



**PATIENT PRESENTING CLINICAL SIGNS**

Mason Hendrix

History: Intermittent vomiting, lip smacking/gagging since 9/13/21, history of diarrhea - resolved. History of splenectomy (splenic hematoma). Treated with Vit. B12 inj., on I/D diet. Meds: Soloxine 0.5mgs, was on a course of Cerenia, metro, prilosec, and sucralfate  
 Abnormal PE/Chem/CBC/UA Results: CPL WNL, HCT 34.

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

-

**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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 1.62 cm and was slightly enlarged. There was no evidence of pathology.

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. The right kidney measured 6.7 cm. An anechoic cyst was noted in dorsal cortex of the left kidney and measured 1.0 cm. The left kidney measured 6.85 cm with pinpoint mineralization.

**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 left adrenal gland measured 2.09 x 0.56 cm at the caudal pole and 0.59 cm at the cranial pole.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Bergen County VC

**Spleen**

The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

**REFERRING VET**

Dr. Lewis

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

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The **gastrointestinal tract** revealed hyperperistalsis and mild, irregular intestinal walls. There were areas of reactive mesentery noted. The gastric wall was also thickened with an empty lumen. There was no evidence of foreign body. Mucosal hypertrophy was noted. There was no obvious evidence of neoplasia.

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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**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Gastrointestinal upset, non-specific with gastric hypertrophy.

**AGE**

12 years

Otherwise, geriatric abdomen.

Minor pyelectasia noted in the right kidney.

**WEIGHT**

-

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of the prior splenic pathology. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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DABVP, Cert. IVUSS

