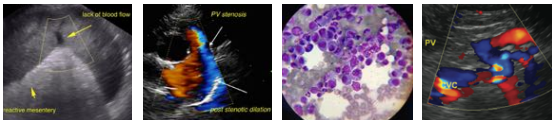

PATIENT

Frieda Cohen

SPECIES

Cannine

BREED

Ladrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

76 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

DATE

8/15/23

Invoice

46615

PRESENTING CLINICAL SIGNS

History: History per owner of dog "slowing down". On physical exam, only abnormality is some tenderness in lumbar spine with no neurological deficits. Radiographs in June of abdomen show some spondylosis at L4-5, all else normal. Labwork was entirely unremarkable on 7/18 - full chem/cbc/UA. Re-shot abdominal films on 8/11 to fine a mass effect in cranial abdomen that is not palpable. Lab work on 7/18 was entirely normal. Primary Question/Differential to Be Answered in This Exam Is there a mass, and if so, is the appearance more of malignancy or a benign mass?

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.85 cm. The right kidney measured 7.4 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. right adrenal gland measured 3.4 x 1.57 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 2.61 x 0.66 cm at the caudal pole and 0.54 cm at the cranial pole.

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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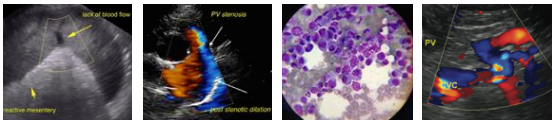

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Liver

The cranial **liver** appeared unremarkable. The gallbladder and common bile duct appeared unremarkable.

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 undifferentiated mass occupied the region of the left **pancreatic** limb.

Free Abdomen

An undifferentiated, mixed hypoechoic, expansive 8.0 x 12 + cm mass was noted and occupied the midabdomen. The mass impinged upon the spleen, yet there was no direct connection to it. The mass was likely deriving from the left liver. The mass also occupied the region of the left pancreatic limb as well.

ULTRASONOGRAPHIC FINDINGS

Extensive, left-cranial, undifferentiated mass presumed to be deriving from the liver; however, pancreatic or splenic origin cannot be completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA would be indicated to define the pathology as well as its origin even though the mass is significantly undifferentiated. I suspect sarcoma. CT evaluation for surgical planning would be ideal. The prognosis is guarded; however, the mass appears to be potentially surgically resectable.

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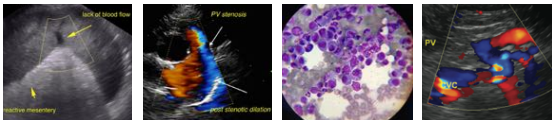

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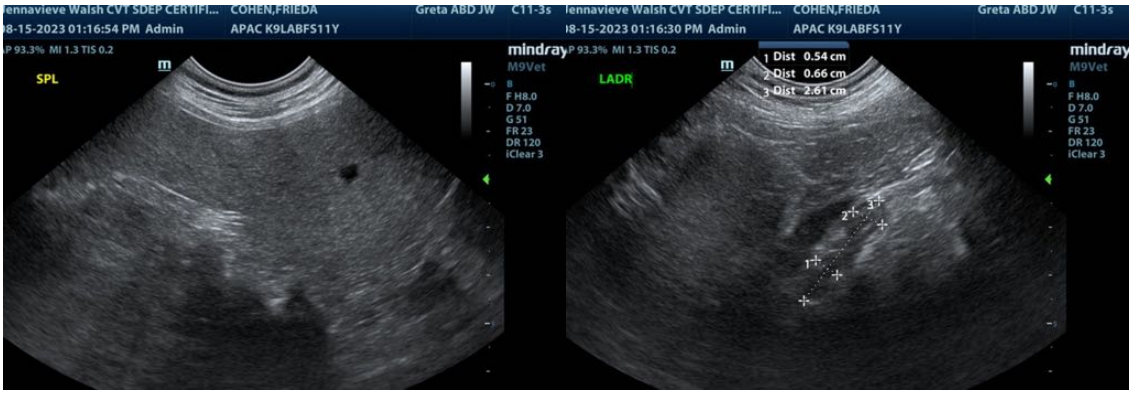

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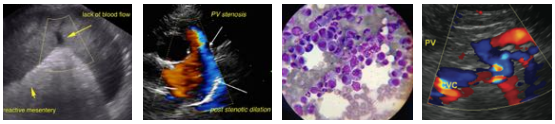

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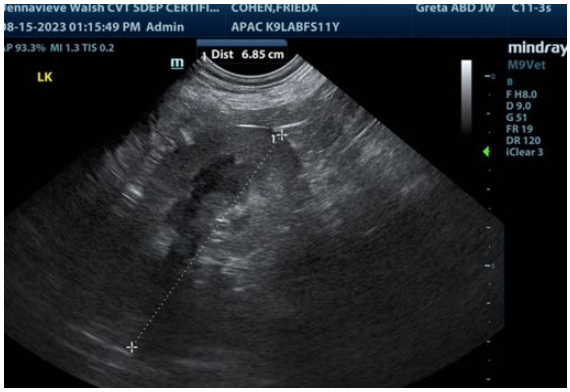

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

CEO of Sonopath.com

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