



PATIENT PRESENTING CLINICAL SIGNS

Klaus Layton

Owner has noticed recent wt gain, polyphagia and maybe some polydipsia and polyuria but can't be sure. Mass noted in left fore axillary region. FNA done: Poor exfoliation-suspect fibroma or soft tissue sarcoma (Idexx). Panting on ultrasound, first part of ultrasound done on admission, second part after waiting for stomach to empty-also had 150 mg trazadone and gabapentin 300 mg orally while waiting. Nice dog.

SPECIES

Canine

BREED

Rottweiler X

Abnormal PE/Chem/CBC/UA Results: Low T4 and Free T4 but normal TSH: euthyroid sick ALP 3836 (was 2063 in 2020) ALT 140 (was 242 in 2020). Had surgery in 2020 for soft tissue sarcoma grade 2. removed muscle layer below. less than 1 cm margins. mitotic rate 12/ 10-400X fields. local re-occurrence rate estimate at 35%. Metastasis thought to be less likely. Chest x-rays not done yet but when in lateral recumbent and a little stressed did seem to have an expiratory grunt mild. No cyanosis noted and heart rate is normal.

SEX

Neutered Male

AGE

10

WEIGHT

37.8

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 kidneys measured 5.0 cm each.

IMAGING PERFORMED BY

Dr. Judy McFarlen

Adrenal Glands

The **right adrenal gland** was 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 0.78 cm at the caudal pole and 0.75 cm at the cranial pole.

HOSPITAL NAME

Van Isle Vet Hospital

The **left adrenal gland** was enlarged and irregular at the caudal pole, measuring 0.61 cm at the cranial pole and 1.12 cm at the caudal pole. Likely adenoma.

REFERRING VET

DR. Hanna Reid -

North Island VH

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INVOICE

44496

DATE

8/4/23



PATIENT *Liver*

Klaus Layton

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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.

SEX

Neutered Male

Pancreas

AGE

10

A moderate amount of mixed echogenic pancreatic remodeling was noted with coarse architecture and isoechoic nodular changes. History of pancreatitis or low-grade inflammation suspected.

WEIGHT

37.8

Free Abdomen

Cranial abdominal lipoma or excessive falciform fat noted.

INTERPRETED BY

Eric Lindquist, DMV

- Left adrenal nodule – hyperplasia, emerging carcinoma or pheochromocytoma possible
- Pancreatic remodeling – likely owing to active low-grade pancreatitis with history of pancreatitis

DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Judy McFarlen

With the exception of the pancreas and left adrenal nodule, the abdomen appears benign. Serial blood pressures recommended. If hypertension is an issue, urine catecholamine warranted. FNA of the liver could be considered to define liver enzymes further. However, subjectively the liver appears benign. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the left pancreas that may be indicative of pancreatitis.

