



PATIENT PRESENTING CLINICAL SIGNS

Lady Ross
History: Seen @ ER clinic two weeks ago for ingesting a rubber ball; suspected splenic mass noted on rads; abdominal U/S noted for further evaluation. Bloodwork/urinalysis pending Owner interested in splenectomy

SPECIES
Missing RR leg, multiple SQ/dermal masses, patient very anxious despite Trazodone/gabapentin and Butorphanol. Otherwise NSF on exam. thoracic rads taken today:

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Cross

Urinary System

SEX

Spayed Female

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

12 years

WEIGHT

54.2 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.09 cm with pericapsular inflammatory pattern with loss of corticomedullary definition. Pyelectasia was noted in both kidneys with echogenic debris. This is suggestive for pyelonephritis. This should be matched with any inflammatory sediment. The left kidney pyelectasia measured 0.72 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

Adrenal Glands

The left **adrenal gland** was uniform enlarged and measured 3.53 x 1.12 cm at the caudal pole and 1.19 cm at the cranial pole. The right adrenal gland measured 2.26 x 0.54 cm at the caudal pole and 0.51 cm at the cranial pole.

HOSPITAL NAME

All Creatures Great
and Small

Spleen

REFERRING VET

Dr. Bailes

The **spleen** revealed an expansive, mixed, hypoechoic undifferentiated coalescing masses with a grouping of which measured 8.0 cm with pericapsular inflammatory pattern.

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Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. A microcystic nodule was noted and measured 1.0 cm in the left lateral liver. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor gallbladder sand and dependent debris was noted. This is not pathological.

DATE

9/9/21



PATIENT

Gastrointestinal

Lady Ross

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. Some reactive mesentery was noted associated with the small intestine, yet structurally the gastrointestinal tract was unremarkable.

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Chronic pyelonephritis renal pattern.

AGE

12 years

Splenic masses appear isolated. Differentials include round cell neoplasia, metastatic disease from the left adrenal and hemangiosarcoma. Potential of hyperplasia, yet less likely.

Left adrenal enlargement, hyperplasia, pheochromocytoma and adenocarcinoma are all possible.

WEIGHT

54.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend three view chest radiographs and screening echocardiogram to assess for metastatic disease. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is warranted. Splenectomy, left adrenalectomy, liver inspection and biopsy would be appropriate in this patient. Full urinalysis is warranted to assess for urinary tract infection/pyelonephritis. If evident urinary tract infection is present then 4-6 week antibiotic therapy is warranted regarding the renal presentation.

