



PATIENT

Daisy Miles

SPECIES

Canine

BREED

Golden Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

49.8 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

DATE

8/17/21

Invoice

91237

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: persistent cough Heart Rate and Respiratory Rates HR 100, RR 24
Current Medications 100-200mg gabapentin BID, Vetprofen 50mg BID Radiographic Findings x-rays -
soft tissue opacity in the right caudal lung lobe

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Both kidneys measured 6.0 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 1.94 x 1.0 cm at the cranial pole and 0.5 cm at the caudal 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.

Liver

The **liver** revealed slight, heterogenous hepatic changes noted with minor increased portal markings. There was no overt evidence of masses. The gallbladder had polyps and debris.



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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

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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Thorax

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The left lateral chest revealed a 4.87 x 1.98 cm, mixed, hypoechoic mass with areas of mineralization. The thoracic masses revealed peripheral air entrapment, which is suggestive of lung origin. This is suggestive for carcinoma with the potential for sarcoma. The caudal thoracic mass impinged upon the liver and deviated the diaphragm. This was noted in the transdiaphragmatic view.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with lung masses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary lung tumor is suspected. The distribution would ideally be mapped out via CT. Oncological referral is recommended after cytology results with chest CT. No related abdominal pathology noted.

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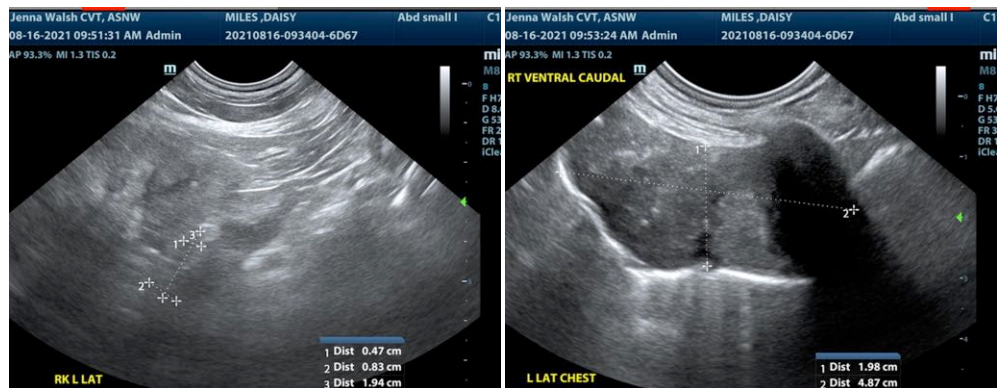
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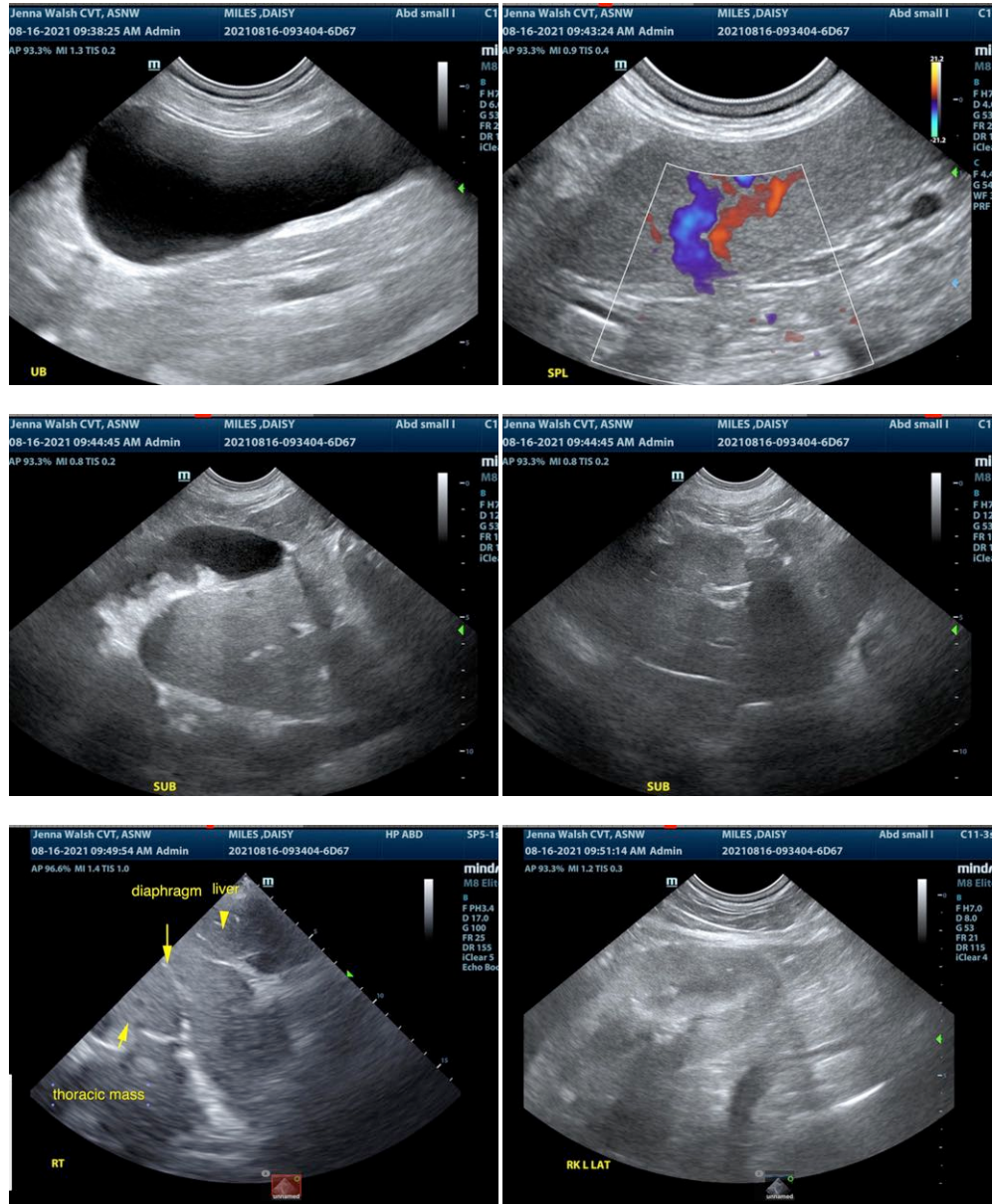
Dr. Zulauf

