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Clinical Sonography & Telecytology
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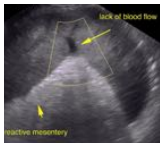
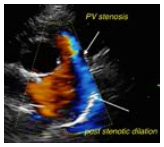
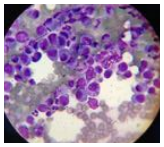
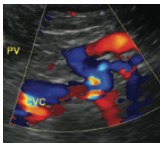

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1-800-838-4268 info@sonopath.com

PATIENT
Frankie Heintzen

SPECIES
Canine

BREED
Labrador Mix

SEX
Neutered male

AGE
12 years

WEIGHT
96.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Valeryia Shumskaya

HOSPITAL NAME
Summit Dog and Cat

REFERRING VET
Dr. Vogler

INVOICE
43706

DATE
4/5/23

PRESENTING CLINICAL SIGNS

History: Decreased appetite, intermittent full inappetence, tremors, elevated lethargy, ADR Current meds: carprofen 100mg - 1 tab po q 12 hrs, gaba 600mg 1/2 tab po q 12 hrs

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 6.78 cm. The left kidney measured 6.83 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 1.88 x 0.92 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland was slightly enlarged at the caudal pole. The left adrenal measured 1.83 x 0.8 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially with an overt, mixed echogenic, expansive, parenchymal 5.0 cm mass.

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.

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.

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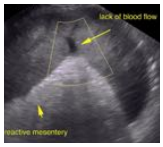
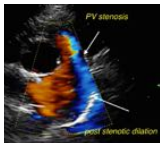
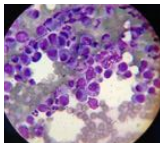
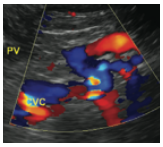

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Pancreas

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.

Free Abdomen

A 5.0 cm mineralizing body wall mass was noted in this patient and appeared to be associated with the rib at the level of the falciform fat.

Heart

Rapid view of the heart revealed no evidence of pathology.

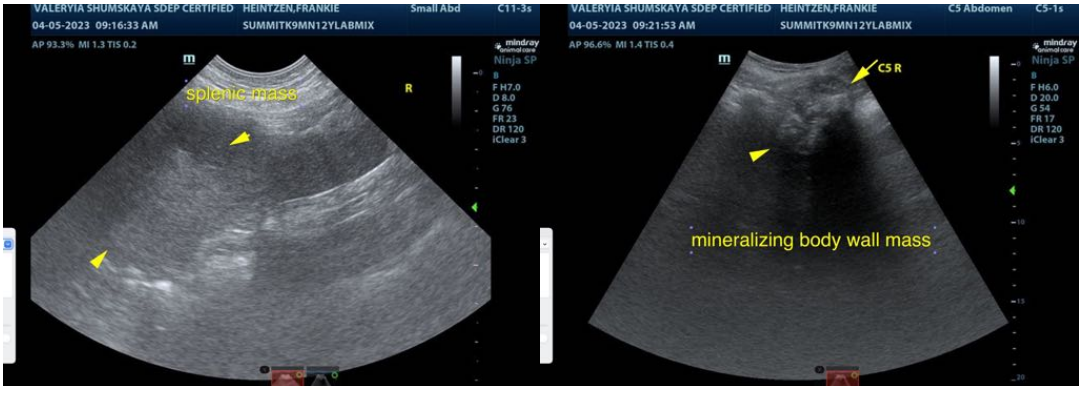
ULTRASONOGRAPHIC FINDINGS

Mineralizing bladder wall mass, suspect rib origin.

Separate splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma, round cell neoplasia or similar is possible. I recommend chest and abdominal CT in this patient to further define the body wall lesion and assess for metastatic disease. FNA of the body wall mass and spleen can be considered for further definition. Chest radiographs are warranted to assess for obvious disease.



