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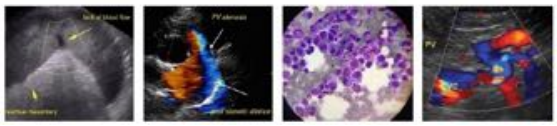

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gavroche Radulescu

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

82 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

42260

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Sudden onset of lameness associated with right hip/lower back lump. Painful. Appears quite firm and possibly within muscle or bone. Not movable. Has been on Tramadol. Want abdominal ultrasound to rule out other issues as well as the lump for consideration to referral.
Abnormal PE/Chem/CBC/UA Results: Will be performing Chest rads this week.

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 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 6.2 cm. The left kidney measured 7.23 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 2.31 x 1.68 cm at the cranial pole and 0.95 c at the caudal pole. The left adrenal gland measured 2.72 x 0.64 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself cranially from which the splenic mass derived. There was no evidence of rupture, however, it is highly precarious and at risk for torsion.

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.

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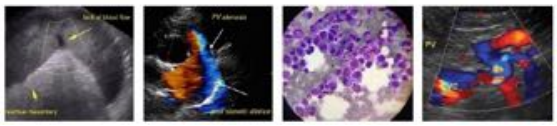

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

Multiple images of a muscle based mass was noted in the deep hip. It is at least 6.0 cm in depth. Peripheral inflammation was noted around the mass.

ULTRASONOGRAPHIC FINDINGS

Splenic mass, possibly benign. Hemangiosarcoma, less likely round cell neoplasia, benign hyperplastic mass is possible.

Muscle based mass in the deep hip.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the splenic mass and hip muscle mass could be considered to assess if related. However, the splenic mass may be completely incidental. Chest radiographs followed by splenectomy, liver inspection and biopsy are recommended to ensure that micrometastasis is not an issue.

Ultrasound-guided 25-gauge FNA is warranted of the hip muscle based mass. This mass is not likely resectable; however, CT evaluation would be necessary.

Oncology consultation is recommended.

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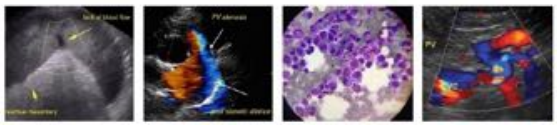

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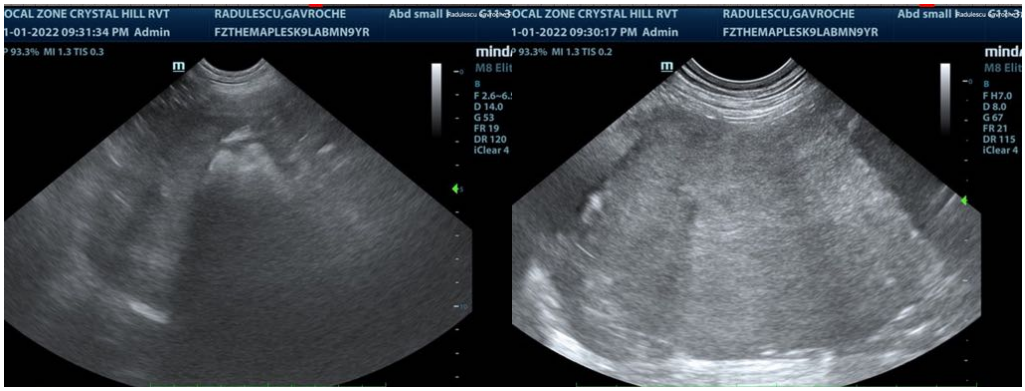

