



PATIENT

Kane Bowerman

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

9 years

WEIGHT

81 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

32124

DATE

8/3/22

PRESENTING CLINICAL SIGNS

History: Hypothyroidism controlled since diagnosis January 2016. Food allergy and Atopy with occasional otitis and recurrent staph pyoderma. 1 month history of Right flank large firm subcutaneous mass. July 29, 2022 palpated abdominal mass on exam. July 31 acute onset of painful rear, resist getting up from laying down, eating normal and MM -pink. Trial Meloxican 7.5mg 1/2 tablet once and dog was normal.

Abnormal PE/Chem/CBC/UA Results: July 29, 2022 evaluated right flank firm subcutaneous mass 20x15cm aspirated lipoma, radiographically appears extra abdominal. MM pink and moist. Palpated mid abdominal mass, radiographically loss detail caudal to spleen, kidneys not visualized. CBC July 29, 2022 normocytic normochromic anemia 5.49 (5.65-8.87). August 3, 2022 CBC hypochromic, normocytic anemia 4.8 (5.65-8.87). July 29,2022 only chemistry abnormality Hyperglobulinemia 4.9 (2.5-4.5). TT4 normal 3.5 (therapeutic range 2.1-5.4).

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 was noted. Ureteral papillae were normal.

The residual prostate measured 1.0 cm.

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 8.0 cm. The left kidney measured 7.24 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 1.56 x 0.43 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 2.15 x 0.94 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** revealed a 6.2 cm expansive mass with a separate, hypoechoic 2.2 cm nodule. The splenic mass was inflamed. A separate nodule was noted in the cranial pole of the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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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

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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.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

Splenic mass and nodule. Regional inflammation. Hemangiosarcoma versus round cell neoplasia is suspected. Benign inflamed necrotic mass is possible, yet less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of rupture. Chest radiographs with immediate splenectomy is recommended along with a liver biopsy to rule out micrometastasis.

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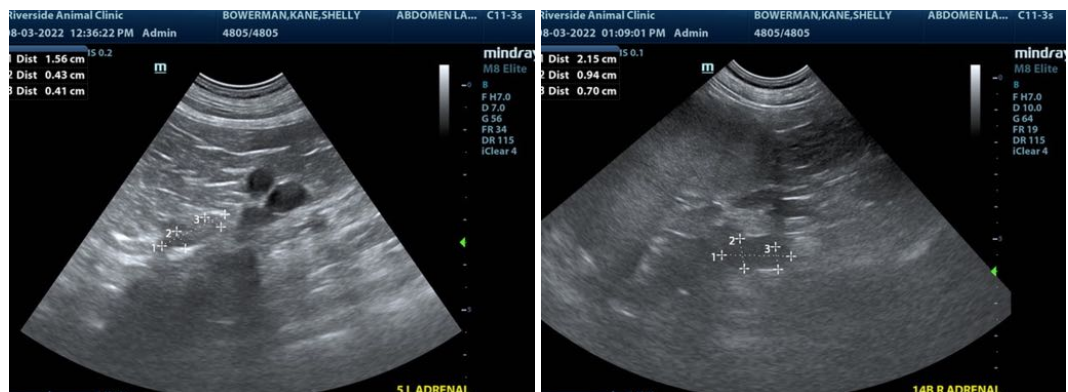
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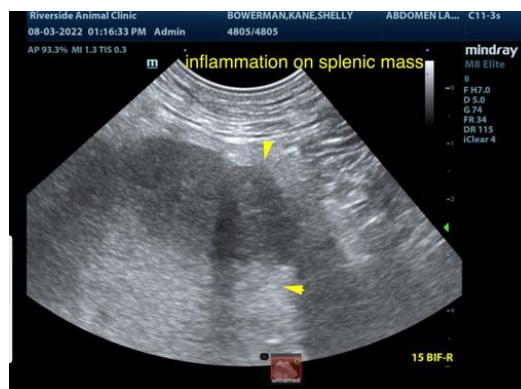
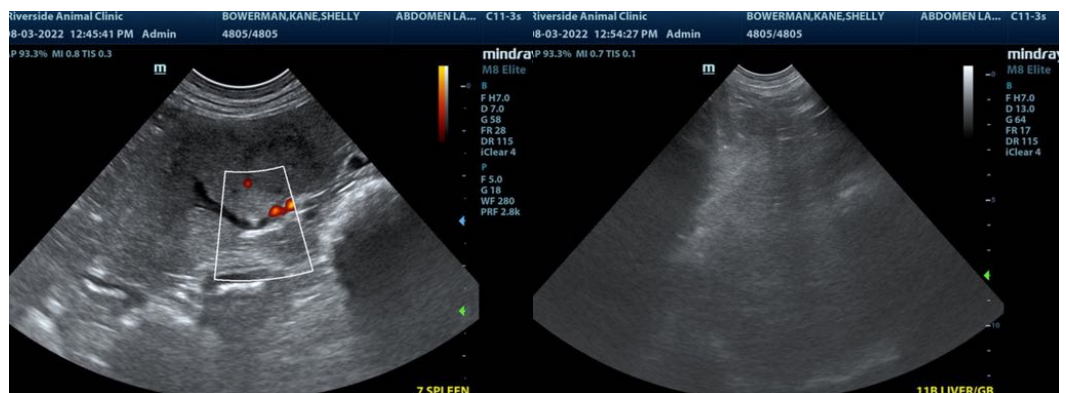
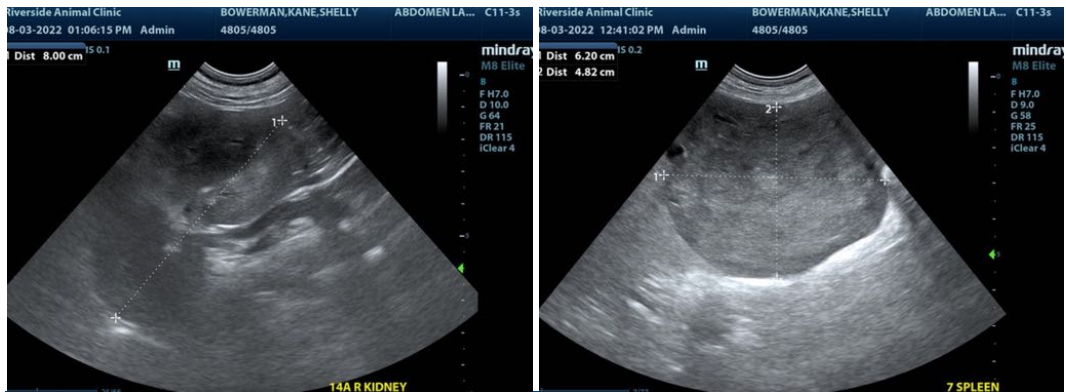
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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