



PATIENT

Cooper Miller

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

77.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Rita Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Rita Kivircik

INVOICE

20484

DATE

1/7/23

PRESENTING CLINICAL SIGNS

History: Hx of v/d, cpl, pending but positive on cpl snap. New aiv arrhythmia. No e/d yesterday. Switched to smaller probe and viewed thru rib cage but unable to visualize liver well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal.

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 7.0 cm. An anechoic cyst was noted in the caudal pole of the right kidney.

Adrenal Glands

The **left adrenal gland** was 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 was visualized obliquely, measuring 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed multifocal hypoechoic nodular changes, likely hyperplasia. Cranial folding of the spleen was noted.

Liver

The **liver** was not visualized.

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.

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



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- Nodular hyperplasia splenic pattern vs emerging round cell neoplasia or hemangiosarcoma
- Right kidney anechoic cyst
- Structurally unremarkable GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules could be considered. A follow up ultrasound of the spleen and intercostal approach to the liver is recommended. Chest radiographs are warranted to assess for comorbidities.

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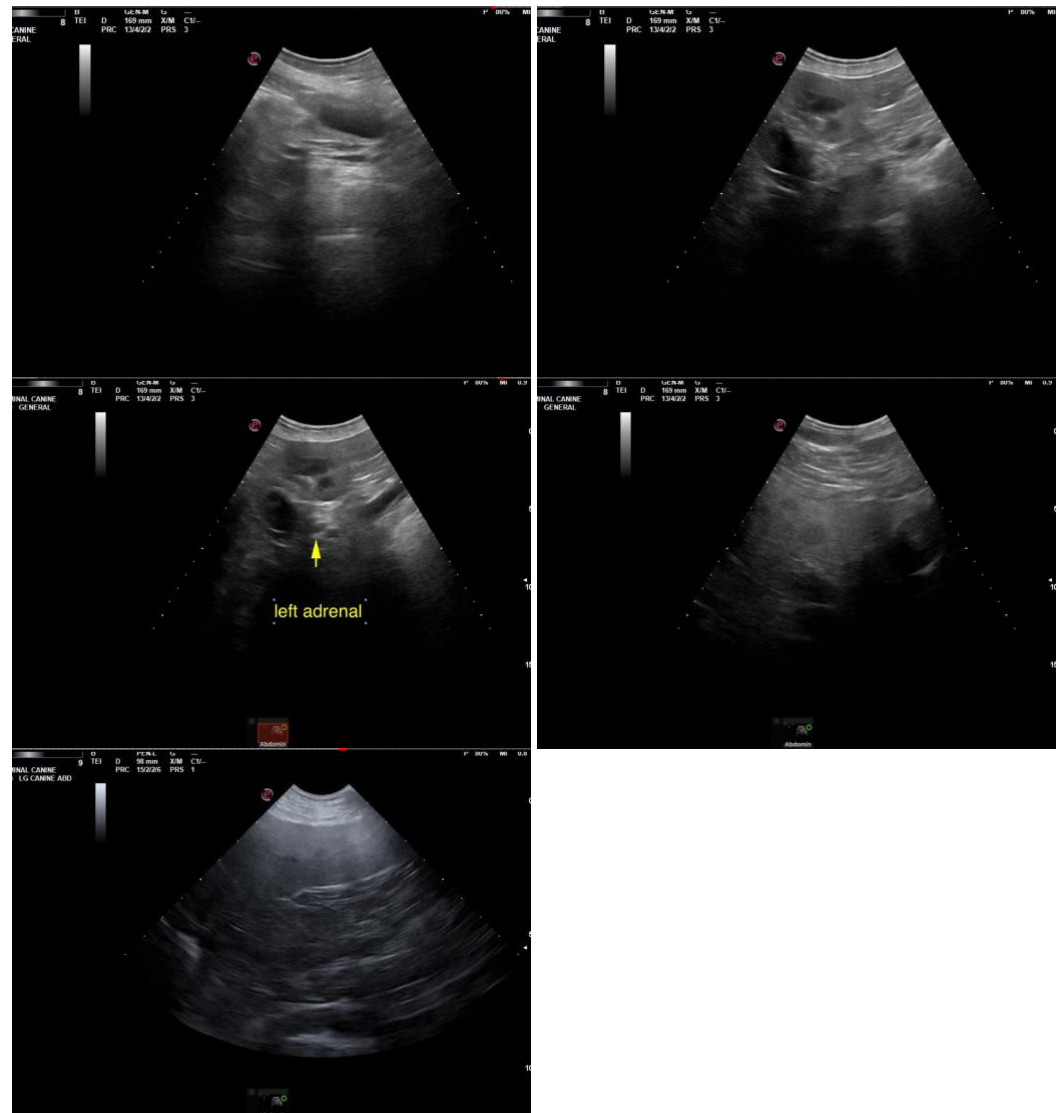
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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