



PATIENT

Toby Garrity

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

98.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramsey Animal Clinic

REFERRING VET

Dr. Bishnoi

INVOICE

25716

DATE

9/22/21

PRESENTING CLINICAL SIGNS

History of left anal saculectomy with mass at OAH 11/2020. Previous history of IMTP - 9/29/17.
Current meds: Soloxne 0.5 mgs SID.
Abnormal PE/Chem/CBC/UA Results: Chol. 348, platelet count 406,

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 residual prostate was uniform at 1.07 cm.

The **kidneys** were similar to the prior sonogram with largely age related changes and occasional cortical cyst and mineralization. The right kidney measured 7.7 cm. The left kidney measured 6.7 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 right adrenal gland measured 1.99 cm x 0.86 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland measured 2.89 cm x 0.58 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The **spleen** revealed a newly developed hypoechoic nodule in the mid splenic body, measuring 1.03 cm x 0.63 cm. A separate cystic nodule was noted measuring 1.16 cm x 1.03 cm.

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.

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.



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Free Abdomen

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Iliac lymph nodes were enlarged, hypoechoic and undifferentiated, measuring up to 2.6 cm x 2.01 cm with regional inflammation. An enlarged sublumbar lymph node measured 3.42 cm x 1.8 cm. Other smaller iliac lymph nodes also enlarged.

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The region of the left anal gland revealed heterogeneous, irregular tissue with focal cystic changes and an expansive mass measuring 2.2 cm x 1.5 cm. The right anal gland was slightly heterogeneous, yet uniform, measuring 1.0 cm and was empty.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Mass in the region of the left anal gland with regional inflammation
- Metastatic pattern to the iliac and sublumbar lymph nodes
- Newly developed splenic nodule

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metastatic disease suspected given the patient history. Oncological consultation recommended.

