



PATIENT

Buster Feliu

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

7.5 Pounds

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Christensen

INVOICE

17795

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: Recheck from previous ultrasound. Suspected GI lymphoma.

Abnormal PE/Chem/CBC/UA Results: Elevated WBC's.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.1 cm. The left kidney measured 4.8 cm.

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 1.87 cm x 0.5 cm. The right adrenal gland was visualized obliquely, measuring 0.6 cm.

Spleen

The **spleen** was normal in size and contour with no evidence of infiltrative disease. Caudal folding of the spleen was noted.

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. A minor amount of dependent gallbladder debris, not pathological. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this



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patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

No evidence of **lymphadenopathy**.

Other

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A trace amount of **pleural effusion** was noted through the diaphragm. Some comet tail lung pattern was also noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

17 Pounds

- Moderate degenerative renal changes
- Splenic fold
- Minor gallbladder debris
- Full stomach
- Age-related pancreatic changes
- Pleural effusion and comet tail lung pattern in the diaphragm

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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No evidence of abdominal lymphoma, however, slight pleural effusion was noted through the diaphragm. This may be a thoracic manifestation neoplasia. Thoracic work up is indicated. Chest radiographs are warranted +/- chest CT if pleural effusion is confirmed on radiographs.

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SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

REFERRING VET

Christensen

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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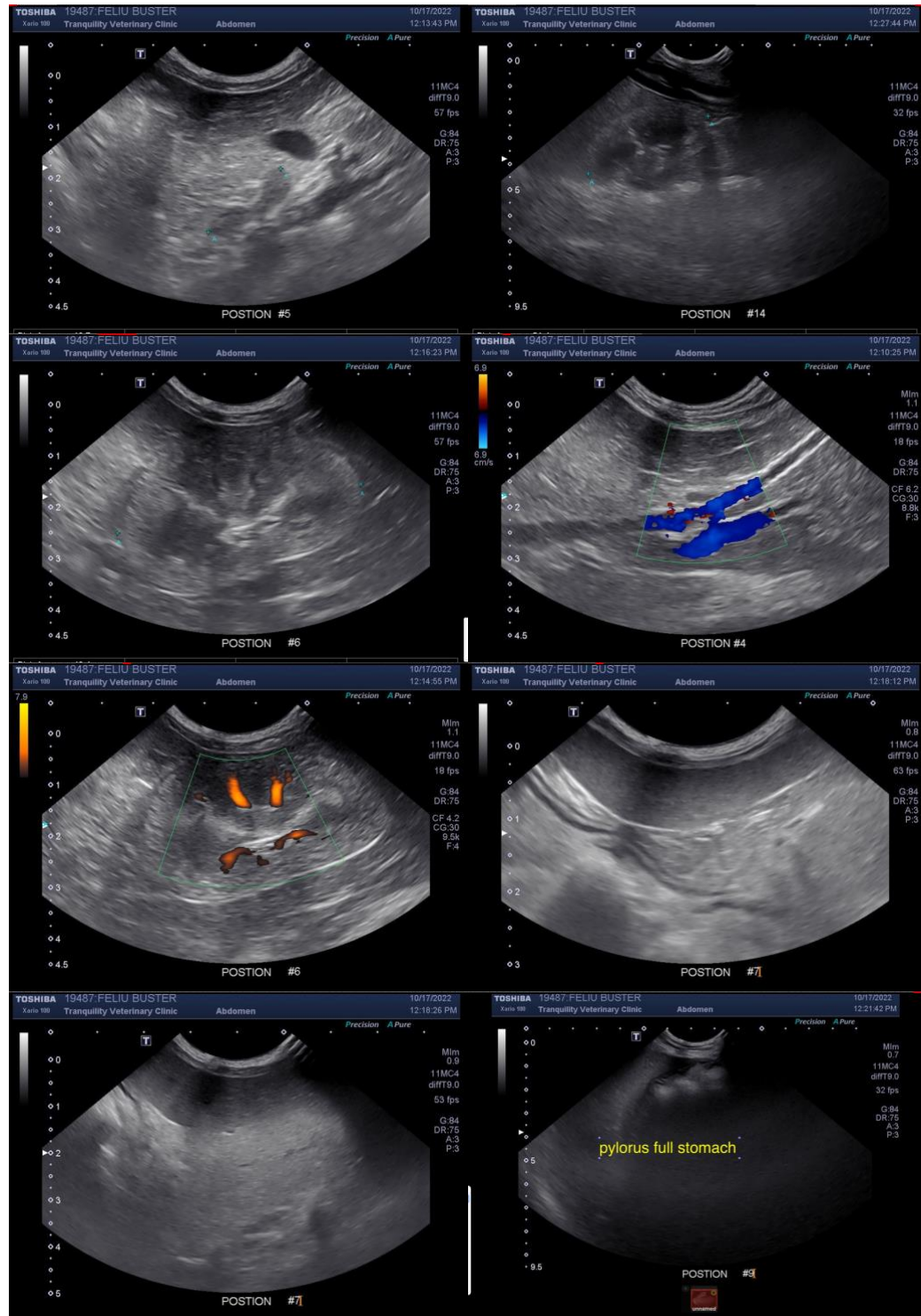
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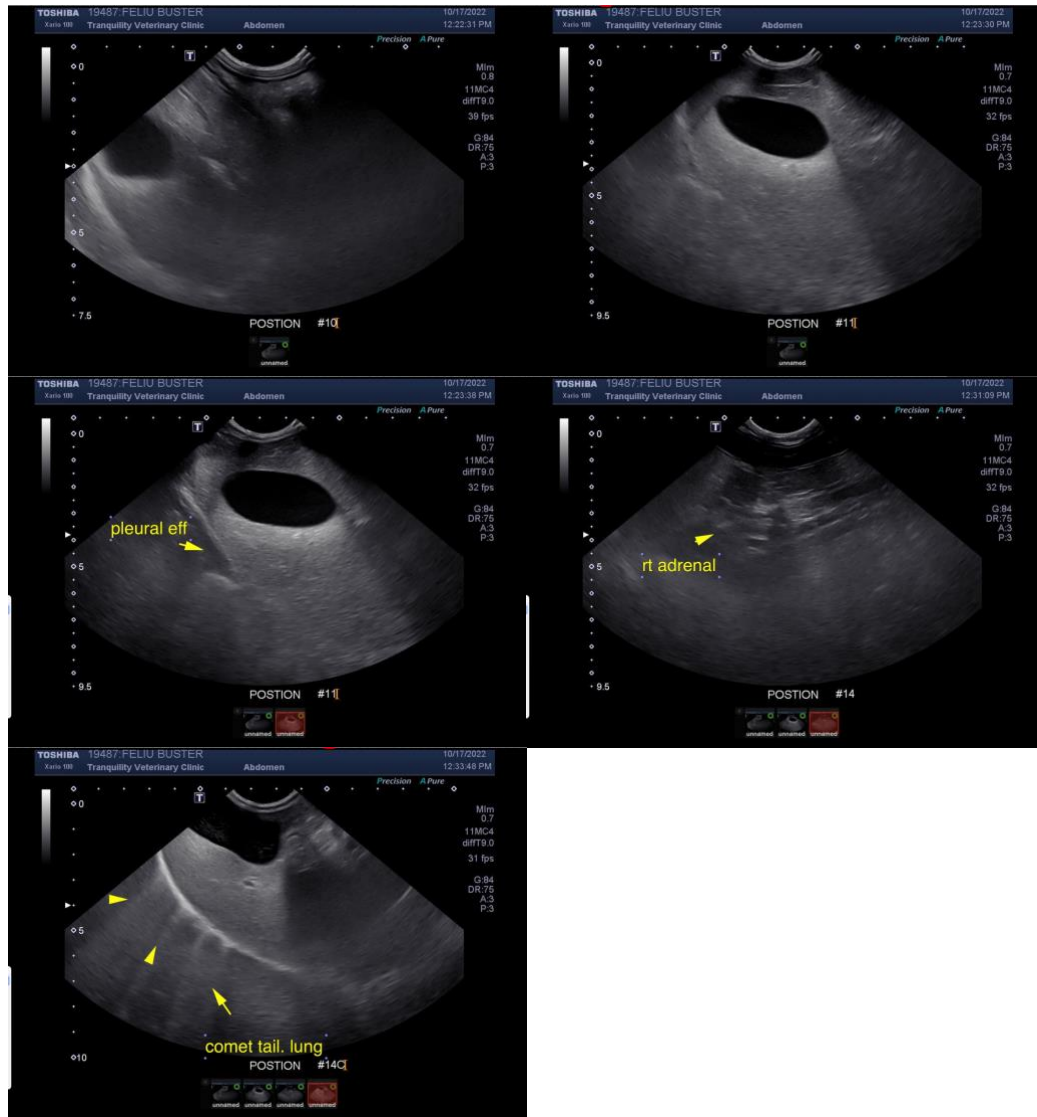
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com