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Clinical Sonography & Telecytology
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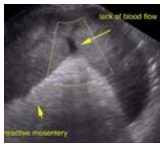
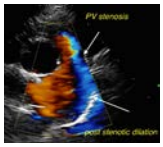
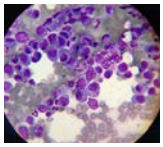
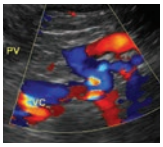

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1-800-838-4268 info@sonopath.com

PATIENT
Willow Arbore

SPECIES
Canine

BREED
Labradoodle

SEX
Spayed Female

AGE
9 Years

WEIGHT
43.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Wyman-Greenwald

INVOICE
41784

DATE
9/30/22

PRESENTING CLINICAL SIGNS

Diarrhea, possible abdominal mass, weak rear legs. Current meds: proviable
Abnormal PE/Chem/CBC/UA Results: TP 4.9, Tbili 0.4, Hct 31, RBC 3.7, hemoglobin 9.4, T4 WNL, UA WNL

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.23 cm. The left kidney measured 6.45 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 2.3 cm x 0.52 c at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.35 cm x 1.24 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** appeared uniform.

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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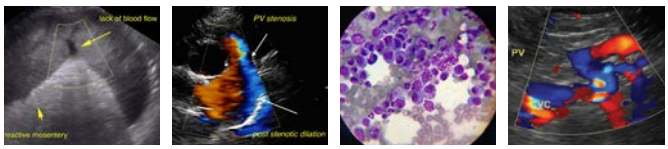

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Other

Large amount of free fluid noted in the abdomen.

Multiple undifferentiated hypoechoic masses with nodular changes were noted in the caudal abdomen with surrounding free fluid and echogenic omentum. The exact origins of the of the masses were not clear. Likely vascular or lymph node origin. Some of the masses derived from the pelvic inlet, deviating the urinary bladder.

Heterogeneous omentum noted throughout the mid caudal abdomen.

Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Pelvic and sublumbar masses, undifferentiated, non-resectable
- Secondary free fluid
- Heterogeneous omentum
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vascular or lymph node origin or a combination of both likely. Given the anemia, hemorrhage deriving from vascular oriented masses such as hemangiosarcoma suspected. FNA could be considered. Abdominocentesis could be considered to confirm hemoabdomen. However, prognosis is poor. Immediate chemotherapeutic intervention is recommended, potentially based on cytology results. Prognosis is poor. Chest radiographs warranted to assess for comorbidities or metastatic disease.

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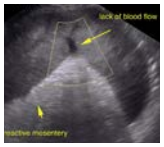
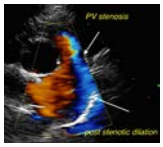
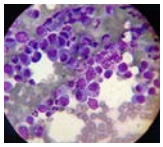
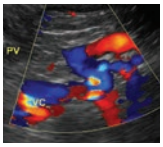

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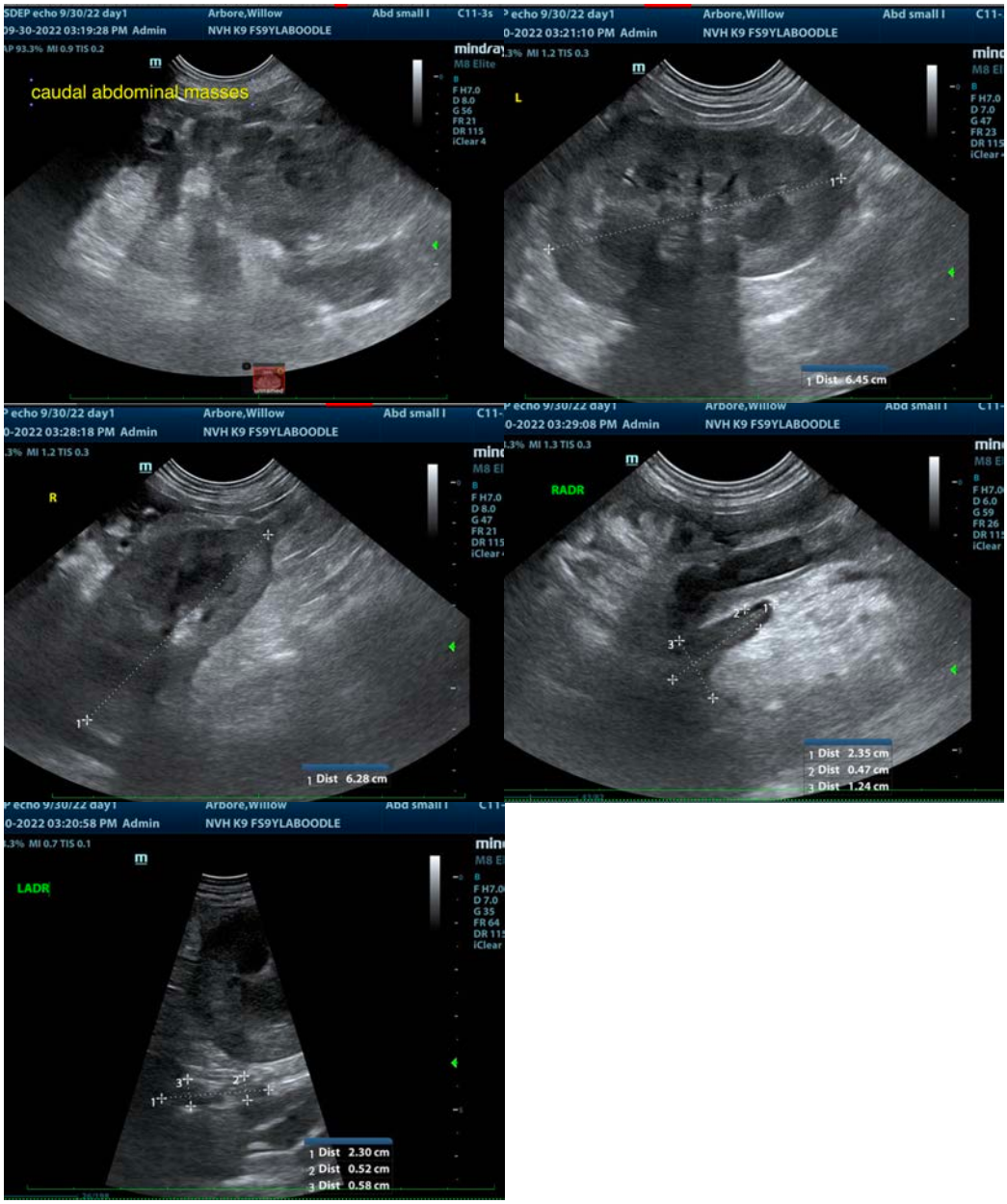

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com