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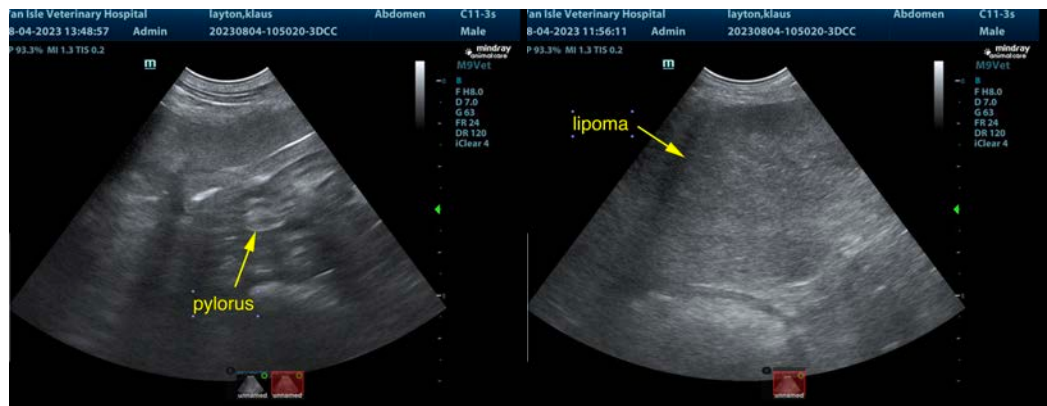
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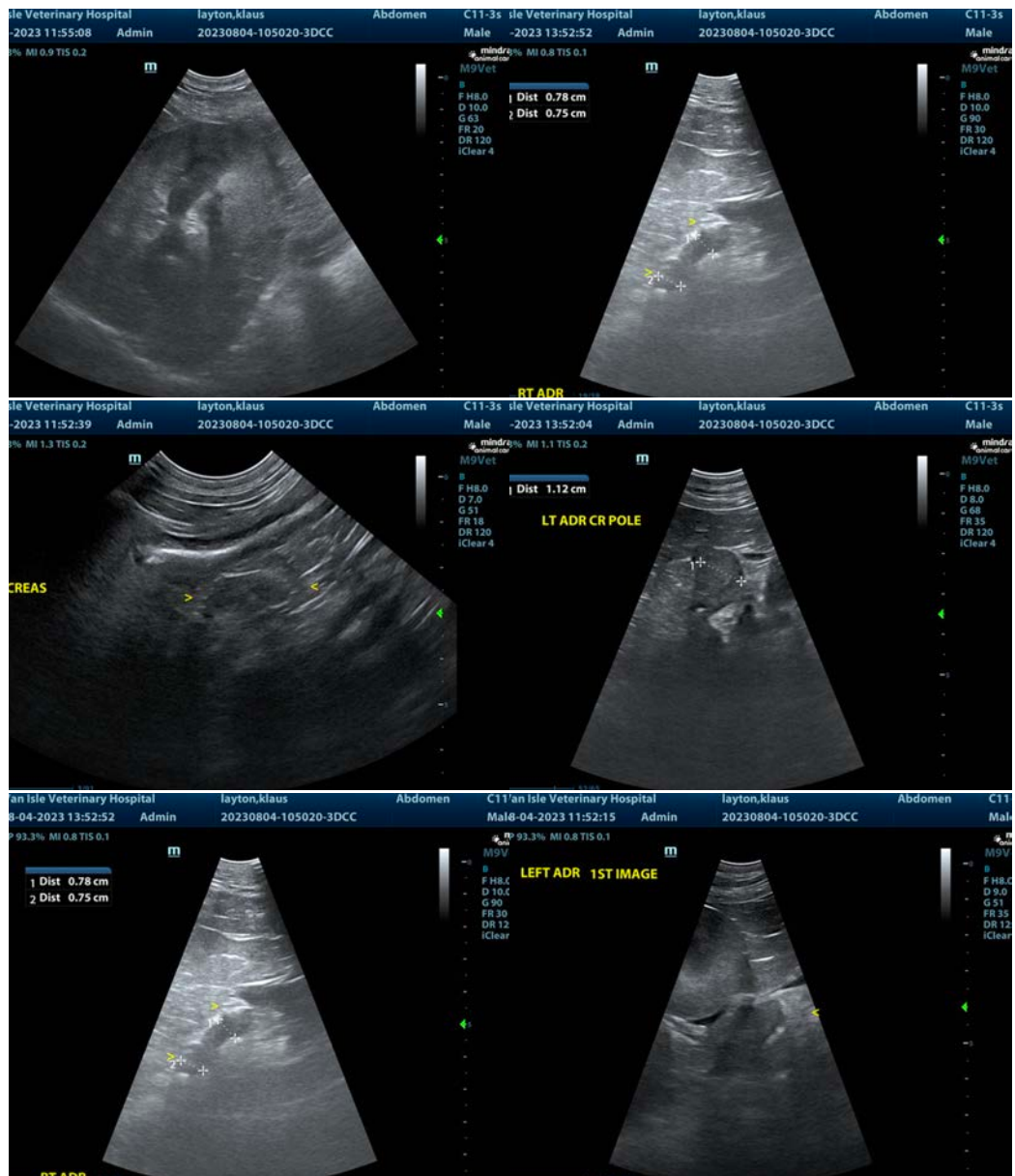
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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