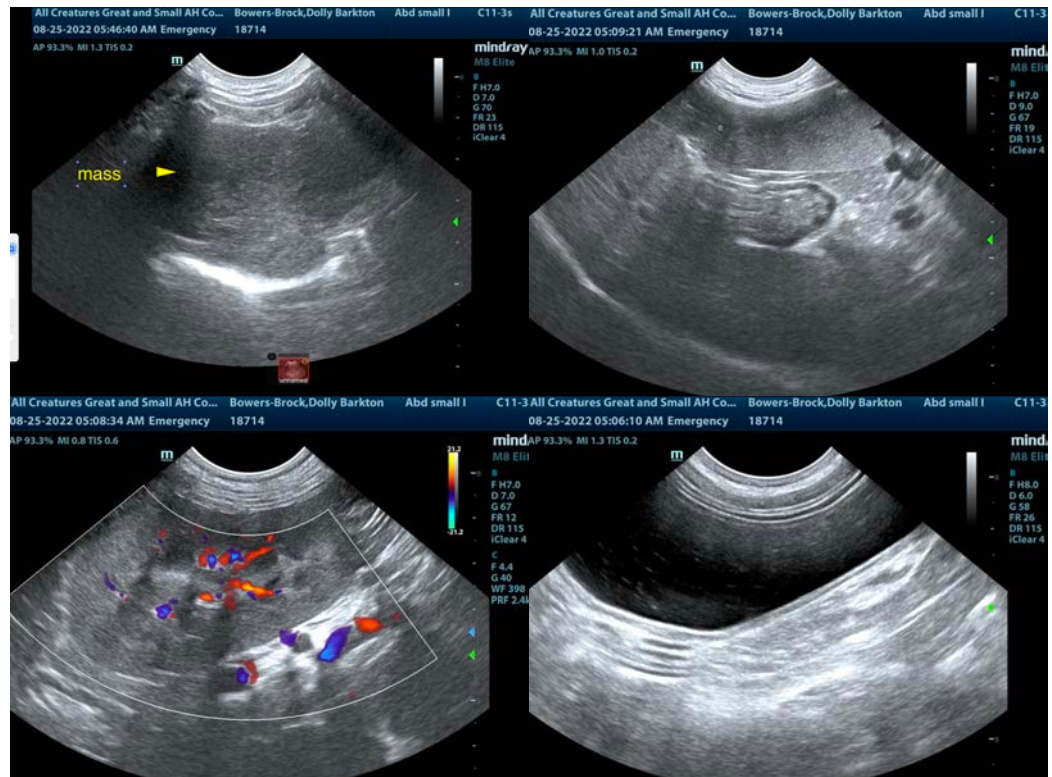
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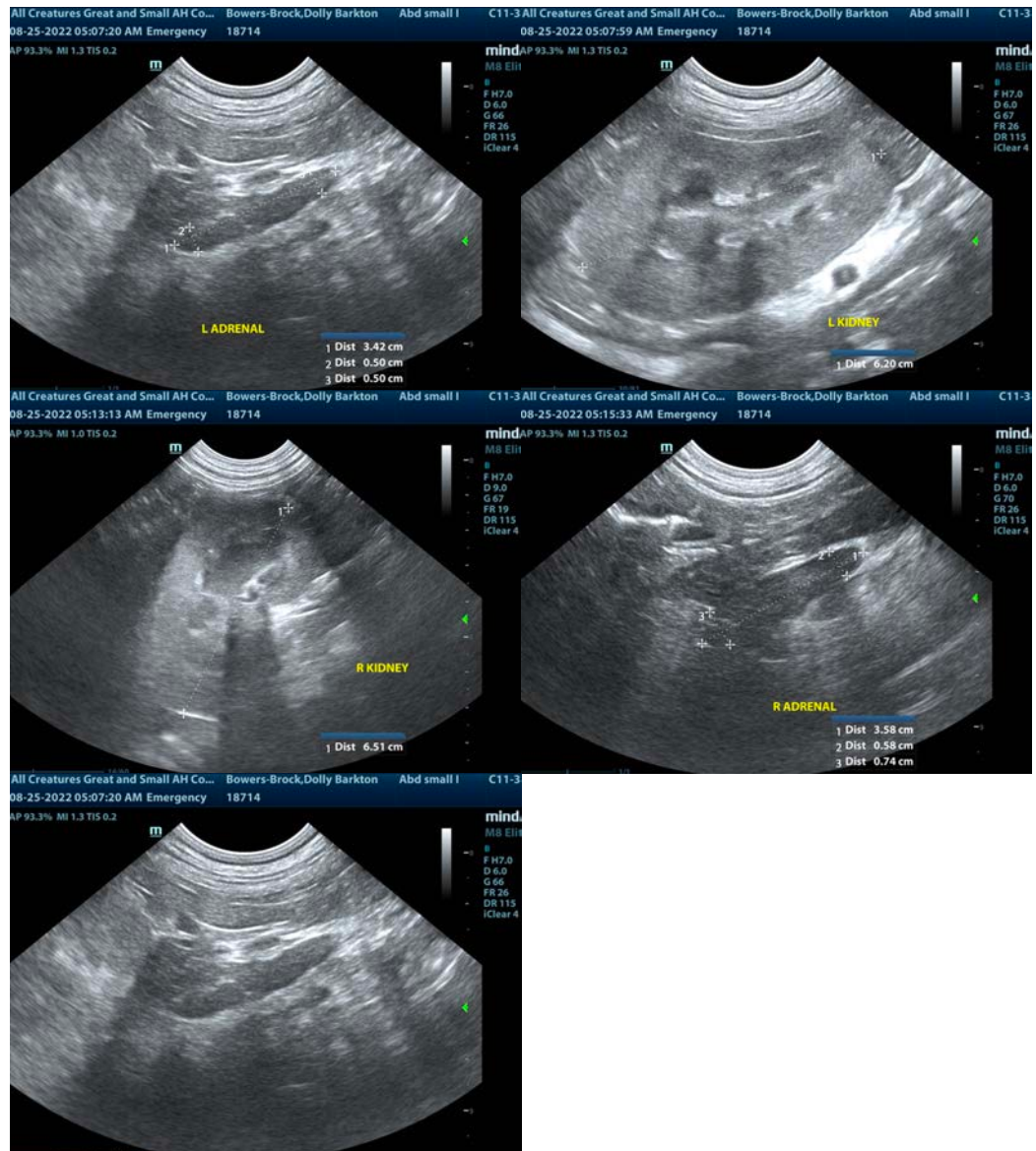
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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