

PATIENT

Layla ZenZen

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 years

WEIGHT

79.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Sirianni

DATE

12/2/21

Invoice
94365

PRESENTING CLINICAL SIGNS

History: Mass noted on the medial aspect of the right proximal antebrachium. FNA showed a small amount of blood contamination, non-diagnostic. Attempted to biopsy the mass and found that it was a hematoma. Hemostasis achieved. No other masses noted, PT was very minimal elevated. No hx of toxin exposure noted Planning on also performing thoracic radiographs.

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 **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 and no evidence of pelvic dilation was present. The right kidney measured 6.77 cm.

Adrenal Glands

The left **adrenal gland** is slightly enlarged and measured 2.76 x 0.9 cm at the cranial pole and 0.82 cm at the caudal pole. The right adrenal gland was enlarged, nodular and mildly irregular measuring 3.28 x 1.5 cm at the cranial pole and 0.88 cm at the caudal pole. Part of the adrenal enlargement is owing to a hyperechoic nodule that measured 2.0 x 1.5 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There was no evidence of caval invasion noted. The gallbladder presented some



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dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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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.

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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

Nodular right adrenal gland without evidence of caval invasion. Hyperplasia is likely.

Slightly swollen left adrenal gland.

INTERPRETED BY

Otherwise, geriatric abdomen.

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Adenoma, pheochromocytoma and adenocarcinoma are all possible. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated. The right adrenal gland appears resectable if necessary. There is no evidence of metastatic disease.

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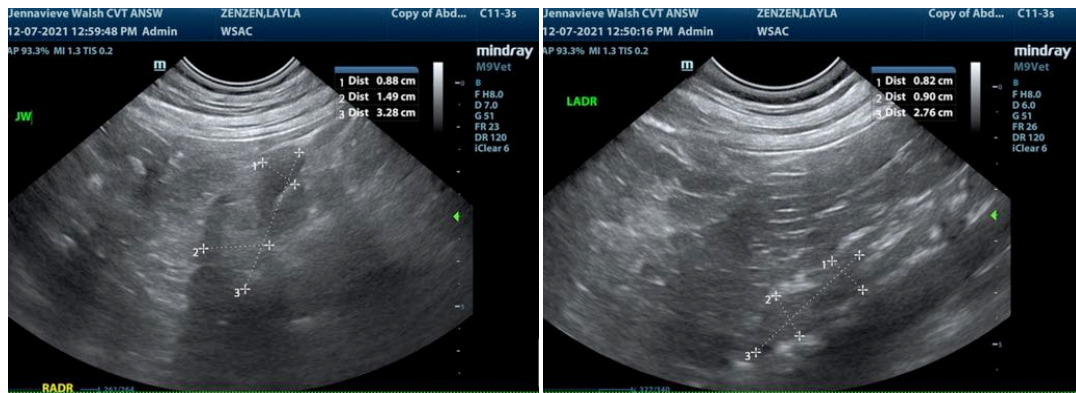
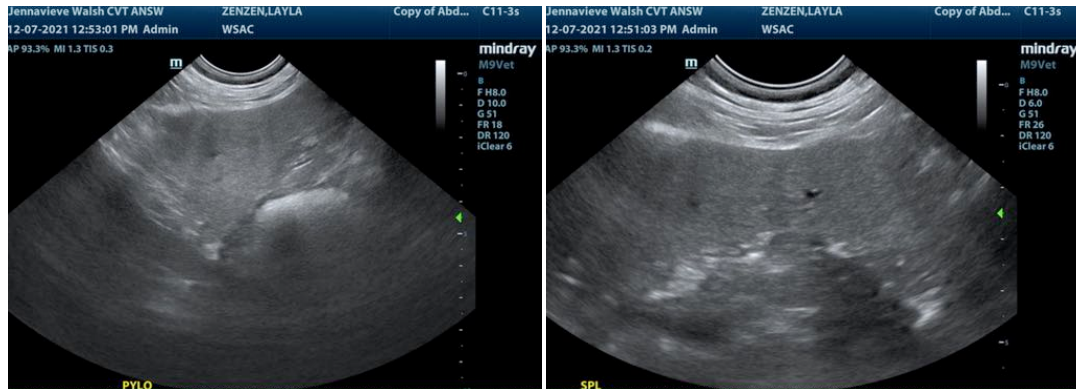
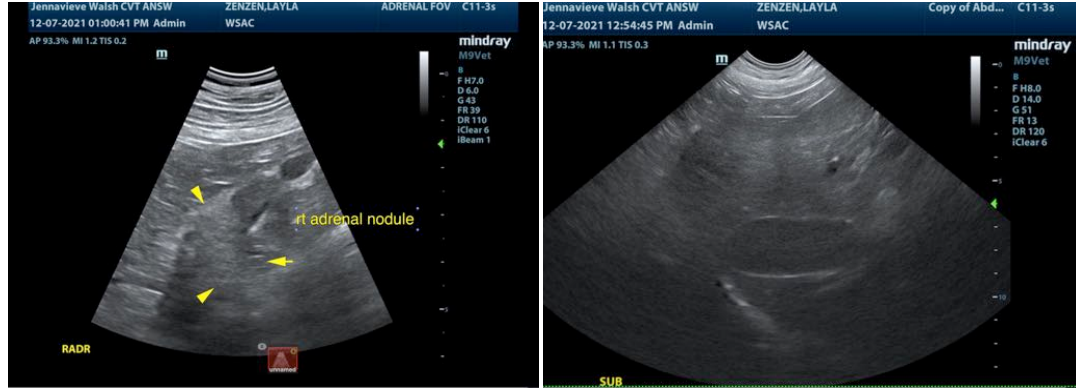
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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CEO of Sonopath.com

Layla ZenZen

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