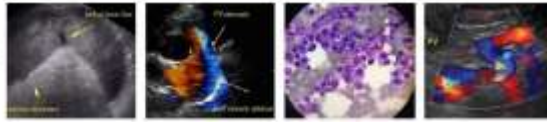


| | |
|-----------------------------------|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Dublin Polan | Presented for swelling in on Left hind leg. Pitting edema mainly around hock but extends right up into the groin and down top of his paw. Abdomen feels a bit full posteriorly. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: rads: Possible mass effect in caudal abdomen. Small intestines all seem diverted cranially and colon pushes ventrally slightly. When invert the contrast on radiograph, looks like there might be a soft tissue structure below L7/sacrum. Cannot reach on rectal exam. Both hips are dysplastic with arthritis changes. Right hip looks like the femoral head may have fractured at some point and then healed. please see attached rads and BW |
| Canine | |
| BREED | |
| Doberman | |
| | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| SEX | Urinary System |
| MN | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. |
| AGE | |
| 11 years | Undifferentiated nonhomogeneous mass occupying the area of the sublumbar space and appearing to surround the vasculature at the level of the iliac trifurcation was present. The mass measured approximately 6.0-7.0 cm in diameter. Regional Inflammation and tissue reactivity were noted around the mass. The mass did not appear to impede vascular flow at the level of the iliac trifurcation. |
| WEIGHT | |
| 28.6 kg | The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter. |
| INTERPRETED BY | |
| R. McKenzie Daniel, DVM, DABVP | Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.6 cm in length. |
| IMAGING PERFORMED BY | Adrenal Glands |
| Kelly Reshny, RVT | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.78 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.42 cm width at the caudal pole. |
| HOSPITAL NAME | Spleen |
| Buck AH | The spleen was overall normal in size with primarily finely textured homogeneous parenchyma. Mildly expansive, hypoechoic to nonhomogeneous nodular lesion was present in the subjective mid to cranial spleen with mild associated splenic capsule distortion, yet without evidence of capsular escape. The splenic nodular lesion measured 2.6 cm in diameter. |
| REFERRING VET | |
| Dr. Sommers | |
| INVOICE | |
| 12665 | |
| DATE | |
| 11/25/21 | |


PATIENT
Liver/ Gallbladder

Dublin Polan

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Doberman

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SEX

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

MN

The visualized descending colon was sonographically unremarkable containing formed feces.

AGE

11 years

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

WEIGHT

28.6 kg

Free Abdomen

No overt evidence of omental lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS
IMAGING
PERFORMED BY

Kelly Reshny, RVT

Primary Findings

- Sublumbar mass at level of iliac trifurcation - consistent with neoplastic criteria, lymphatic neoplasia, undifferentiated sarcoma or other
- Mildly expansive suspicious solitary splenic nodular lesion - concern for focal metastatic splenic neoplasia, potential for focal hematopoiesis, hyperplasia, splenitis or other benign etiologies

HOSPITAL NAME

Buck AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET

Dr. Sommers

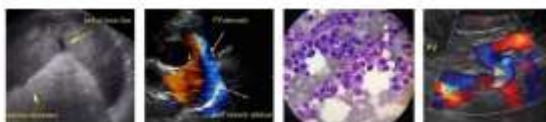
Assuming normal clotting status, ultrasound-guided FNA of the sublumbar mass and If accessible suspicious splenic nodule for cytology and further clarification may be considered. However, the sublumbar mass does not appear operable based on location and presentation surrounding major vasculature. Three view chest radiographs are recommended.

