



PATIENT PRESENTING CLINICAL SIGNS

Deer Friend History: P ADR one day. Xray showed possible abdominal mass Current Medications Gabapentin 100 mg BID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Chihuahua Mix

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.

SEX

Neutered male

The prostate was uniform and measured 0.66 cm.

AGE

12 years

The **left kidney** revealed normal size, contour and adequate vascularity. The left kidney measured 5.12 cm. The **right kidney** revealed a 9.2 x 6.6 cm mixed, hypoechoic expansive mass with pericapsular inflammatory pattern. The mass is largely non-vascular, which is suggestive for abscessation, hemangiosarcoma or similar neoplasia. Minimal recognizable parenchyma is present. Retroperitoneal fluid was noted as well as subcapsular fluid.

WEIGHT

23 lbs

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 2.13 x 0.6 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 2.07 x 0.51 cm at the cranial pole and 0.45 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

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Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional, hyperechoic lipogranulomatous change. This is non-pathological. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid

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PATIENT

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rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

SPECIES

Canine

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.

BREED

Chihuahua Mix

SEX

Neutered male

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.

AGE

12 years

Free Abdomen

Slight lymph node enlargement was noted in the region of the right kidney measuring 0.5 cm.

WEIGHT

23 lbs

ULTRASONOGRAPHIC FINDINGS

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Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Right renal mass or possibility of abscessation. Regional lymphadenopathy.

Retroperitoneal fluid is also noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory right nephrectomy and lymph node removal. Hemangiosarcoma, carcinoma and abscessation are all possible. Chest radiographs are recommended prior to surgery. There is no overt evidence of metastasis. However, regional lymph node may be involved.

