



PATIENT

Moses Russell

SPECIES

Canine

BREED

Cane Corso Mix

SEX

Neutered male

AGE

8 years

WEIGHT

133.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Russell

INVOICE

70365

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- P presented for ADR and NOT eating well and mineralized circular mass effect in cranioventral abdomen
- Rad attached

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 2.0 cm beyond the cystourethral junction and appeared normal. 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 were 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. The right kidney measured 8.0 cm. The left kidney measured 7.44 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 2.93 x 1.53 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland measured 2.14 x 0.43 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

A slight, hypoechoic **splenic** nodule measuring 1.0 cm was noted at the cranial pole. This should be monitored and may be involved in the cardiac pathology.

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. The gallbladder presented some 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. Slight pericardial effusion was noted through the diaphragm.



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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. The pylorus was patent. 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 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.

Free Abdomen

A 4.35 cm, round, anechoic structure was noted in the cranial abdomen. This structure was not associated with the GI tract.

Heart

Rapid view of the heart revealed slight pericardial effusion of 1.0 cm. There were no overt masses. However, given the breed there is concern for occult neoplastic event.

ULTRASONOGRAPHIC FINDINGS

- Structure in the cranial abdomen, potential Bates body.
- Pericardial effusion.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The structure in the cranial abdomen does not appear to have any direct correlation to any organs. It is likely idiopathic. Assessment for any past surgeries are recommended to assess if any residual surgical material may be present. However, I cannot ascertain exactly what the structure belongs to. It is cleanly round and appears to be free floating.

The clinical signs are likely owing to pericardial effusion. Complete echocardiogram is recommended in this patient. No gross right auricular masses are noted. I cannot rule out a neoplastic process. Causes of pericardial effusion include idiopathic cause, pericarditis/infectious agents, occult neoplasia such as hemangiosarcoma. The prognosis is guarded.