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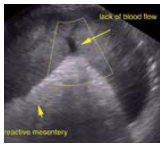
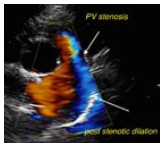
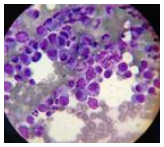
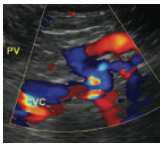

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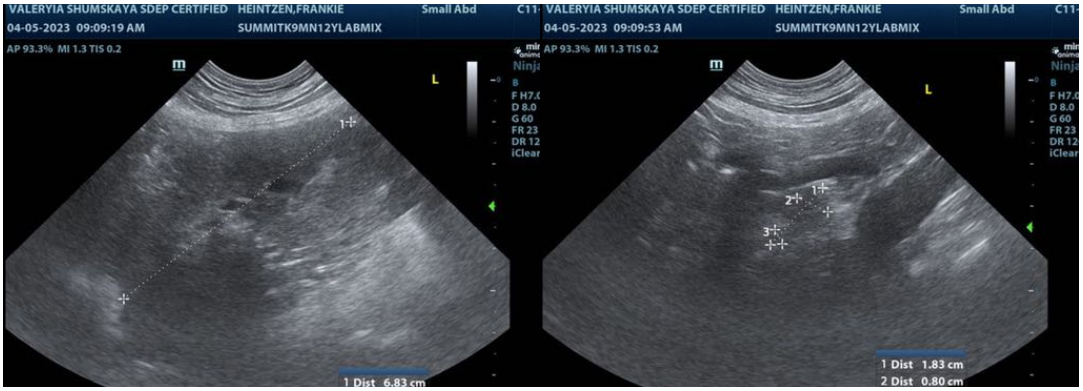

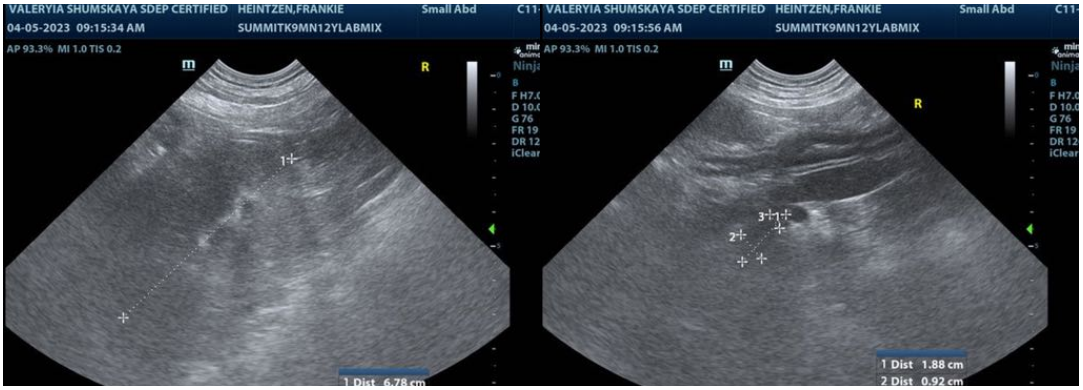

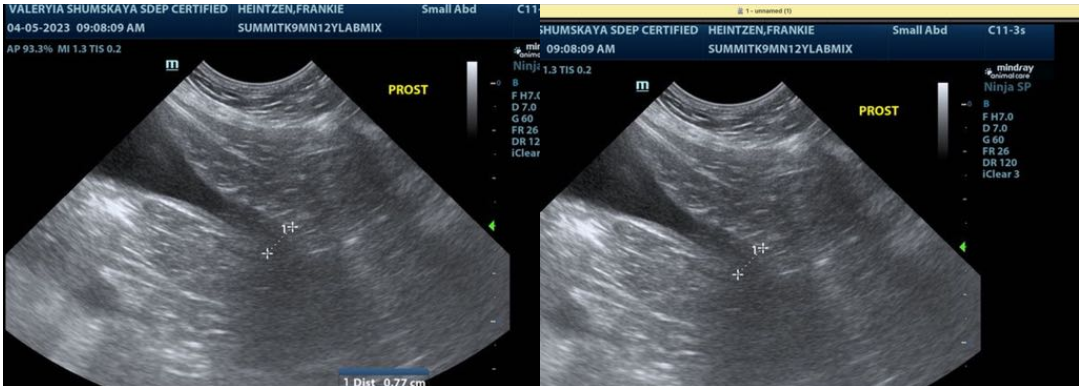

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com