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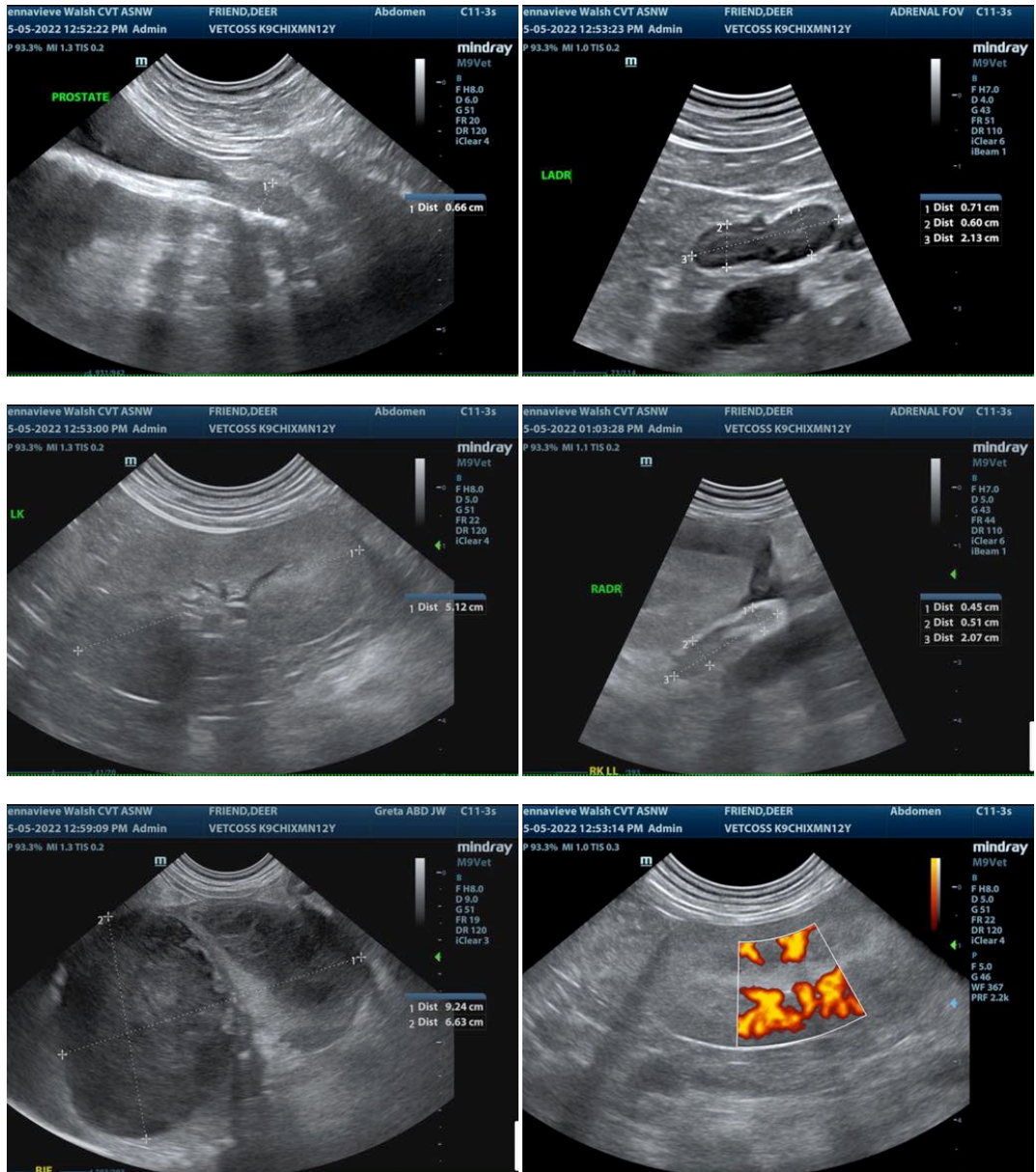
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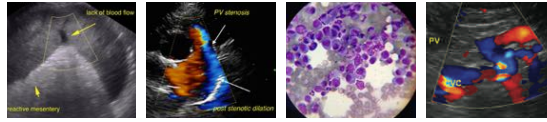
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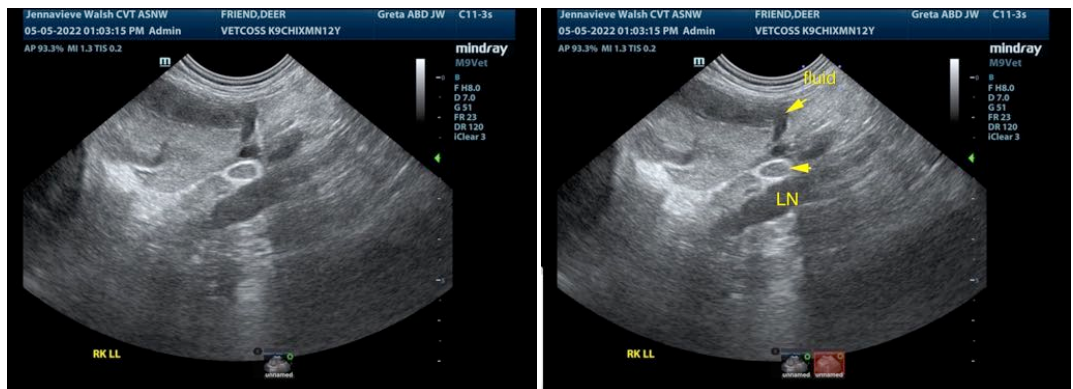
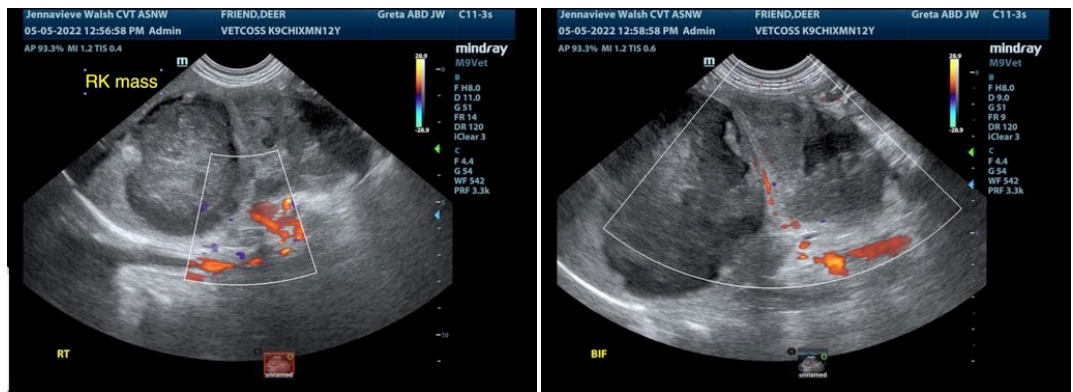
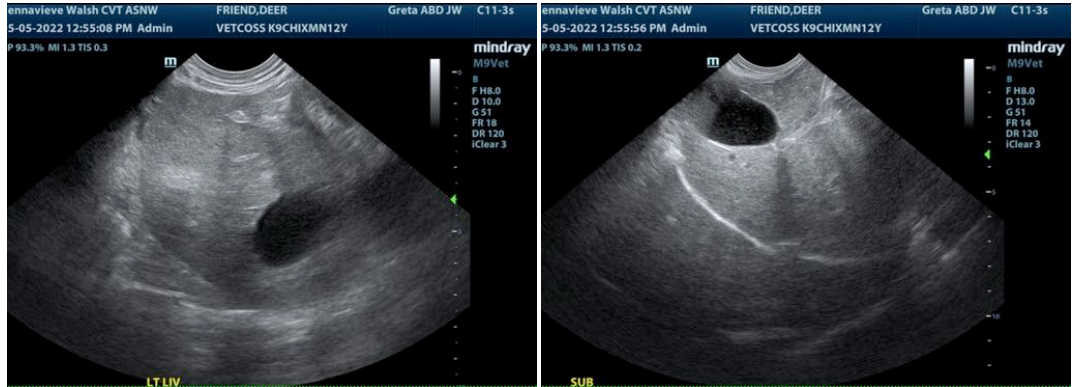
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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