



PATIENT

Rivet Kirby

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retriever

SEX

Spayed Female

AGE

3 ½ years

WEIGHT

15.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hespeler AH

REFERRING VET

Dr. Bhinder

INVOICE

95768

DATE

2/2/22

PRESENTING CLINICAL SIGNS

lump on the ventral abdomen region, which is getting bigger. Cytology showed presence of neutrophils and suggestive of nonspecific inflammation finding. Further want to rule out any penetrating foreign body or neoplasia. No meds.

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 4.63 cm. The left kidney measured 4.51 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 left adrenal gland measured 1.38 x 0.51 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.54 x 0.94 cm at the cranial pole and 0.63 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



PATIENT *Gastrointestinal*

Rivet Kirby Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta in the stomach. 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

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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.

SEX

Spayed Female

Free Abdomen

AGE

A subcutaneous, hypoechoic nodule was noted and measured 1.33 x 0.38 cm.

3 ½ years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Normal abdomen.

15.7 kg

Subcutaneous, hypoechoic nodule, possible sarcoma.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical resection of the subcutaneous nodule is recommended +/- FNA. There was no evidence of metastatic disease. The nodule does not penetrate into the abdominal cavity. If this is localized at the umbilicus it may be derivation from residual, umbilical tissue.

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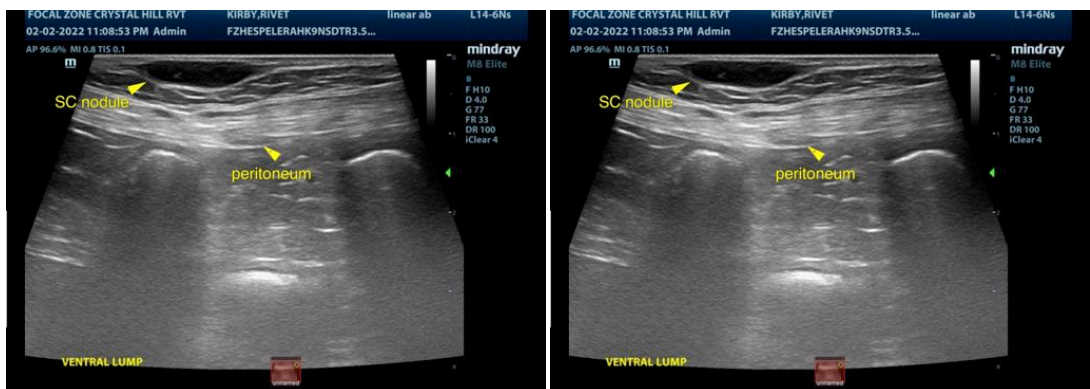
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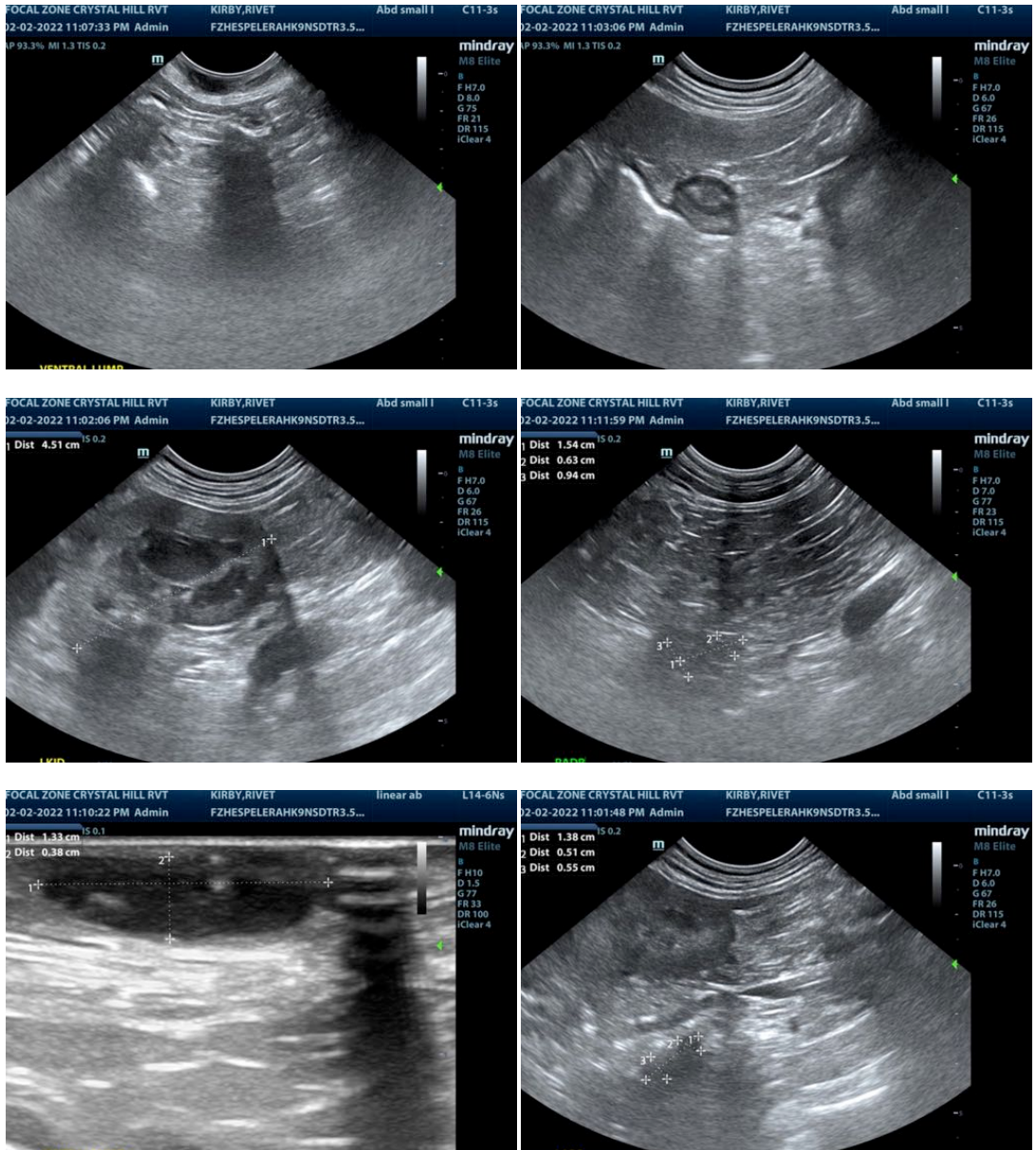
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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