



PATIENT

Rocket Maietta

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

10 years

WEIGHT

98.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

32381

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Patient with history of weight loss and muscle wasting and previously aggravated left limb/stifle which was improving nicely, re-aggravated the left limb again from no obvious cause. Left stifle is large, firm, but hangs limp, no toe touching, deep pain response but otherwise leg is non-ambulatory and cannot bend knee.

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 left kidney measured 7.0 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 3.28 x 0.66 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 3.01 x 0.51 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive mixed, echogenic, 2.9 cm mass at the mid body with separate target type expansive nodule that measured 1.39 cm and a separate caudal splenic mass that measured 3.01 cm.

Liver

The **liver** was riddled with multi-focal, expansive nodular changes. A right cranial hepatic mass was noted and measured 5.5 cm with a separate right medial mass that measured 4.5 cm. Left liver nodule was noted and measured 3.01 cm. Excessive gallbladder debris and over distension was noted. There was deviation from the adjacent mass.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

Splenohepatic, aggressive neoplasia. Multiple masses.

WEIGHT

98.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sarcoma is suspected. FNA of the splenic and hepatic masses with immediate chemotherapeutic intervention can be considered. Chest radiographs are warranted if not already performed to assess for metastatic disease.

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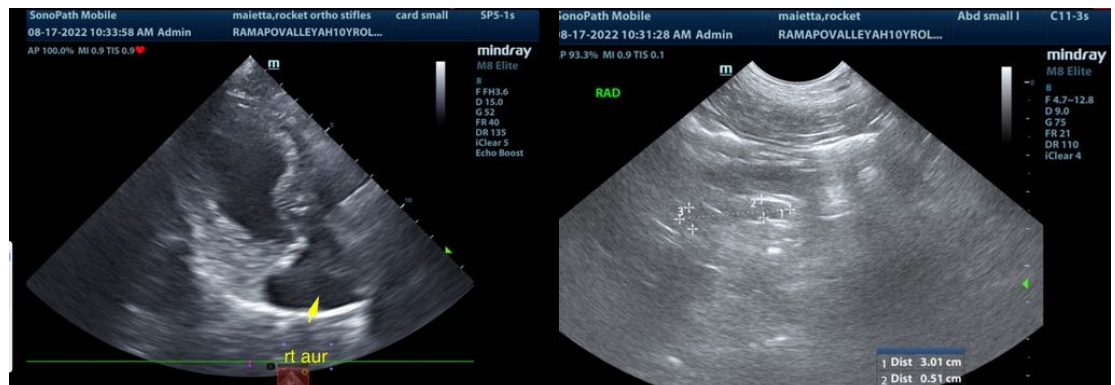
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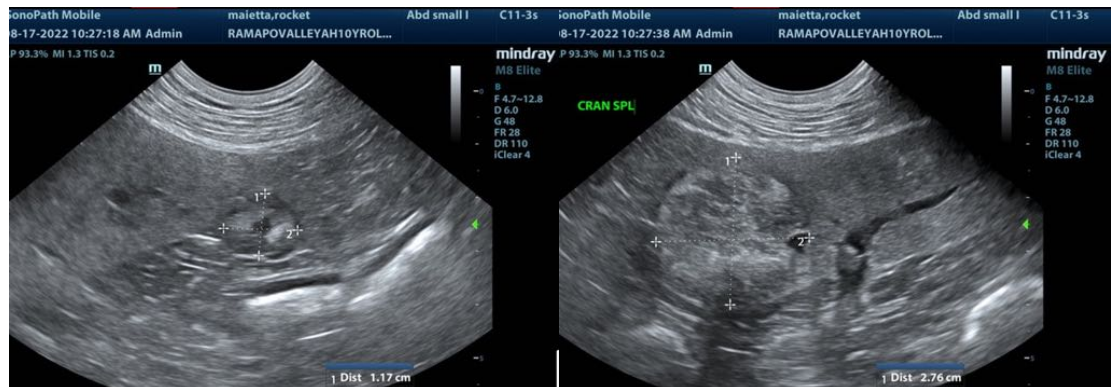
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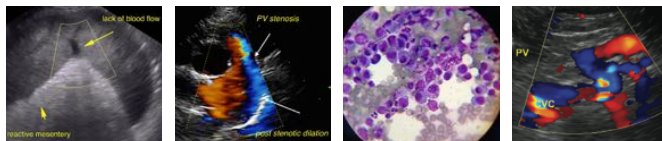
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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