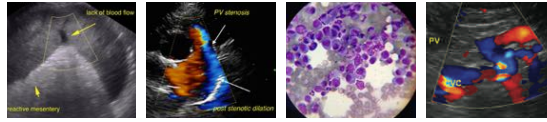
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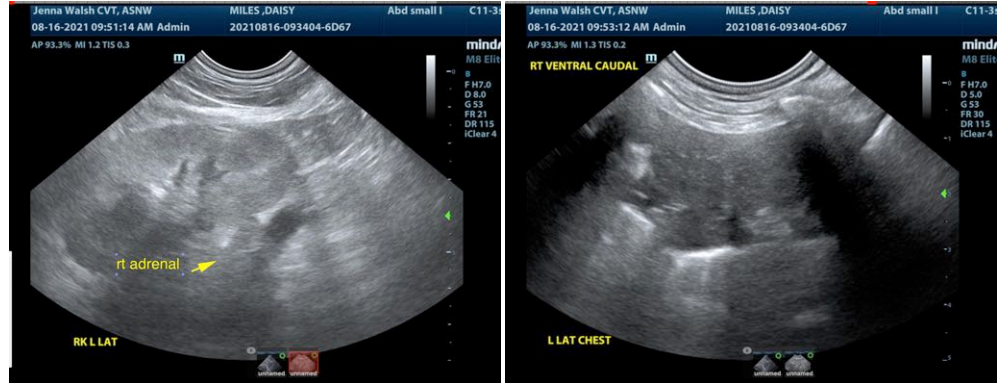
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com