



PATIENT PRESENTING CLINICAL SIGNS

Carter Reiley History: Hind leg weakness, abdominal swelling.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Retriever

SEX

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 8.5 cm. The left kidney measured 8.06 cm with slight pyelectasia.

AGE

14 years

Adrenal Glands

WEIGHT

99 lbs

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 2.59 x 1.31 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 2.58 x 0.9 cm at the cranial pole and 1.05 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Shari Reffi CVT

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. Hypoechoic nodular changes were noted with enhanced surrounding mesentery. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

The right medial **liver** revealed an expansive, mixed echogenic mass that measured 7.8 cm. There was mild disruption of architecture. The remainder of the liver revealed increased portal markings with heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable.

INVOICE

31407

Gastrointestinal

DATE

6/30/22

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.



PATIENT

Pancreas

Carter Reiley

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Heterogenous irregular spleen.

Retriever

Hepatic remodeling and focal mass, likely benign hepatoma with a potential for carcinoma.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

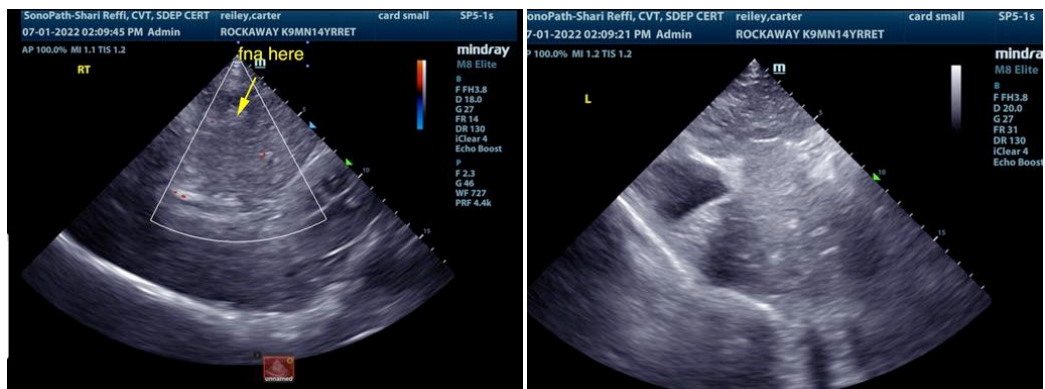
FNA of the spleen is recommended. This is either splenitis versus round cell neoplasia. FNA of the hepatic mass is recommended. Guarded prognosis depending upon cytology results.

AGE

14 years

WEIGHT

99 lbs



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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

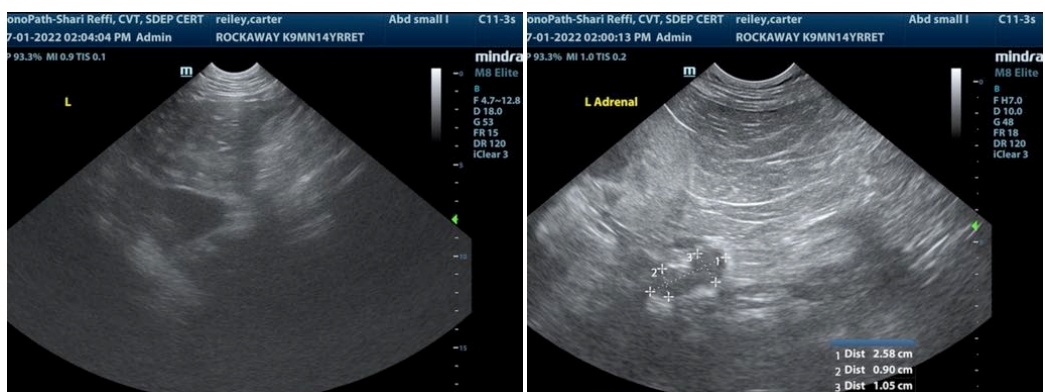
Shari Reffi CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar



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PATIENT

Carter Reiley

SPECIES

Canine

BREED

Retriever

SEX

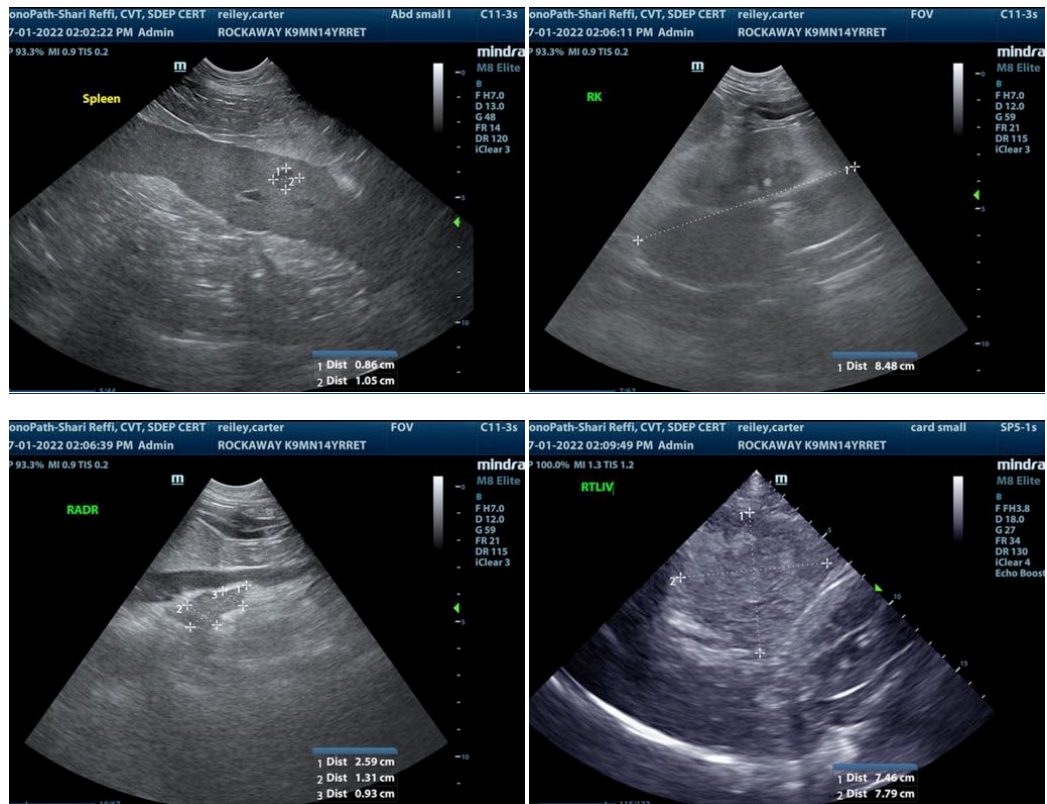
Neutered male

AGE

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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.

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