



**PATIENT**

Cooper Frider

**PRESENTING CLINICAL SIGNS**

Inappetence, coughing, increase thirst and urination, difficulty walking. Abnormal PE/Chem/CBC/UA Results: Pending including cortisol levels, etc.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shihpoo

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Small bladder calculus was noted with no overt acoustic shadowing. The calculus measured 0.18 cm and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The residual prostate was uniform and measured 0.67 cm.

**AGE**

13 years

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. The right kidney measured 4.73 cm. The left kidney measured 4.5 cm.

**WEIGHT**

24.8 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 right adrenal gland measured 1.82 x 0.92 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 1.65 x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Spleen**

The **spleen** revealed a hypoechoic nodule that measured 0.62 cm in the mid caudal body. The remainder of the spleen was uniform.

**HOSPITAL NAME**

New Bridge VH

**Liver**

**REFERRING VET**

Dr. Glennon

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted. Hepatic swelling was noted. A hyperechoic, left-sided liver nodule was noted. The nodule measured 1.74 cm. 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 and common bile duct were unremarkable.

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**Gastrointestinal**

Cooper Frider

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

**BREED**

Shihpoo

**SEX**

Neutered male

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Hepatic remodeling. Subjectively benign hepatopathy and nodular hyperplasia pattern.  
Minor renal mineralization.

**WEIGHT**

24.8 lbs

Small, bladder concretion, non-obstructive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is likely passing calculi periodically. There was no evidence of significant disease. However, FNA of the liver nodule would be ideal in case early carcinoma is developing. FNA of the general parenchyma is also warranted.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