IMAGING PERFORMED BY

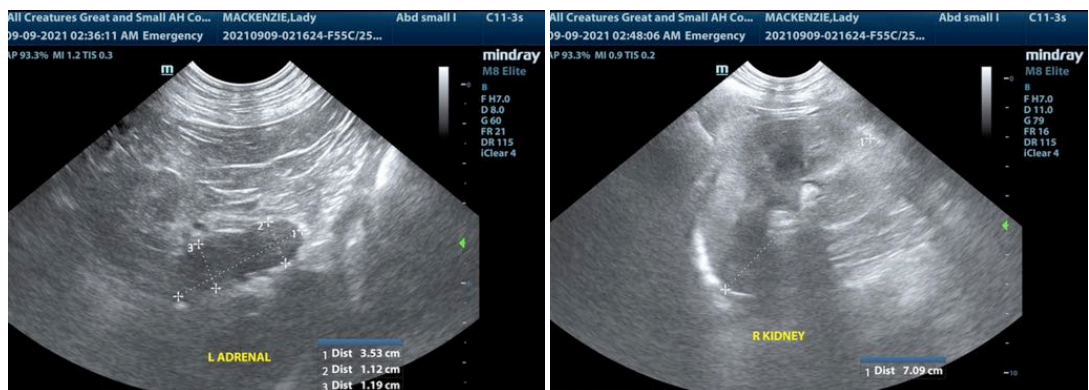
Jessica Bailes

HOSPITAL NAME

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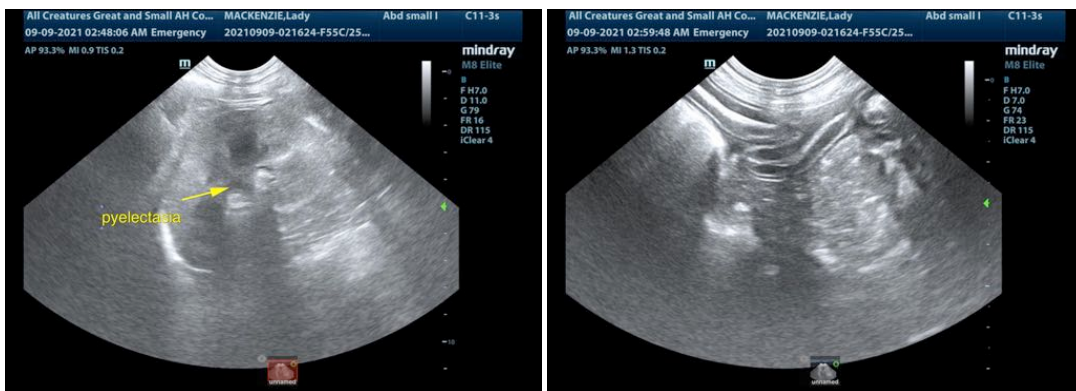
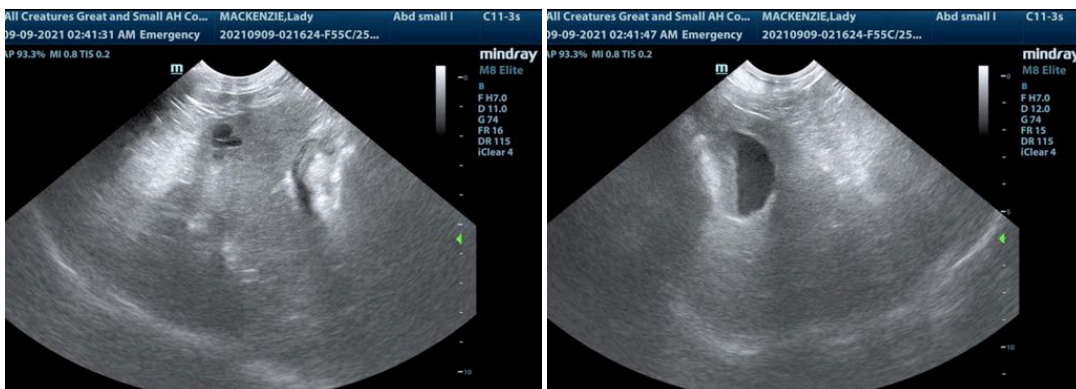
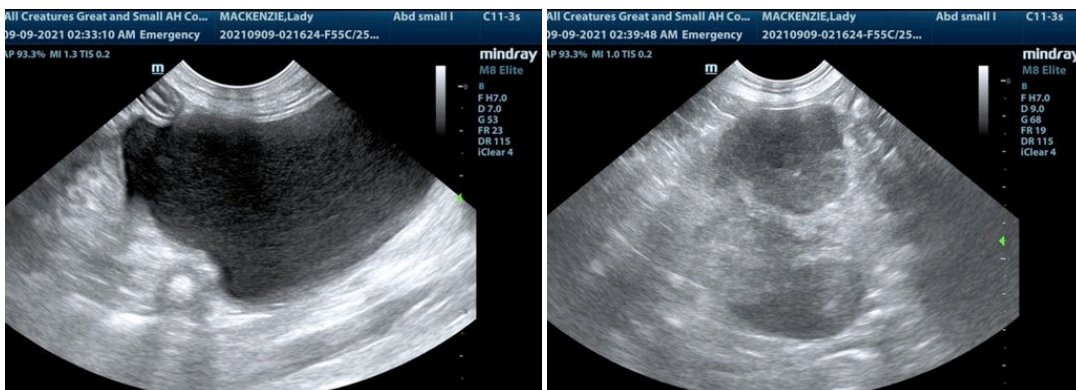
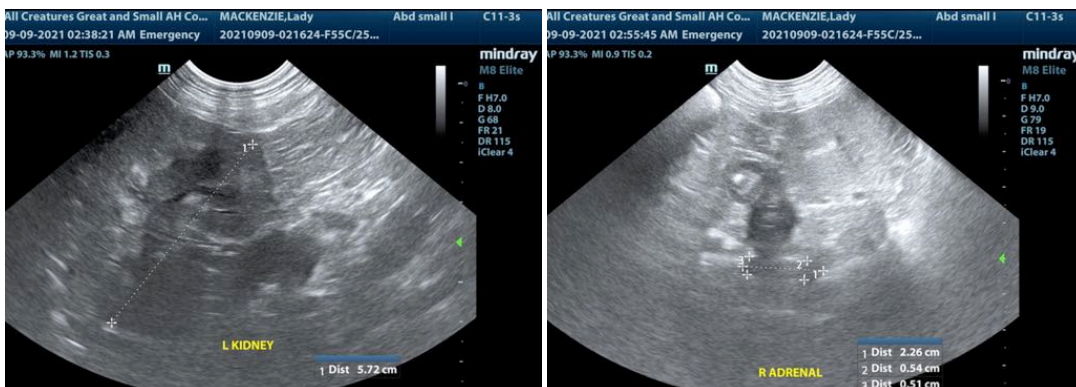
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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