



PATIENT

Ziggy Perry

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

88.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

92048

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: Patient has a history of osteosarcoma on his mandible January 2021, had mandibulectomy with clean margins. He presents today for progressive elevation of ALP and SDMA. ALP 1693, SDMA 30, creat. 2.0. U/A: 2+ protein, 2+ CaOx, USG 1.045.

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 0.54 cm.

The left **kidney** revealed a mixed, echogenic to mineralized metastatic type lesion that measured 2.5 cm at the caudal cortex. The right kidney revealed multi-focal, mineralized lesions throughout the cortices. An undifferentiated hypoechoic lesion was noted near the right kidney. The right kidney was severely infiltrated with metastatic type lesions with disruptive pelvic architecture.

Adrenal Glands

The right **adrenal gland** measured 2.64 x 0.67 cm at the caudal pole and 0.61 cm at the cranial pole. The left adrenal gland was not visualized owing to the hepatic pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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



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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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ULTRASONOGRAPHIC FINDINGS

SEX

Aggressive metastatic renal pattern, severe on the right and moderate on the left. This is consistent with osteosarcoma. Undifferentiated lesion noted in the area of the right kidney may represent right adrenal pathology.

Neutered male

Otherwise, unremarkable abdomen.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

FNA of either kidney and oncological intervention is recommended. The prognosis is poor long term. The presentation is particularly aggressive.

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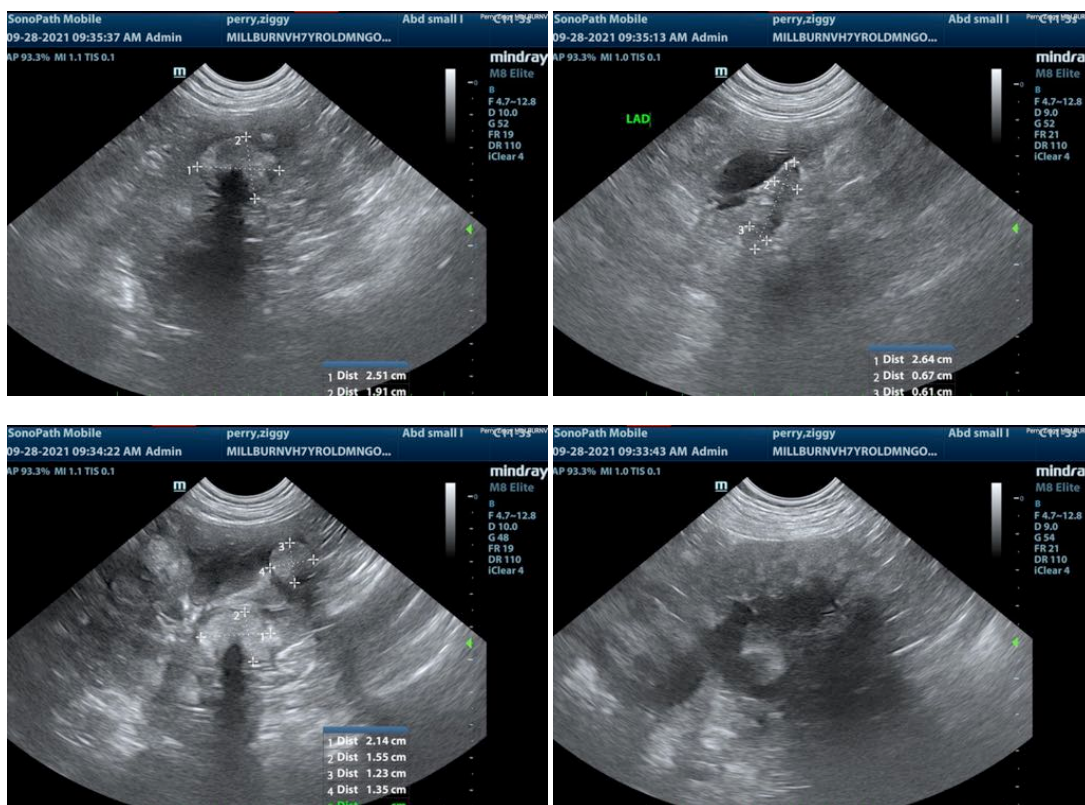
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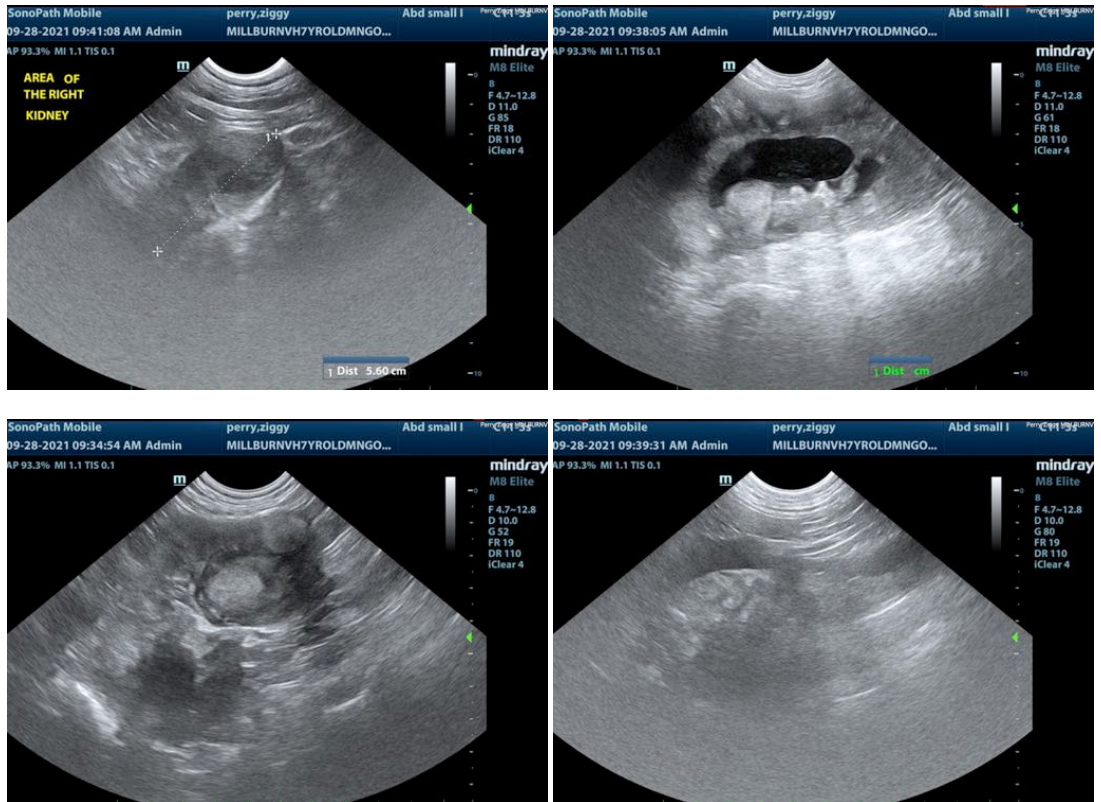
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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