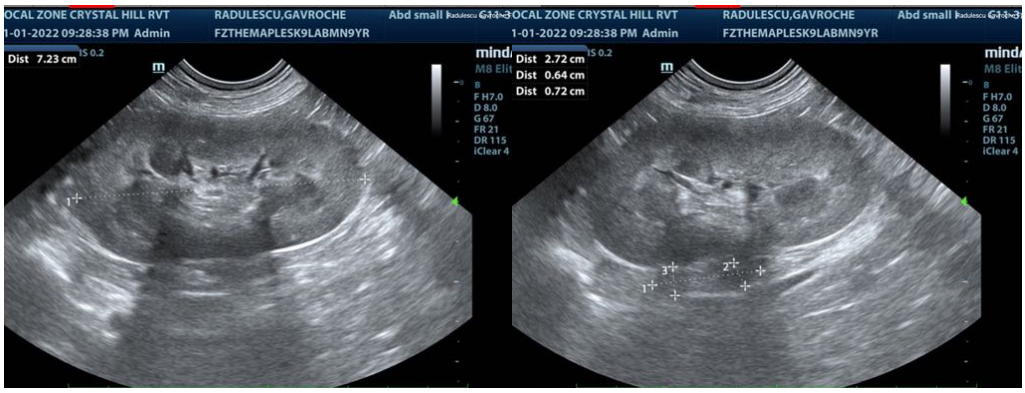

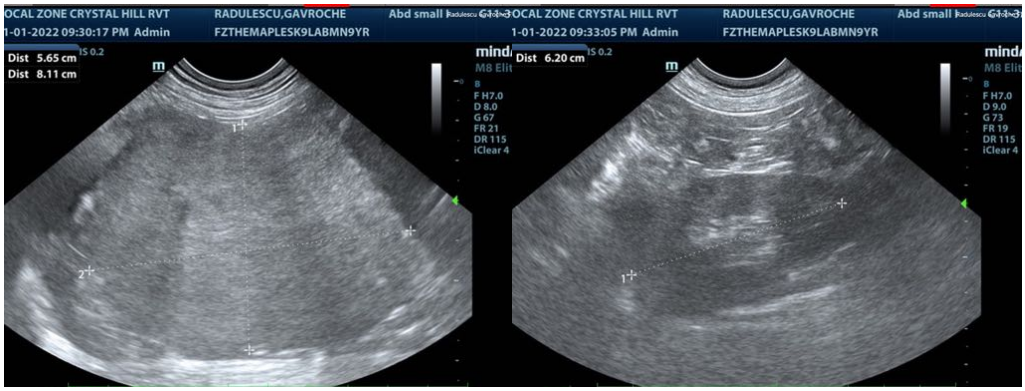

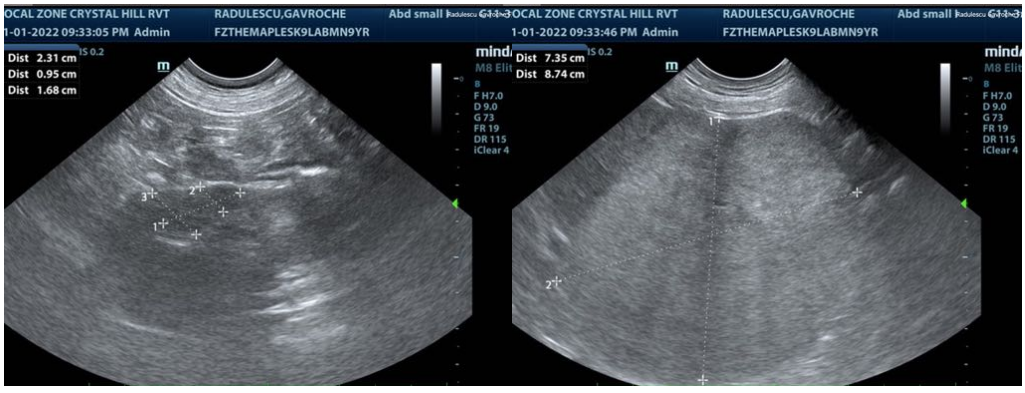

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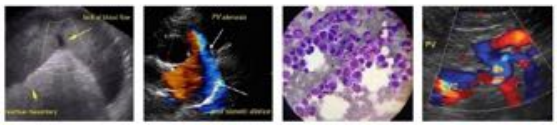

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com