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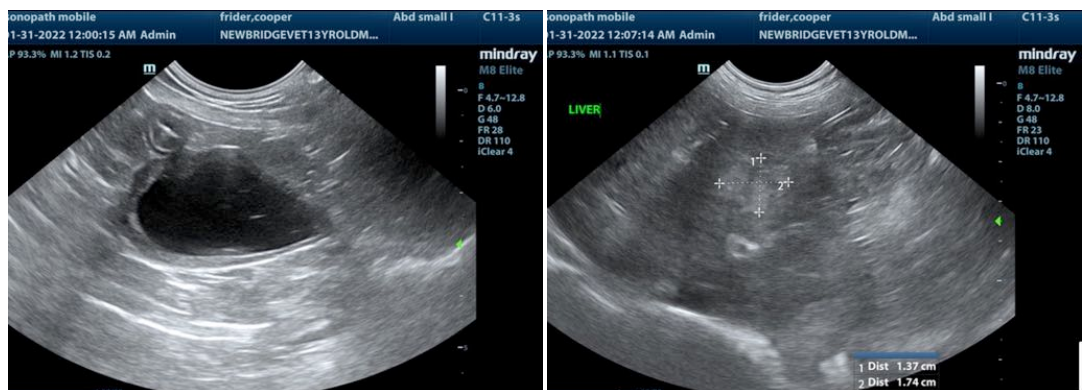
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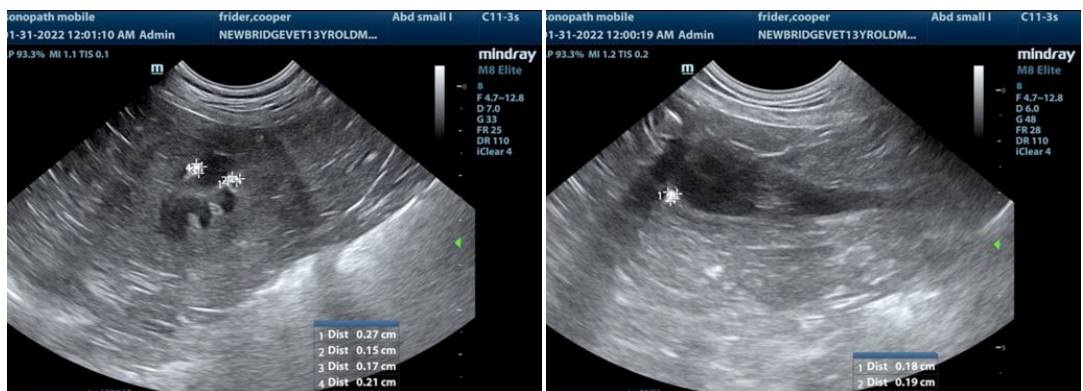
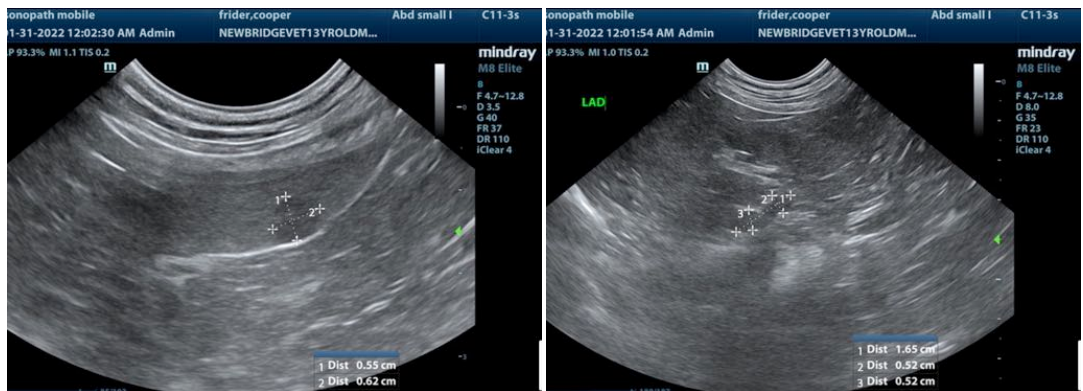
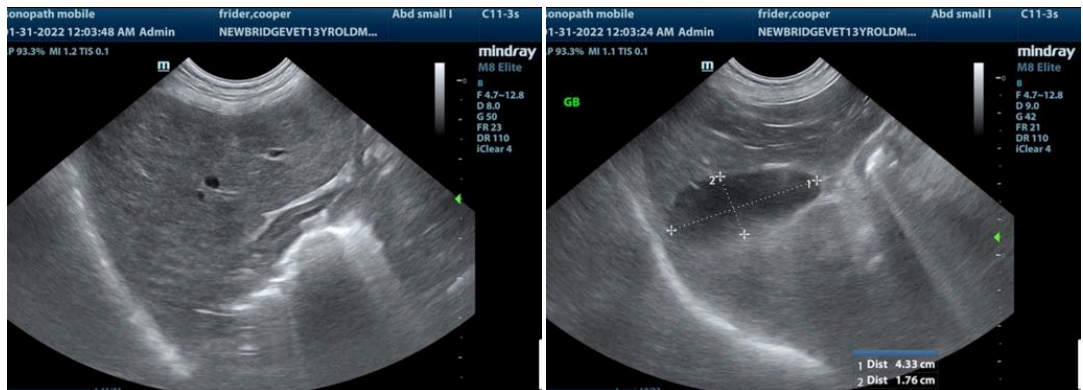
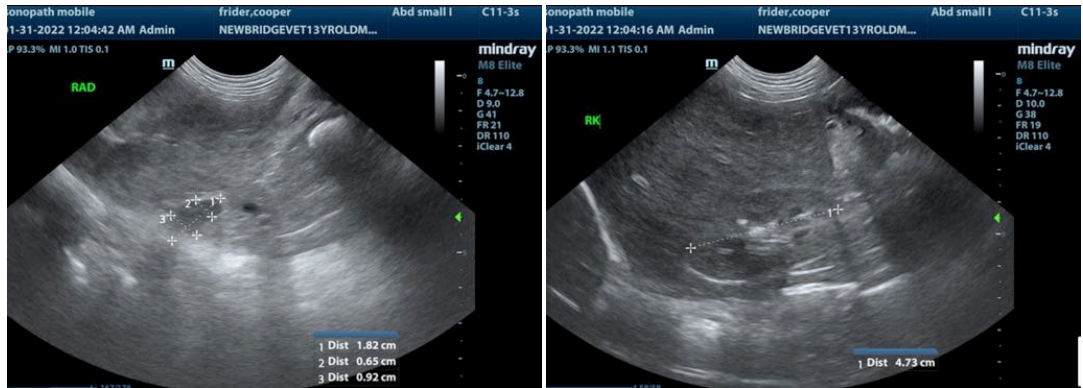
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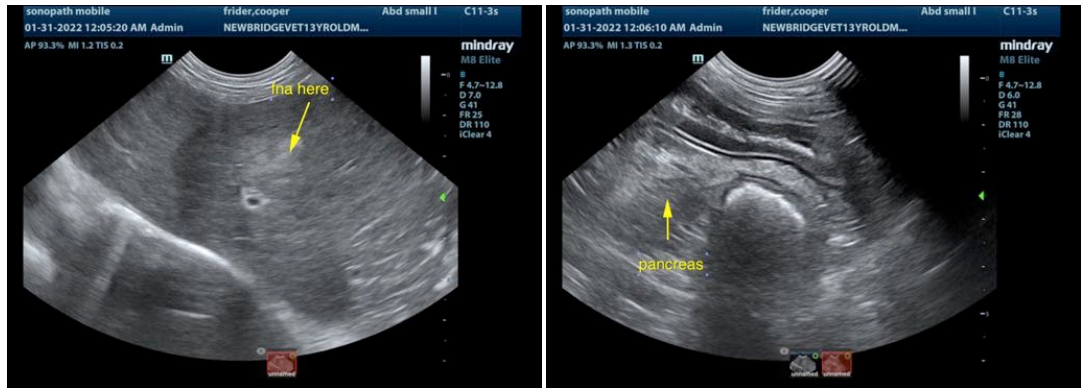
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**SPECIES**

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**BREED**

Shihpoo



**SEX**

Neutered male

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.

**AGE**

13 years

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

**WEIGHT**

24.8 lbs

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