

PATIENT

PRESENTING CLINICAL SIGNS

Teddy Gideon

Vomiting and regurgitation after drinking. Has been a chronic ongoing issue, but lately seemed to get acutely worse. Also, there was an isoechoic liver mass observed by Dr. Brawer (radiologist) in 2019. Getting Dasquin and hydrocodone. Coughs occasionally; has tracheal collapse.

SPECIES

Abnormal PE/Chem/CBC/UA Results: 12/20/21- BUN 34, ALB 4, ALT 180, ALP 266, mildly decreased amylase 495.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Pomeranian

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.

SEX

Neutered male

The residual prostate was uniform and measured 0.65 cm.

AGE

Unknown

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 mineralization was noted in both kidneys and was non-obstructive. The renal vascularity appeared normal. The right kidney presented a pericapsular inflammatory pattern. The right kidney measured 3.6 cm.

WEIGHT

11.4 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.23 x 0.37 cm at the caudal pole and 0.32 cm at the cranial pole. The left adrenal gland measured 1.5 x 0.56 cm at the caudal pole and 0.45 cm at the cranial pole.

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Buckeystown VH

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.

REFERRING VET

Dr. Jarrett

INVOICE

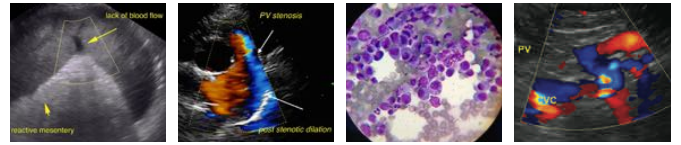
Liver

95104

The **liver** revealed an expansive isoechoic hepatoma type mass that measured 4.2 cm and was deriving from the left medial liver. The liver was otherwise normal in 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 was overdilated with suspended sand and dependent debris.

DATE

1/10/22



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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 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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Age related geriatric abdominal changes in the liver and kidneys with hepatoma type mass/swelling. Subjectively this appears benign.

Right renal pericapsular inflammatory pattern.

Emerging mucocele.

AGE

Unknown

WEIGHT

11.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic mass/swelling would be warranted for further definition. Urinalysis is warranted if not already performed for further definition. Ursodiol therapy and/or gallbladder motility study would be warranted. Proactive cholecystectomy and left caudal liver lobectomy can be considered from a proactive standpoint. The vomiting may be related to primary GI disease and/or emerging gallbladder mucocele. Supportive care with Ursodiol over an 8 week period along with GI protectants and diet change could all be justified followed by a recheck of the gallbladder.

