



PATIENT

Cooper Longo

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

63 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

All Creatures Great and
 Small, Denville

REFERRING VET

Dr. Ashmore

INVOICE

35433

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Hx of Malignant melanoma - tongue Hx of pemphigus skin dz Current medications: Cycloavance/denamarin/galliprant/ dasuquin Sedated with Torb IV Abnormal PE/Chem/CBC/UA Results: ALP - 1896 ACTH Stim - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change. A minimal amount of urine was present at the time of the sonogram.

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 6.38 cm. The right kidney measured 5.85 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 right adrenal gland measured 3.47 cm x 1.4 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.24 cm x 0.59 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a mild benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** revealed multifocal hypoechoic nodular changes without disruption of architecture, however, given the patient history, cannot rule out metastatic disease. Screening FNA of the liver is indicated to ensure hyperplasia, as round cell neoplasia at an early phase and nodular hyperplasia can appear similarly from a sonographic standpoint. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was filled with progressively shadowing material, consistent with postprandial presentation or possible soft foreign matter. The small intestine and colon were unremarkable with normal curvilinear patterns and content.



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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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ULTRASONOGRAPHIC FINDINGS

BREED

Lab Mix

- Mineralized spleen
- Nodular hyperplasia liver pattern- potential for metastatic disease
- Slight retention of gastric luminal material
- Age related urinary bladder changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Hepatic FNA is indicated.

