



**PATIENT**

Sasha Barth

**PRESENTING CLINICAL SIGNS**

vomiting up everything she eats and drinks, lethargic could have gotten into garbage Has large hard mass on the outside of her body

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab

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.

**SEX**

Spayed Female

A 10+ cm complex, mineralizing, and cystic mass was noted in the region of the **left kidney**. It was not able to be connected to the spleen. The visible spleen appeared unremarkable.

The **right kidney** was not visualized.

**AGE**

13 Years

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The visible **spleen** appeared unremarkable.

**WEIGHT**

73.5 Pounds

**Liver**

Hypoechoic nodular changes noted in the **liver**. The gallbladder and common bile duct were unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV

**Gastrointestinal**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jenn

**Pancreas**

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Bednar

**Free Abdomen**

Rapid view of the heart revealed a 3-5 cm heart base mass, may be adjacent lung overlying the heart base.

**INVOICE**

41238

**ULTRASONOGRAPHIC FINDINGS**

- Extensive mid to caudal abdominal mass – suspect renal or adrenal origin.
- Heart base mass

**DATE**

9/12/22



**PATIENT**

Sasha Barth

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys were not recognized. FNA of the abdominal mass could be considered. CT evaluation of the chest and abdomen recommended. Prognosis is poor.

**SPECIES**

Canine

**BREED**

Lab

**SEX**

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**AGE**

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**WEIGHT**

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**INTERPRETED BY**

Eric Lindquist, DMV

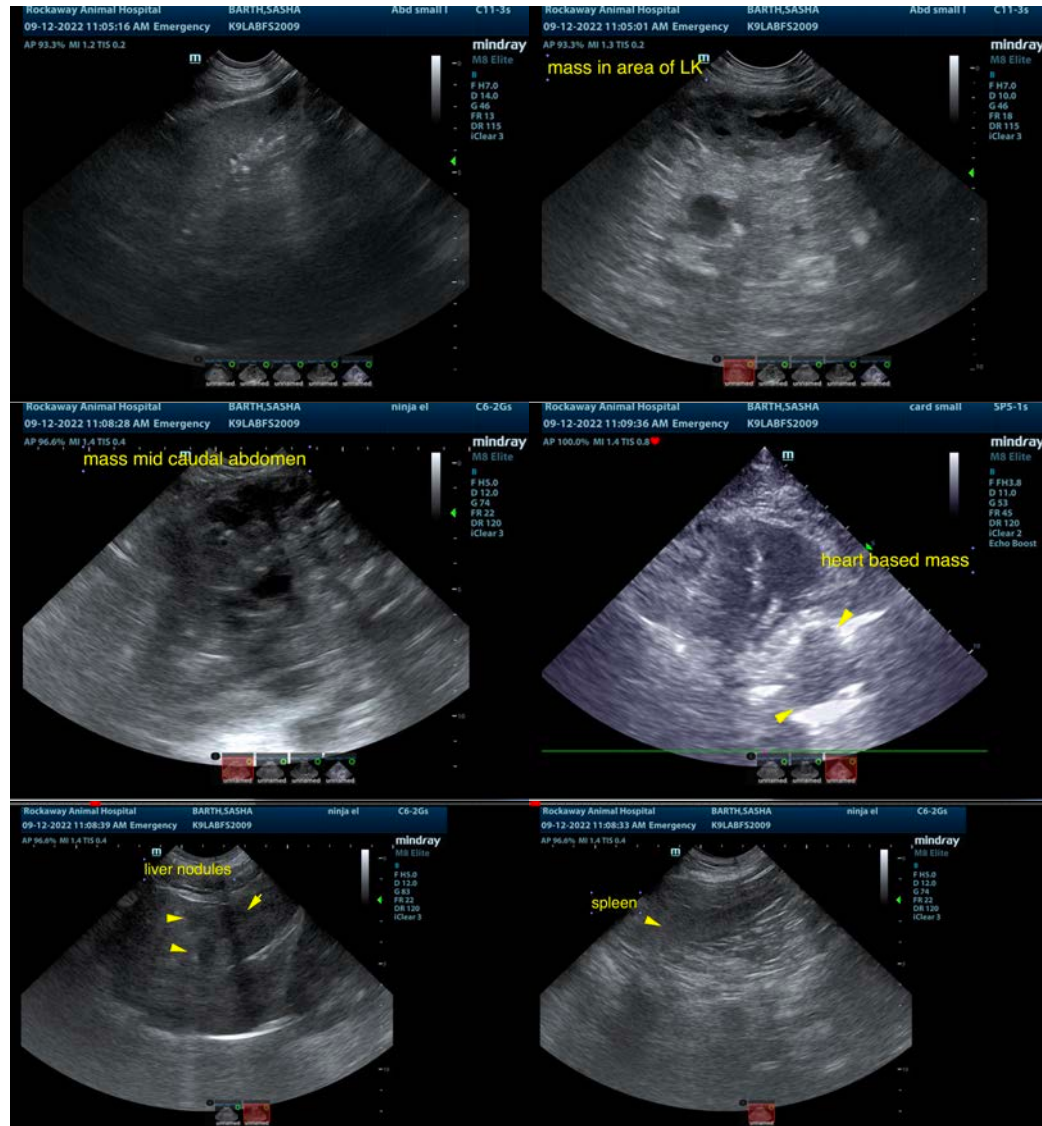
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockway AH



**REFERRING VET**

Dr. Bednar

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.

**INVOICE**

41238

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](mailto:info@SonoPath.com)

**DATE**

9/12/22