

PATIENT

Mr. Ugly Ramirez

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

17 Years

WEIGHT

49.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable AH

REFERRING VET

Elisabeth
McCartney, DVM

INVOICE

112852

DATE

8/29/21

PRESENTING CLINICAL SIGNS

History: Recheck abdominal ultrasound. History of splenic mass and newly diagnosed liver mass at most recent ultrasound 7/9/21 (read by Eric Lindquist, DVM, SonoPath). Adrenal glands enlarged as well.

Abnormal PE/Chem/CBC/UA Results: June 2021: ALP 1539, ALT 135, BUN 36, crea 1.9; SDMA 22, HCT 36.4

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 **kidneys** revealed similar polycystic and mild to moderate degenerative changes with mineralization. Pelvic mineralization was noted in the kidneys. The left kidney measured 5.33 cm. The right kidney measured 5.33 cm.

Adrenal Glands

The **right adrenal gland** measured the upper limits of normal at 0.88 cm at the cranial pole and 0.72 cm at the caudal pole.

The **left adrenal gland** is persistently enlarged yet uniform. No capsular escape noted. The left adrenal gland measured 1.1 cm at the widest point.

Spleen

The **splenic mass** is similar to the prior sonogram, measuring 4.6 cm, pedunculated and precarious. A splenic nodule was noted in the mid spleen, measuring 1.4 cm. Other hyperechoic nodules were noted. Similar to the prior sonogram.

Liver

The **liver mass** has grown to 9.4 cm x 7.18 cm and was mild to moderately complex. The liver mass occupies the majority of the left liver and impinges cranial upon the diaphragm. The remainder of the liver revealed increased portal markings and biliary sand and debris.

Gastrointestinal

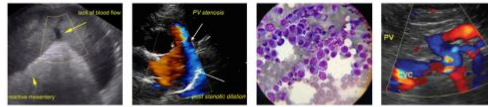
The **stomach** in this patient revealed a 2.0 cm round shadowing structure consistent with foreign body, however, large medications also possible. Areas of mucosal fogging were noted in the small intestine.

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.

ULTRASONOGRAPHIC FINDINGS

- Multifocal splenic masses, fairly similar to the prior sonogram, however, highly precarious given the pedunculated nature



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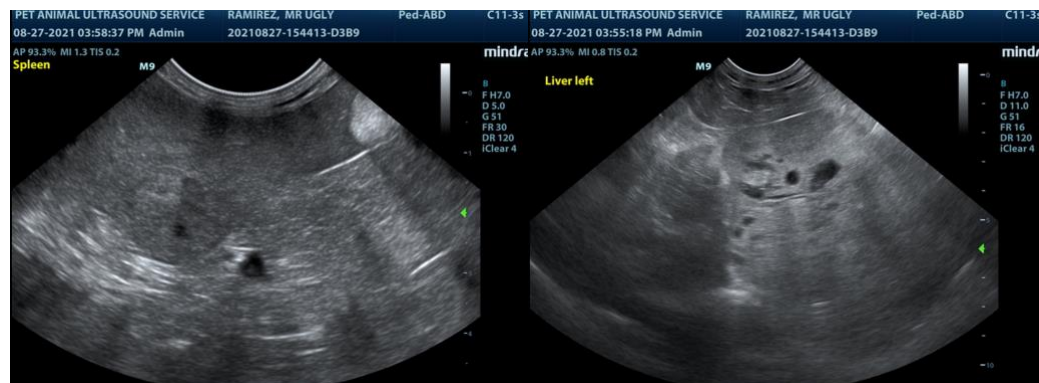
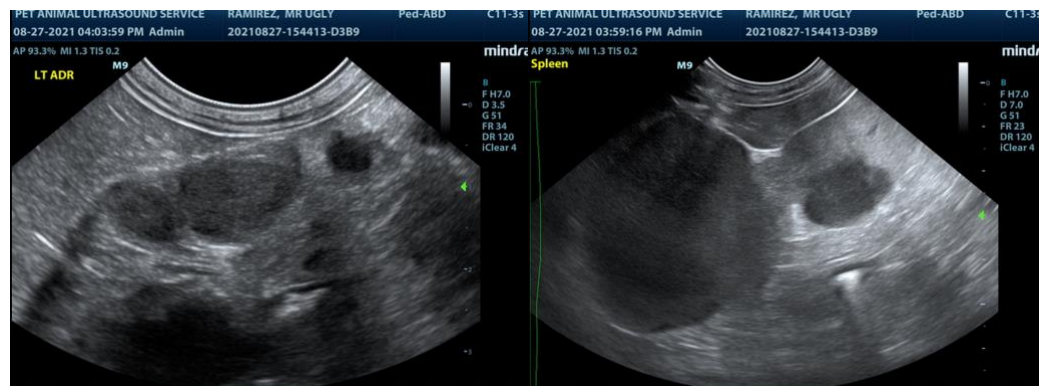
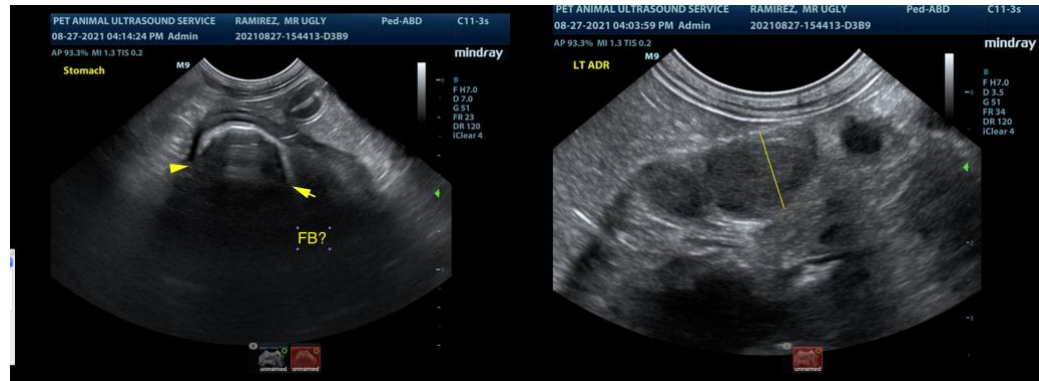
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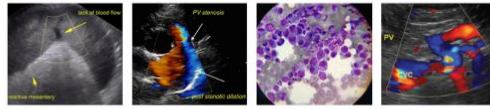
8/29/21

