



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pixie Neer
Species: Canine
Presenting Clinical Signs: Chronic hx of collapsing trachea, heart murmur and chronic cough. Cough suspected to be secondary to collapsing trachea +/- chronic bronchitis. Thoracic rads taken to evaluate progression of cough not responsive to current meds - mass effect noted central abdomen.
Abnormal PE/Chem/CBC/UA Results: frequent harsh, dry cough, 4-5/6 systolic murmur, otherwise NSF on PE. BW/UA: CBC: NSF Chem: BUN 37 (6-31) creat 1.0 glob 3.7 (1.6-3.6) UA: USG - 1.011, pH-6.0, quiet sediment, neg protein

BREED

Pomeranian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

14 years

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. Multi-focal pelvic calculi were noted in both kidneys and were non-obstructive at the time of the sonogram. The left kidney measured 2.49 cm. The right kidney measured 3.9 cm.

WEIGHT

4.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.87 x 0.42 cm at the caudal pole and 0.29 cm at the cranial pole.

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small Corvallis

Spleen

The **spleen** revealed a 3.29 x 2.5 cm mixed hypoechoic mass in the mid caudal body.

REFERRING VET

Dr. Litalian

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

95452

DATE

1/20/22



PATIENT

Gastrointestinal

Pixie Neer

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.

SPECIES

Canine

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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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Splenic tumor. Stromal tumor, hemangiosarcoma and benign hyperplasia are all possible.

AGE

14 years

Moderate degenerative renal changes with pelvic calculi, non-obstructive.

WEIGHT

4.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend three view chest radiographs as well as an echocardiogram if not already performed to primarily focus on the right auricle and pericardium to assess for metastatic disease and clear for potential surgery. Given the isosthenuria and azotemia I am concerned for emerging renal failure as the kidneys appear 50-60% from subjective standpoint. However, complicating factors such as passage of calculi, UTI, hypertension and hypovolemia are all potentials. Chest radiographs for metastasis is also indicated.

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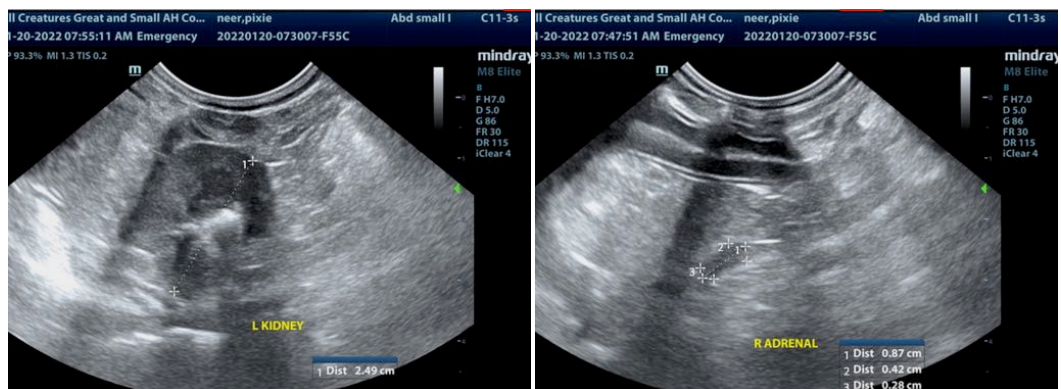
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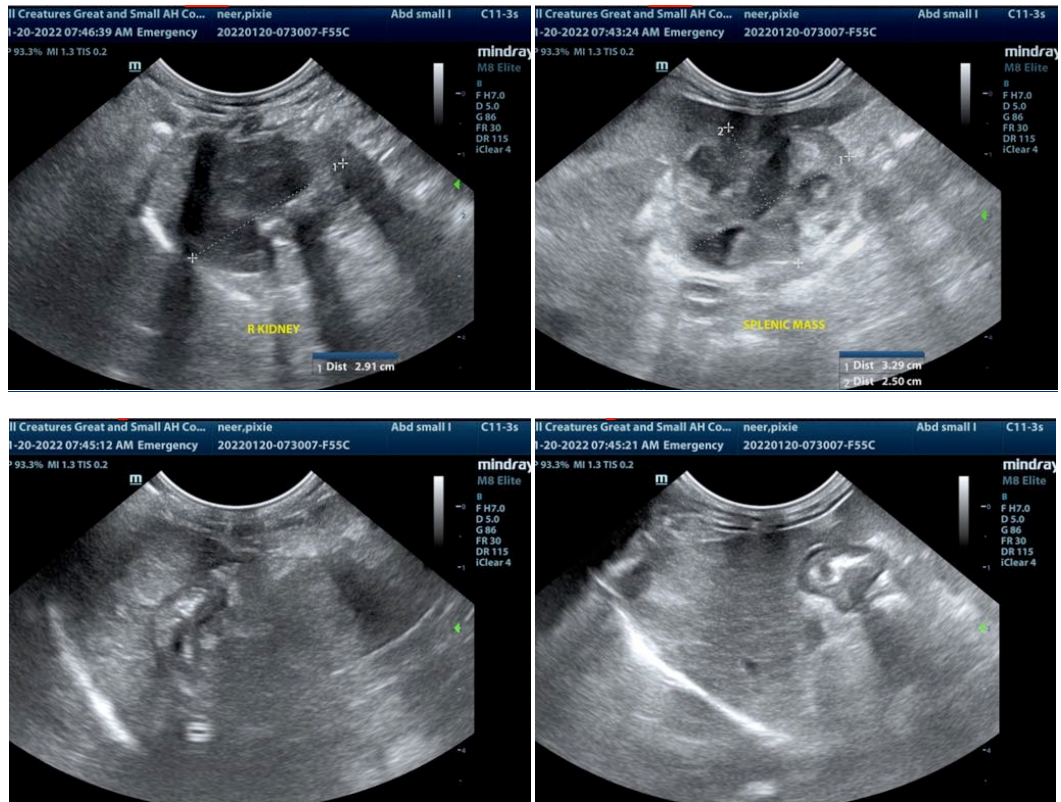
Spayed Female

AGE

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WEIGHT

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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.

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