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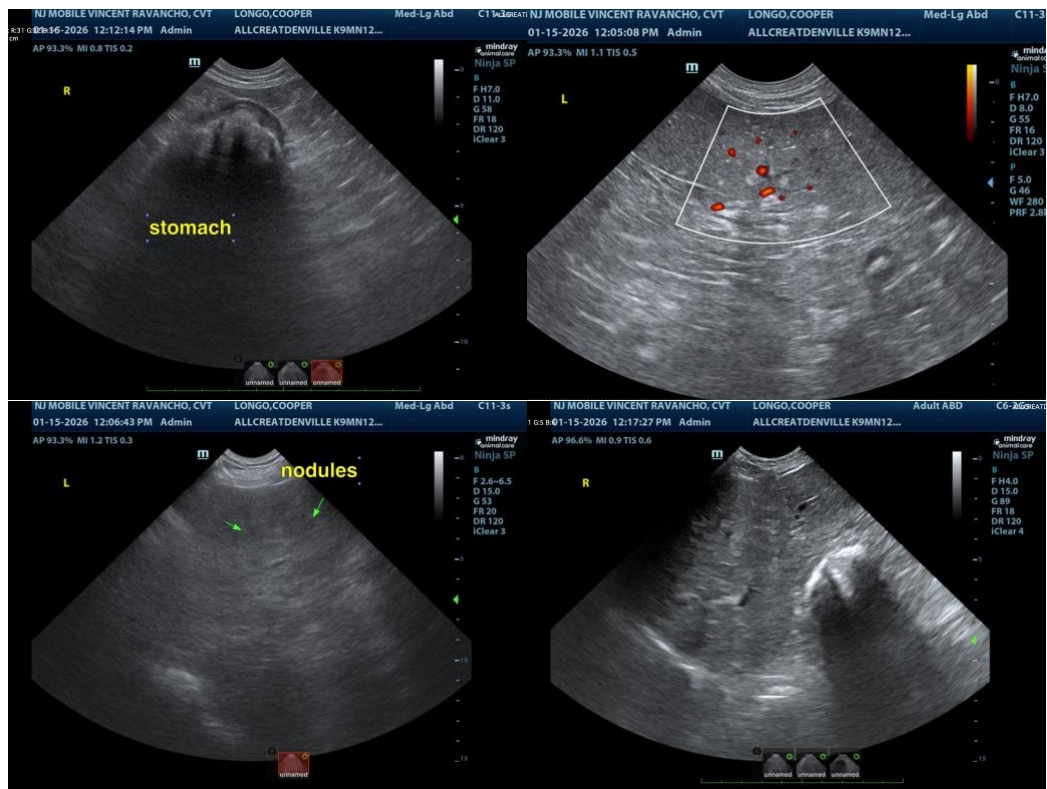
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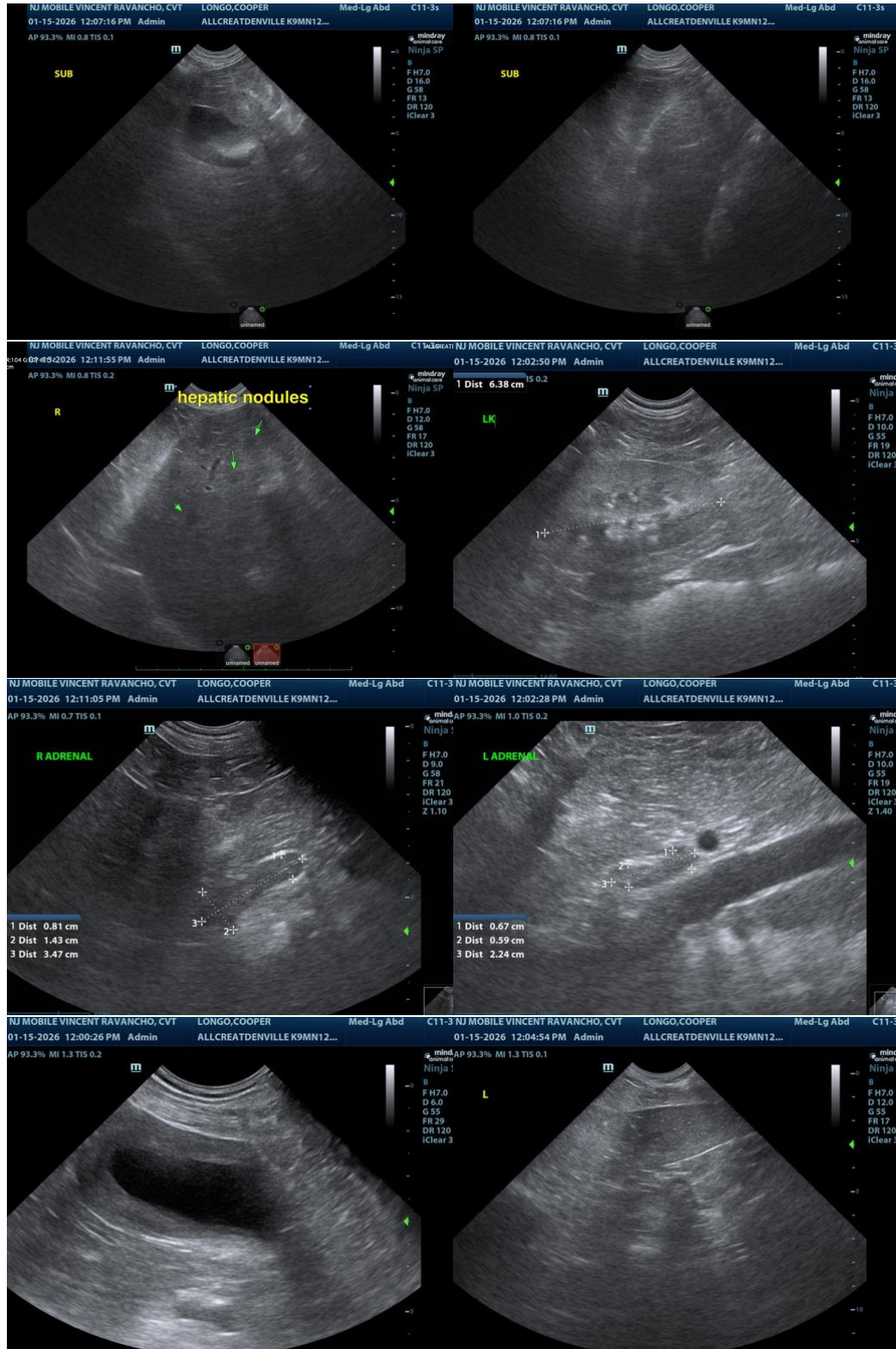
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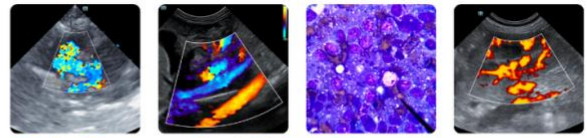
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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