



PATIENT

Kaz Plackowski

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

6 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Carter

INVOICE

95166

DATE

1/11/22

PRESENTING CLINICAL SIGNS

History of rear leg paralysis/paresis. Seen by neurologist. MR indicated multifocal IVDD T3-L3, compressive myelopathy/radiculopathy. Has been on carprofen and apoquel. Liver enzymes progressively getting worse

Abnormal PE/Chem/CBC/UA Results: ALP 895 ALT 216 neuts 16150 mono 1710 wbc 19000

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 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 and no evidence of pelvic dilation was present. Slight pelvic mineralization was noted, yet non-obstructive. The right kidney measured 6.36 cm. The left kidney measured 6.68 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** in this patient revealed a mixed, isoechoic 6.56 cm left medial mass with increased portal markings elsewhere. The gallbladder wall was echogenic and thickened. This is consistent with chronic cholangitis.



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Gastrointestinal

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The **stomach** revealed shadowing material in the pylorus. The shadowing material measured 3.0 cm. This is consistent with grass ball or possible ingesta. The small intestines and colon were unremarkable.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Left medial liver mass, suspect low-grade carcinoma, chronic cholangitis. Otherwise, hepatic remodeling.

AGE

6 years

Shadowing material in the stomach. Grass ball or similar is suspected.

WEIGHT

60 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether the mass is resectable. The mass appears to be left medial, yet impinges upon the portal hilus. CT evaluation would be ideal for further definition. FNA of the liver mass with CT evaluation for surgical planning would be appropriate.

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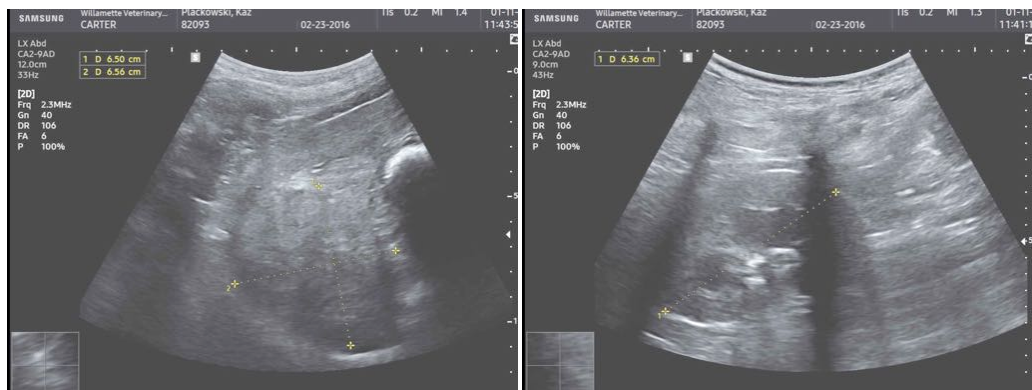
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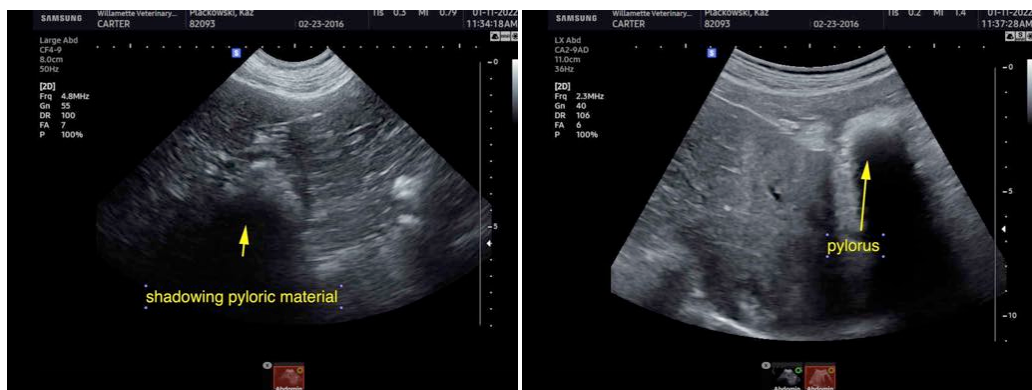
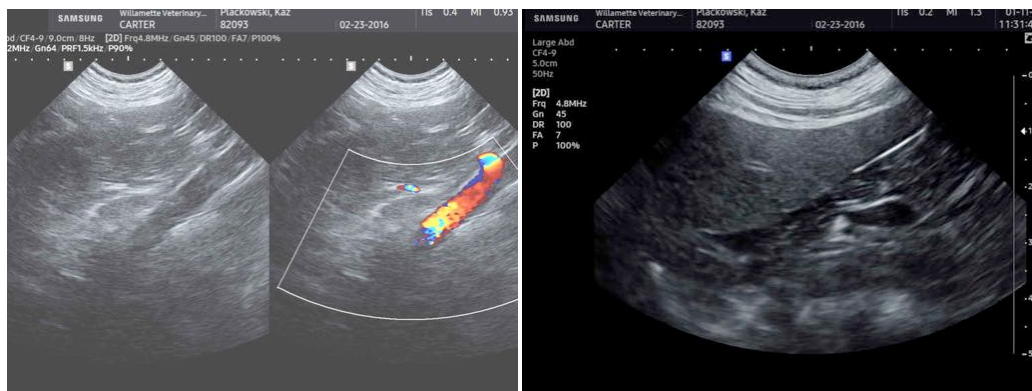
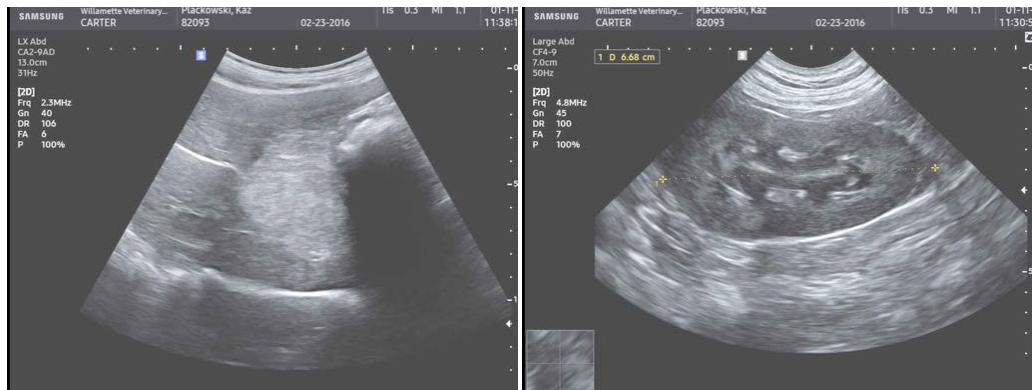
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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