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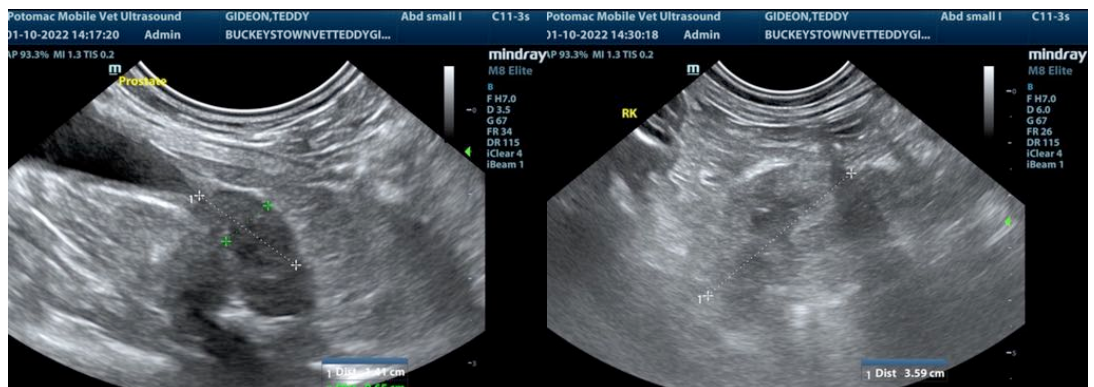
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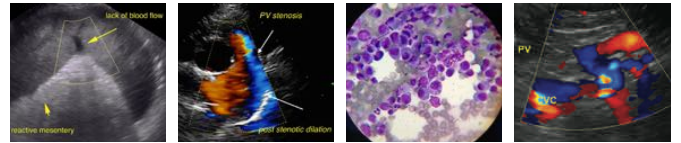
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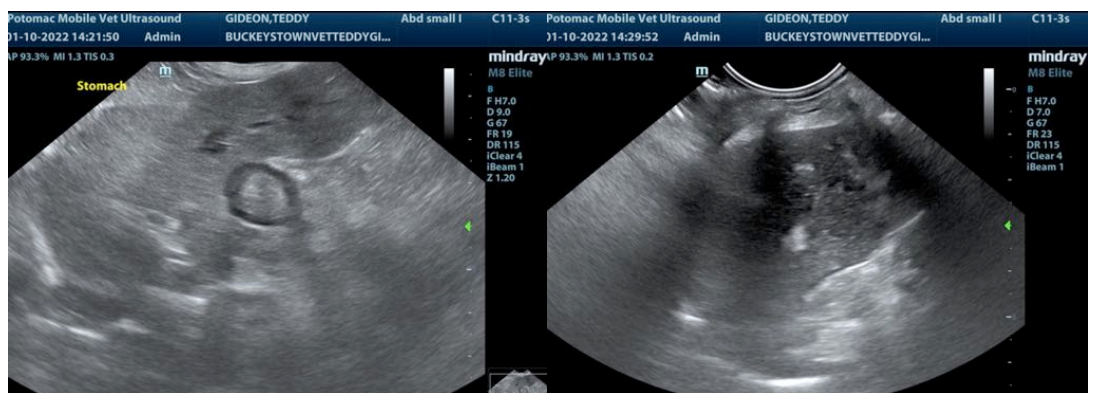
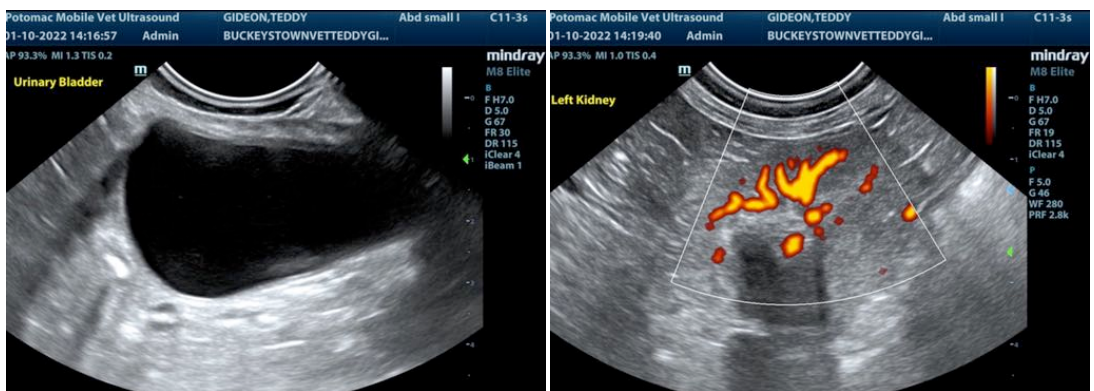
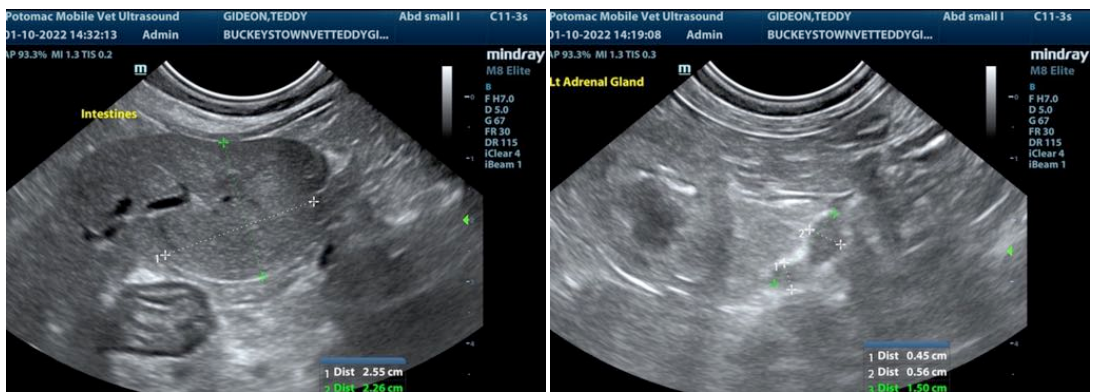
