



PATIENT

Lucas Mancera

PRESENTING CLINICAL SIGNS

History: gastric fb, checking if needs surgery

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **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.

AGE

3 years

The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.69 cm. The left kidney measured 5.92 cm.

WEIGHT

56.5 lbs

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 left adrenal gland measured 2.72 x 0.64 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 3.12 x 1.48 cm at the cranial pole and 0.75 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** revealed slight, heterogenous parenchymal change at the mid caudal body. A splenic nodule was noted at the mid cranial body after the splenic fold. The nodule measured 2.0 cm and was mildly disruptive.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Manier

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

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Gastrointestinal

The **stomach** revealed slight shadowing material that is non-obstructive in the pyloric outflow. This is likely medications or similar. There was no obstructive pattern present. The material measured 0.5 cm. A separate shadowing structure measured 2.6 cm. The small intestine and colon were unremarkable. The curvilinear patterns were maintained.

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.

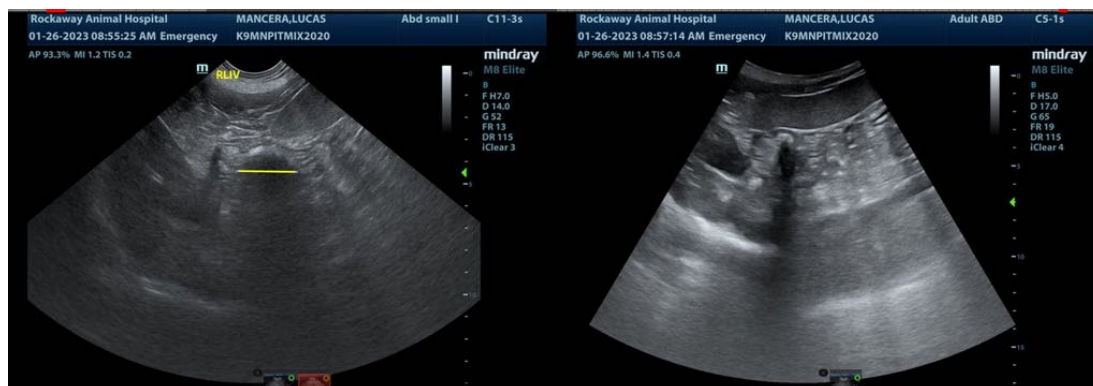
ULTRASONOGRAPHIC FINDINGS

1 inch wide gastric structure, possible wood chip or similar.

Splenic nodule, concerning for round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Conservative therapy with endoscopy and structural retrieval in the stomach can be considered along with FNA of the spleen or direct splenectomy and exploratory gastrotomy. The presentation is not urgent. However, surgical approach with splenectomy and gastrotomy would be my personal preference in this case to obtain gastric biopsies even though structurally the GI tract appears unremarkable. Chest radiographs and echocardiogram are warranted to rule out comorbidities. A sonogram should be performed just prior to surgery to ensure that the material has not been evacuated or traveled distally given its size.





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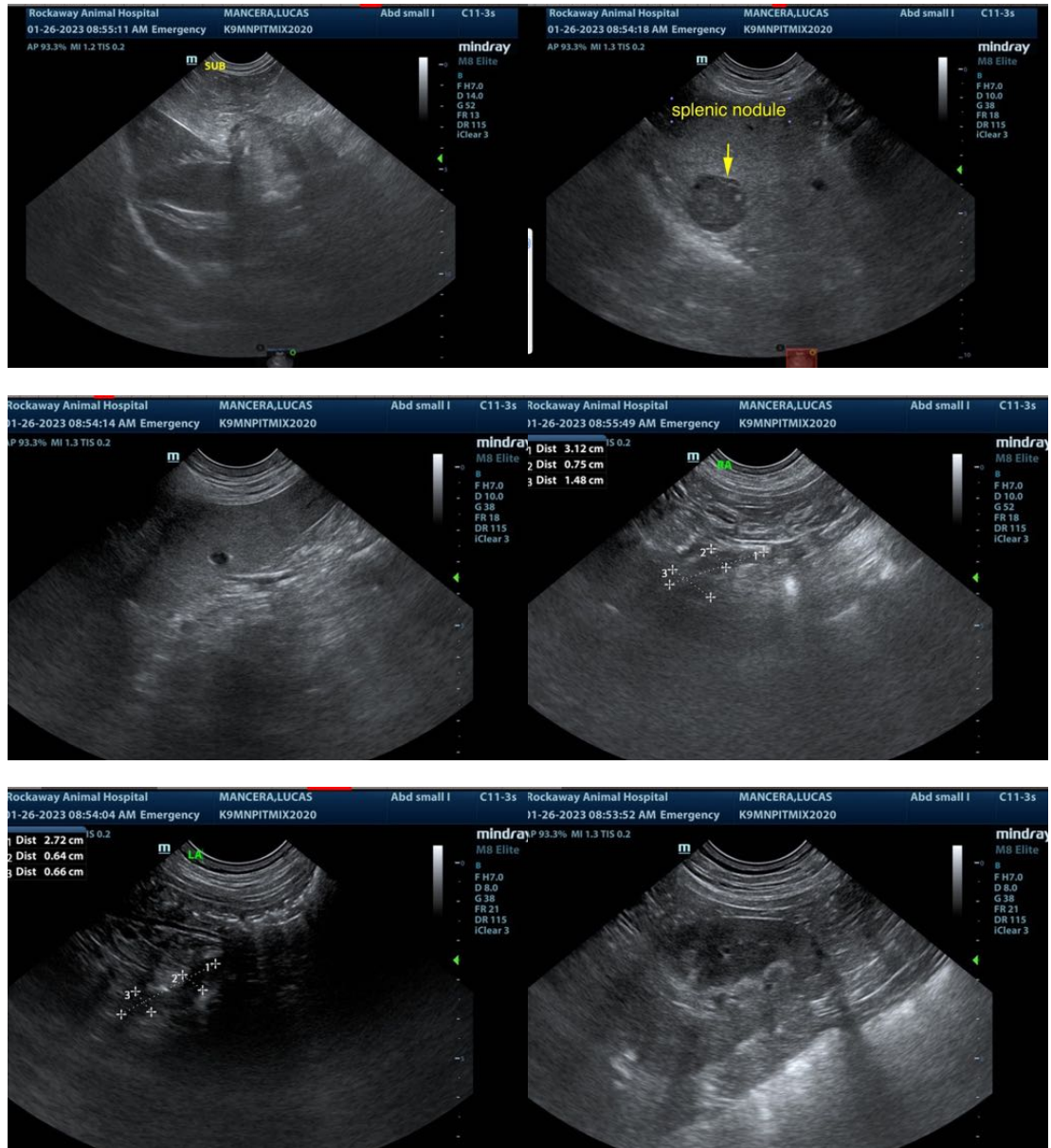
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com