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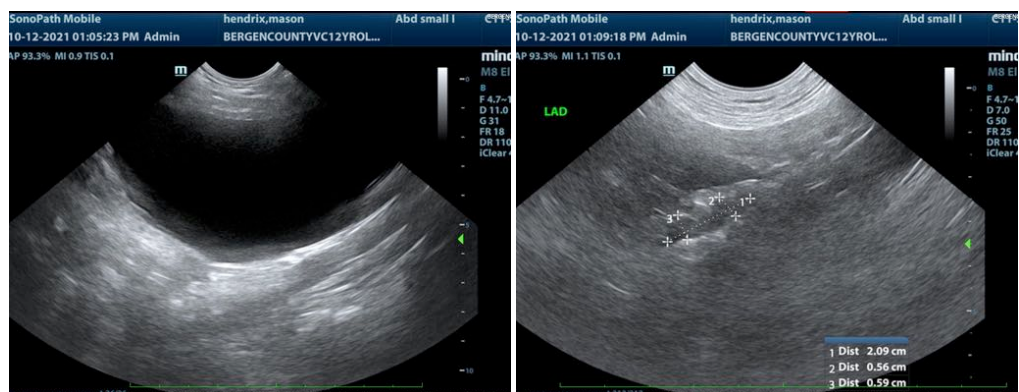
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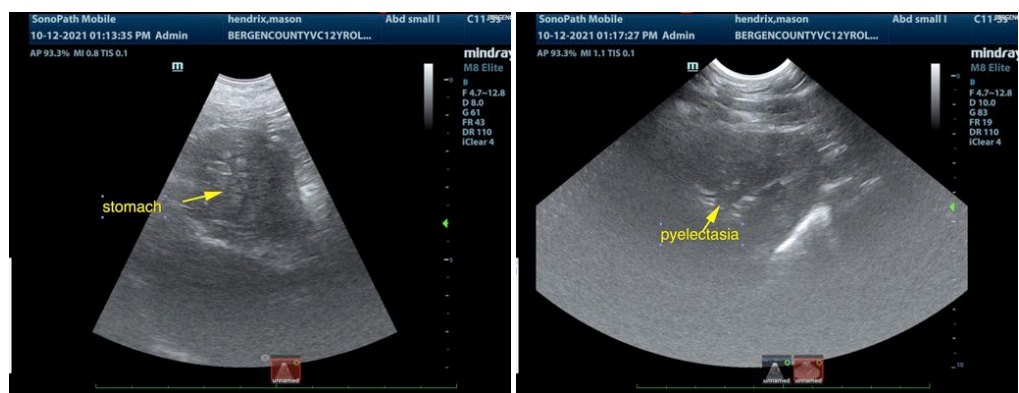
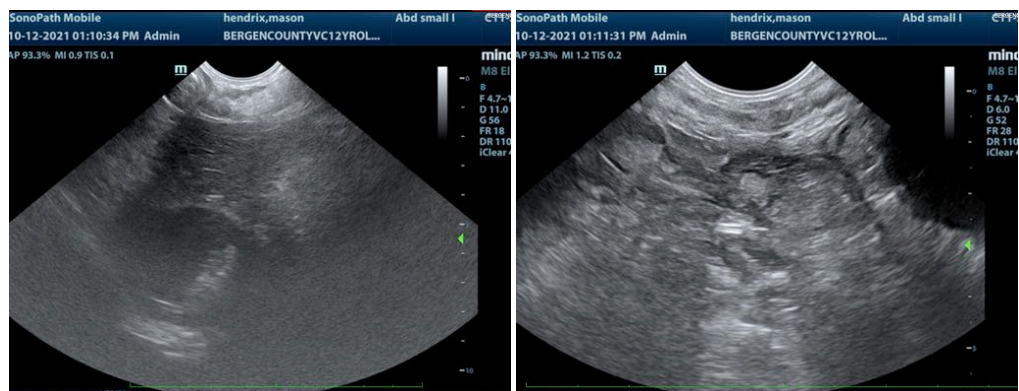
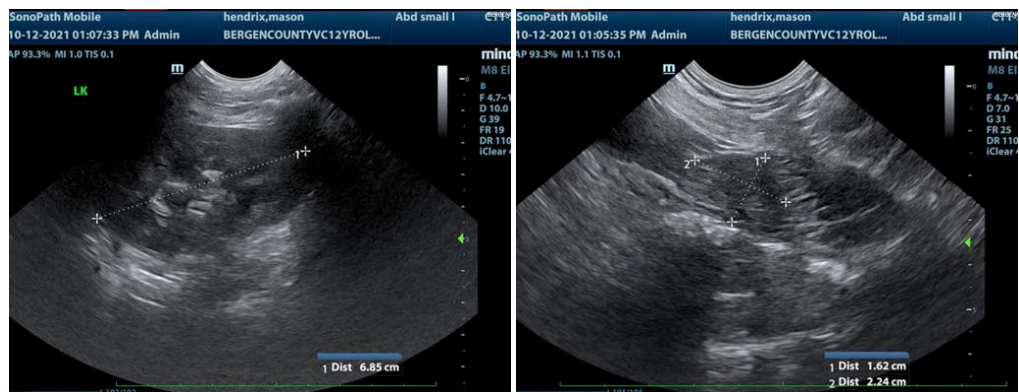
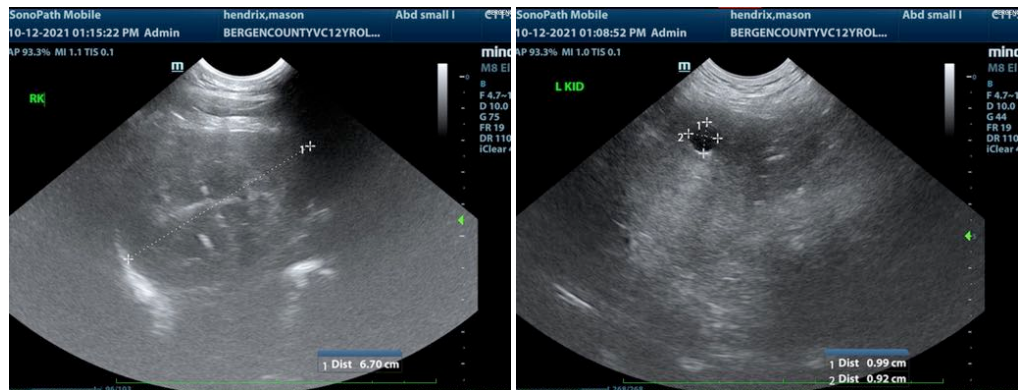
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**PATIENT**

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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.

**SPECIES**

Canine

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

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