- Progressively enlarged hepatic mass occupying the majority of the left liver
- Persistently enlarged left adrenal gland
- Stomach, shadowing structure consistent with foreign body, large medications possible. Areas of mucosal fogging in the small intestine
- Polycystic kidneys with mild to moderate degenerative changes and calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would likely be the most ideal next step in this patient, to assess if there is a potential for left liver lobectomy along with splenectomy, which I feel is essential in this patient given the pedunculated nature of the spleen and the multifocal lesions. Left adrenalectomy, splenectomy and left hepatic lobectomy all possible, however, clean resection of the liver may be difficult depending upon CT results. If the patient is demonstrating upper GI signs, then the 2.0 cm foreign structure may be a new development.





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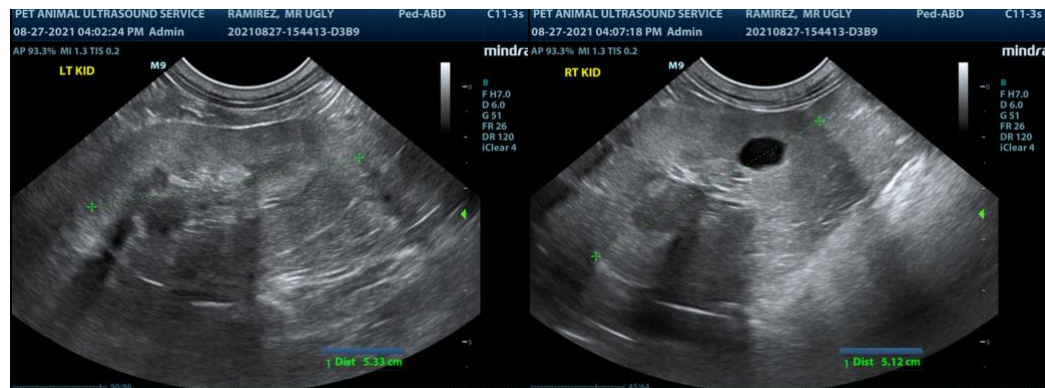
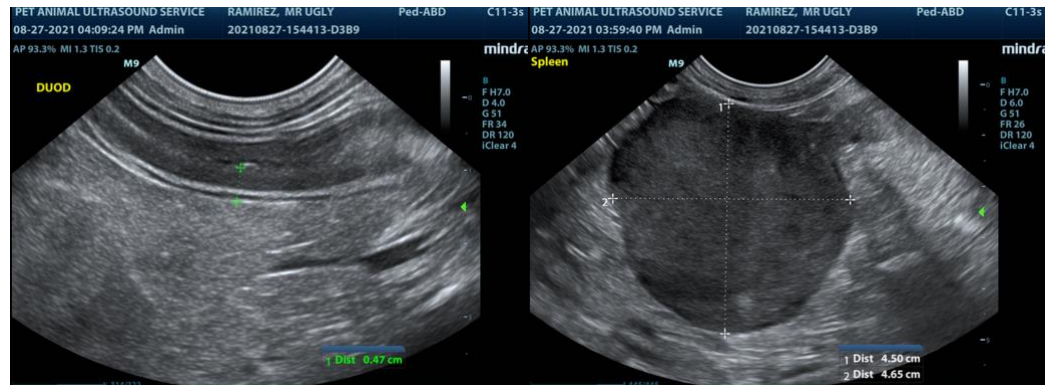
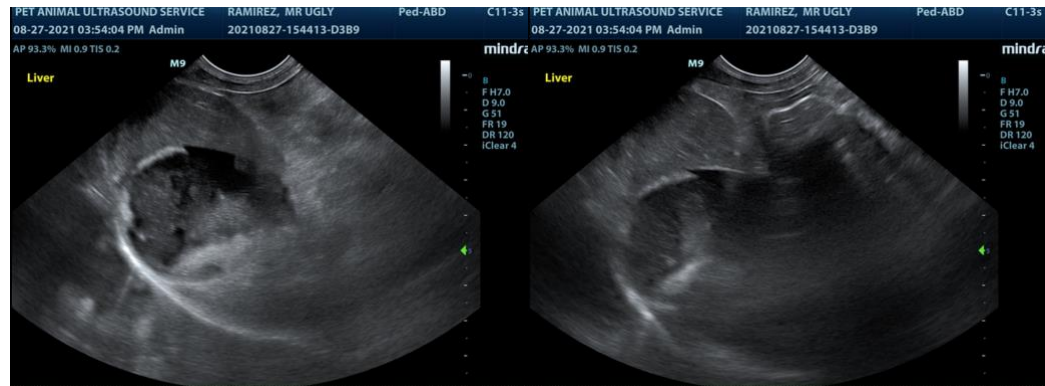
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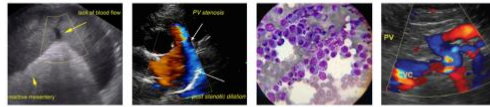
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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