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PATIENT

Dublin Polan

SPECIES

Canine

BREED

Doberman

SEX

MN

AGE

11 years

WEIGHT

28.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

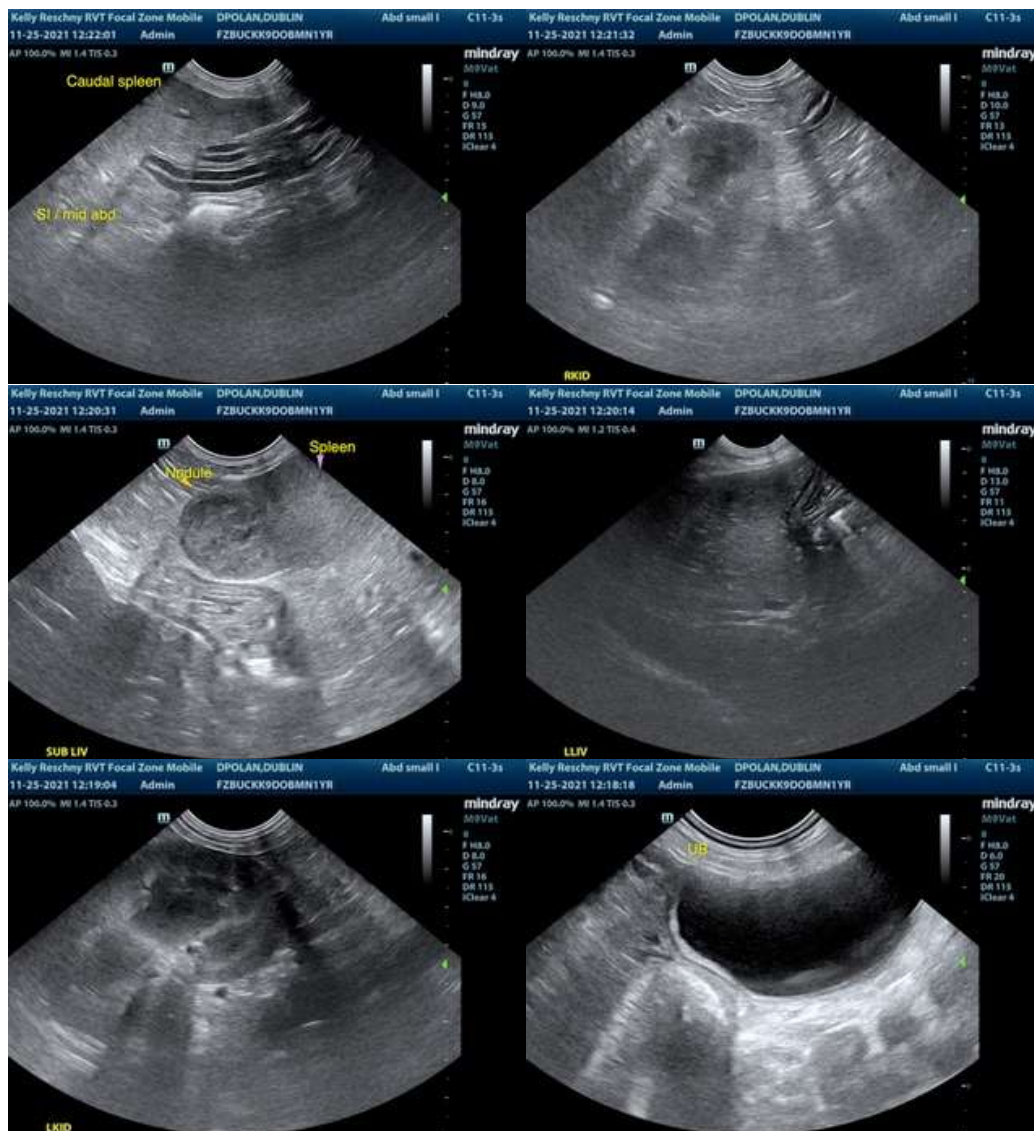
Dr. Sommers

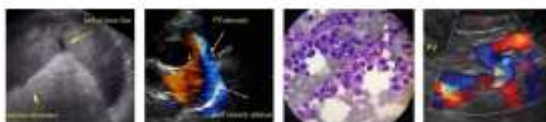
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PATIENT

Dublin Polan

SPECIES

Canine

BREED

Doberman

SEX

MN

AGE

11 years

WEIGHT

28.6 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

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HOSPITAL NAME

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com