AGE

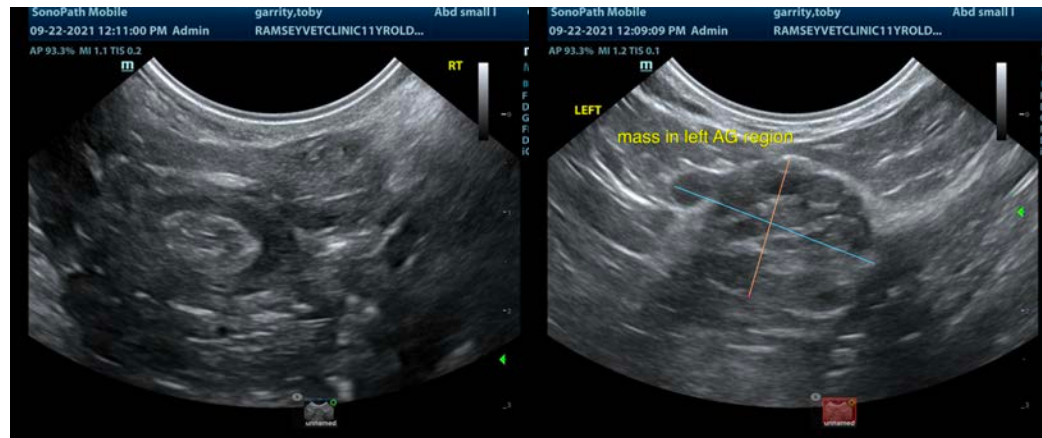
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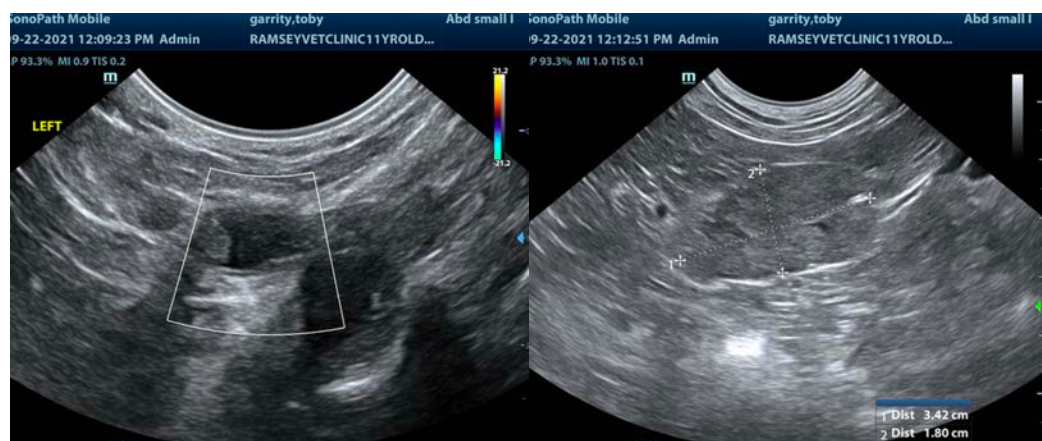
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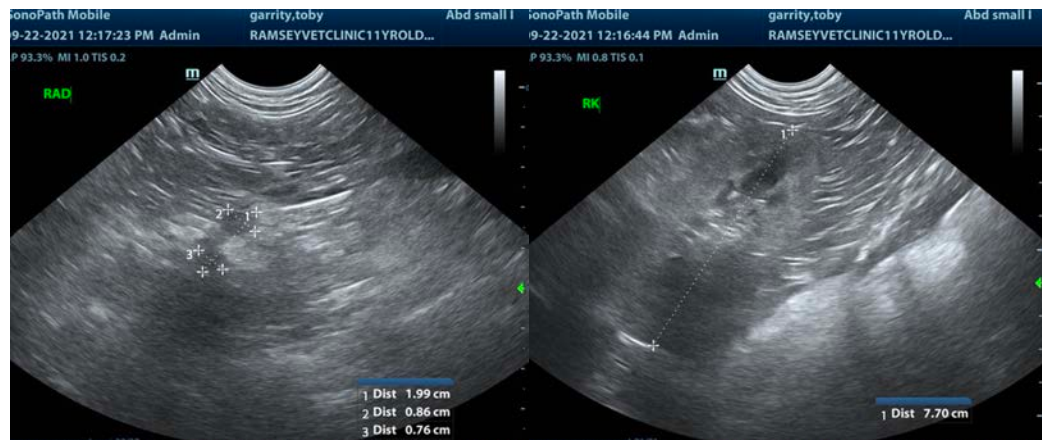
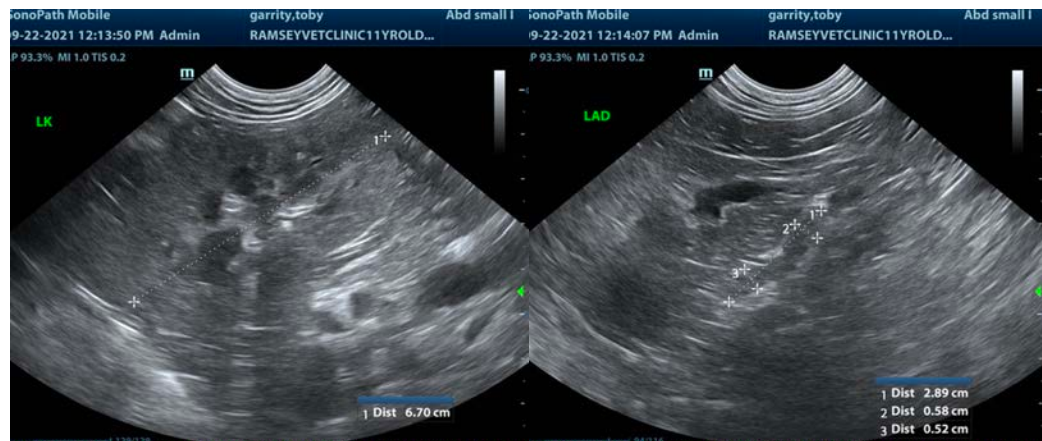
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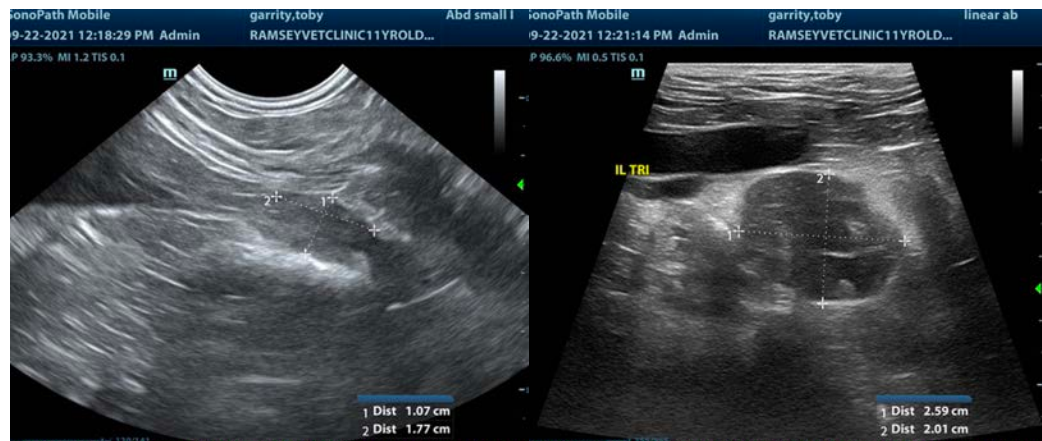
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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