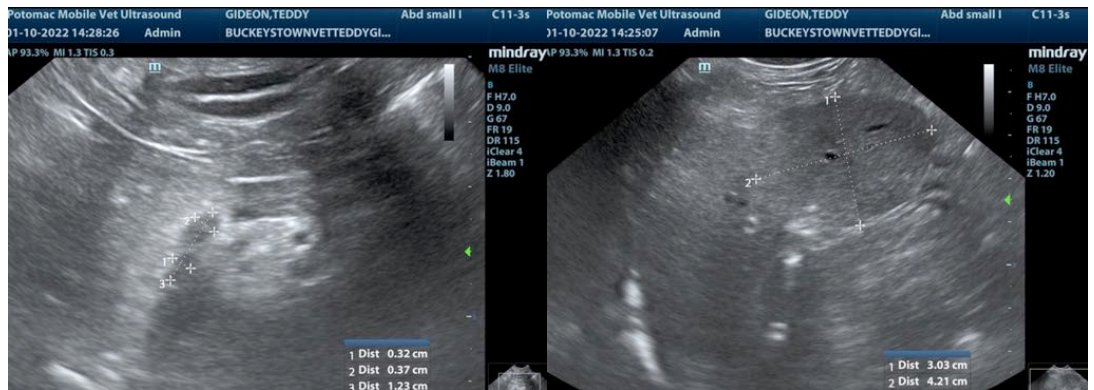
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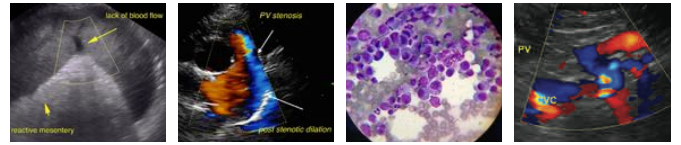
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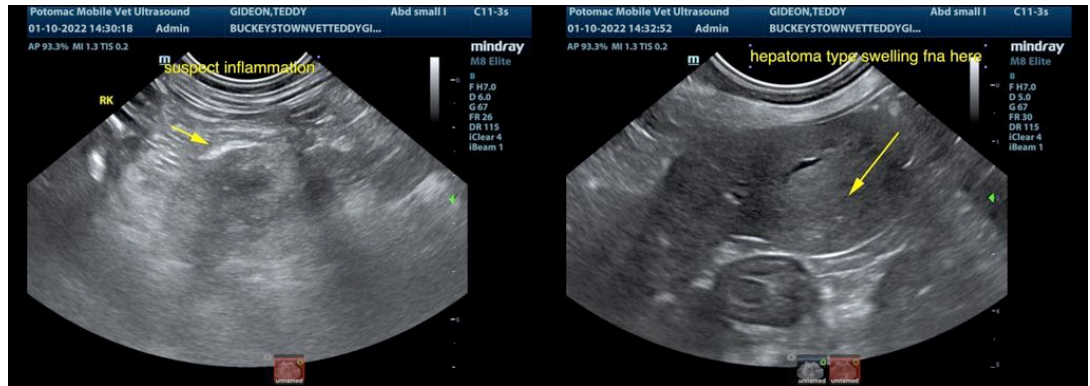
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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