



PATIENT

Goliath Tone

SPECIES

Canine

BREED

Akita Mix

SEX

Neutered male

AGE

7 years

WEIGHT

80.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Enoch

INVOICE

32687

DATE

8/31/22

PRESENTING CLINICAL SIGNS

History: Patient presents for history of lethargy and poor appetite since 8/19/22, episodes of vomiting 2nd week of August, concern for GI mass or other cancer. Barely eating, will eat treats, had one small treat this morning. Current meds: Benadryl as needed for watery eyes (allergies), HG, NG. Abnormal PE/Chem/CBC/UA Results: 8/19/22: monocytes 872, eosinophils 10246, basophils 2616.

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 5.08 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.

Spleen

The **spleen** was expansive with a hypoechoic, 2.4 cm nodule at the cranial pole with heterogenous nodular changes elsewhere.

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



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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.

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Free Abdomen

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Echogenic free fluid was noted in the abdomen. Regional lymph nodes were enlarged.

Neutered male

Heart

AGE

Rapid view of the heart revealed no evidence of pathology.

7 years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

80.3 lbs

Splenic infiltrative pattern with secondary free fluid, suspect lymphomatosis, mastocytosis or similar. Regional lymphadenopathy.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Ultrasound-guided FNA of the spleen +/- abdominocentesis and cytospin is warranted. Surgical exploratory can be considered; however, I am concerned for an abdominal neoplastic process even though the spleen is the only overt organ involved from a sonographic standpoint.

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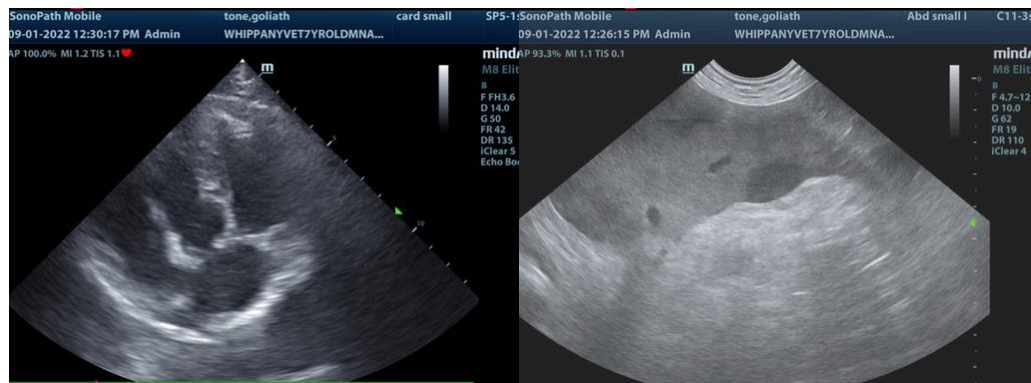
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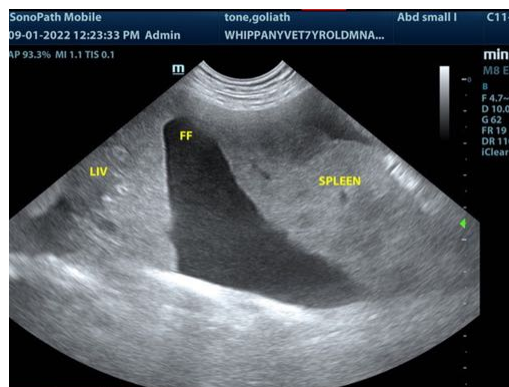
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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