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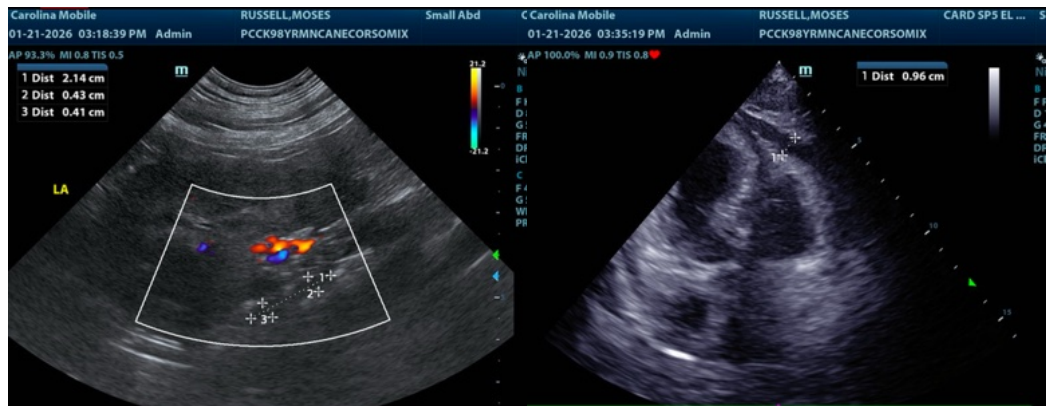
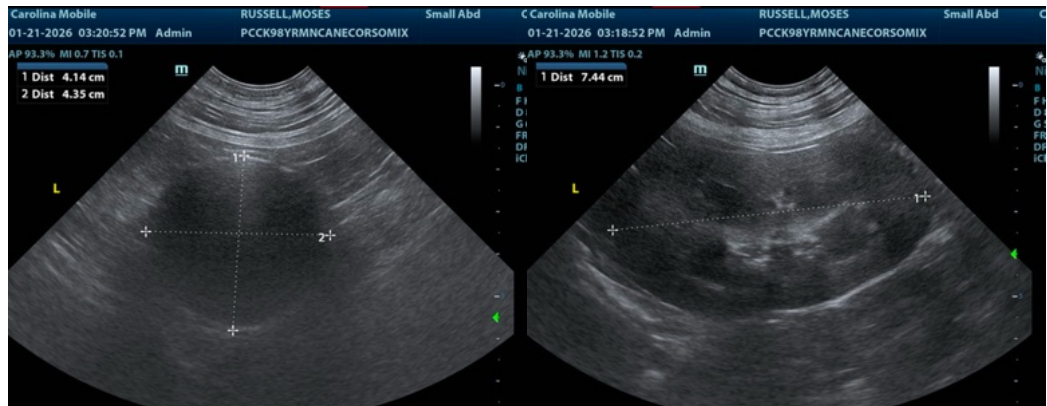
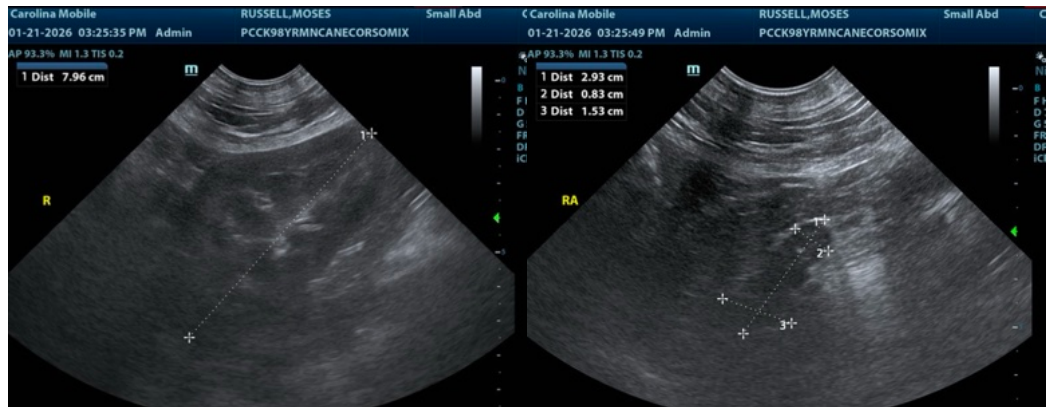
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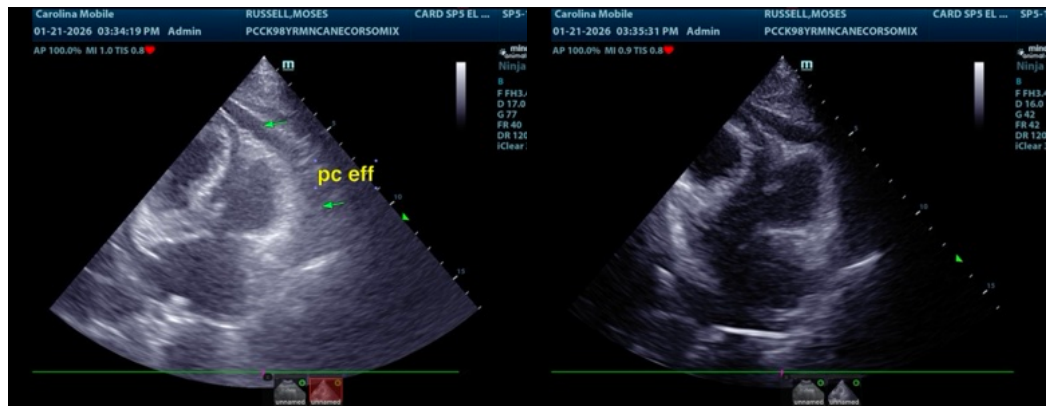
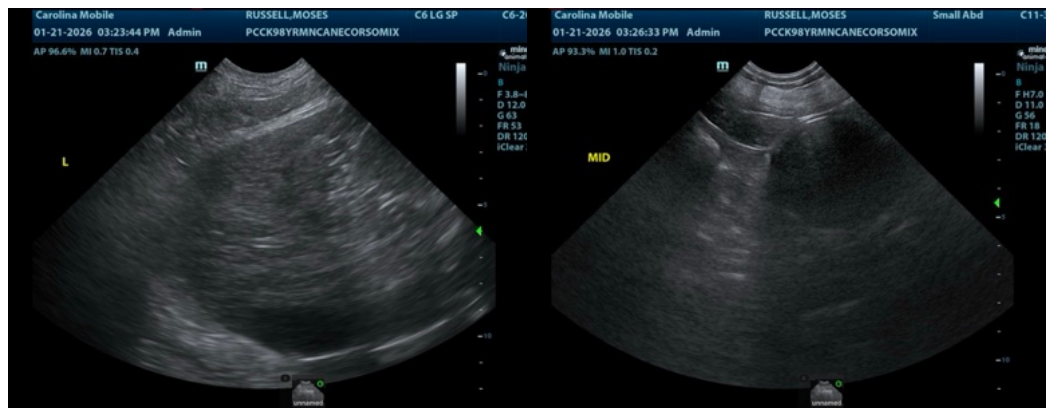
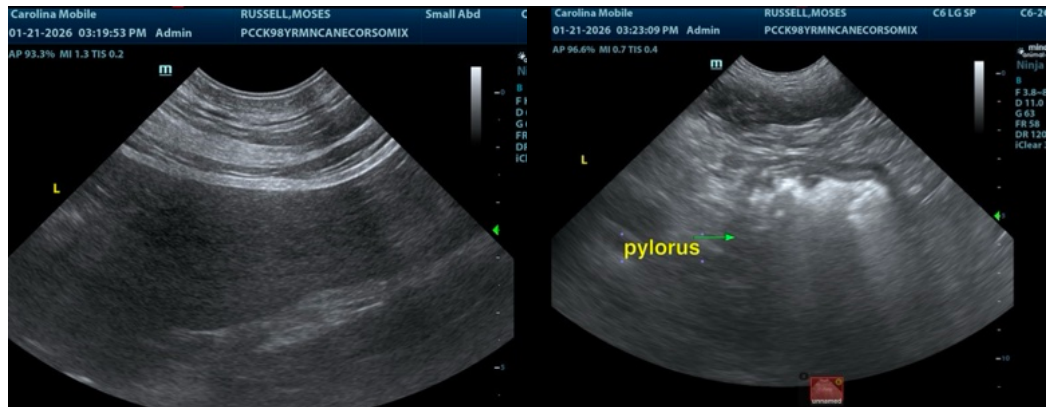
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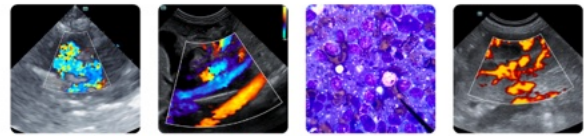
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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