



PATIENT PRESENTING CLINICAL SIGNS

Tyke Moore

History: vomiting- started 2 days ago. dry heaving/coughing all day. lethargy, anorexic. Vomiting continued mon pm 10x even after cerenia injection. Rads show loss of detail in stomach area, with SI gas distension mid abd.

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Fredon AH

INVOICE

92471

DATE

10/19/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. 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 **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 right kidney measured 5.5 cm. The left kidney measured 5.8 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 2.32 x 0.6 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.12 x 1.18 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive, mixed echogenic parenchymal mass that measured 4.8 cm. There was no evidence of cavitation or rupture noted. However, this is a precarious presentation. The remainder of the spleen was largely unremarkable.

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. 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.



PATIENT

Gastrointestinal

Tyke Moore

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.

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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

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

48 lbs

Splenic mass. This may be completely independent of the clinical history.

Otherwise, structurally unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no contraindication to surgical procedure. Three view chest radiographs are warranted followed by splenectomy and gastrointestinal biopsies given the clinical signs. However, structurally the GI tract appeared unremarkable.

IMAGING PERFORMED BY

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HOSPITAL NAME

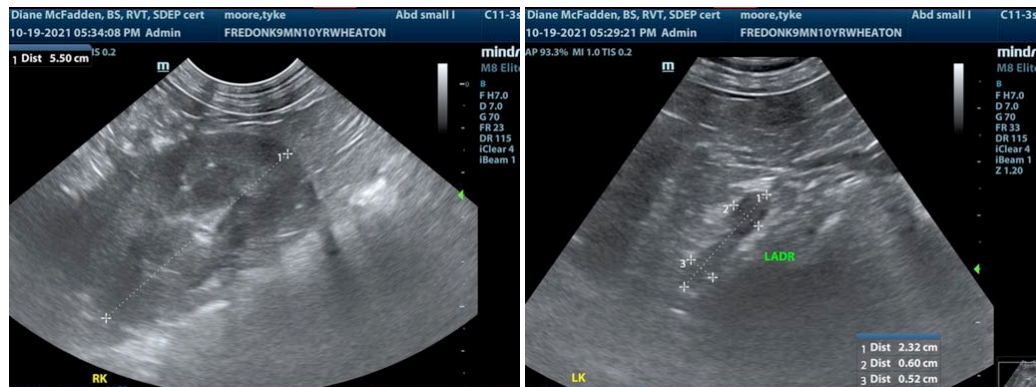
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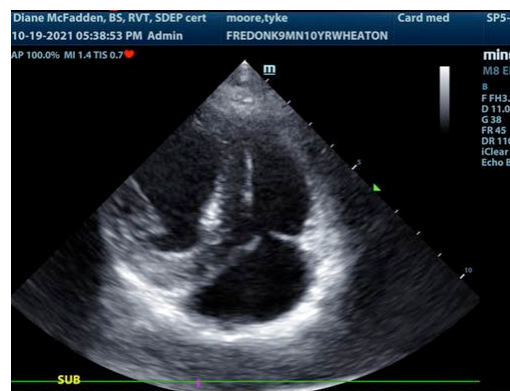
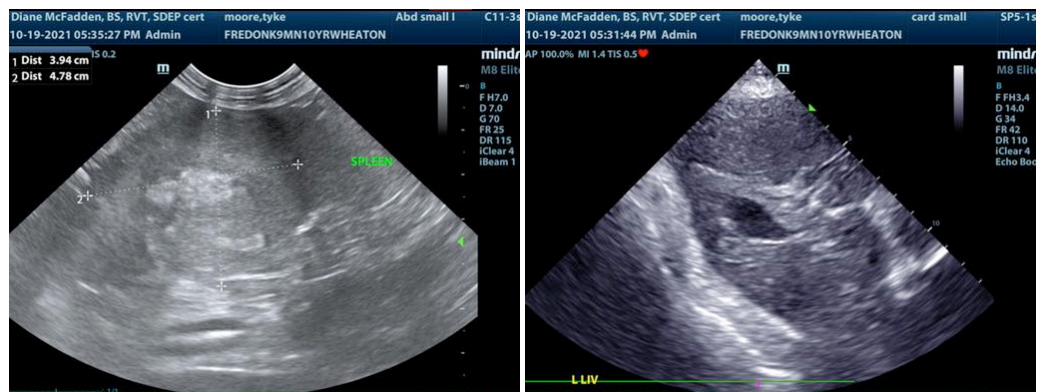
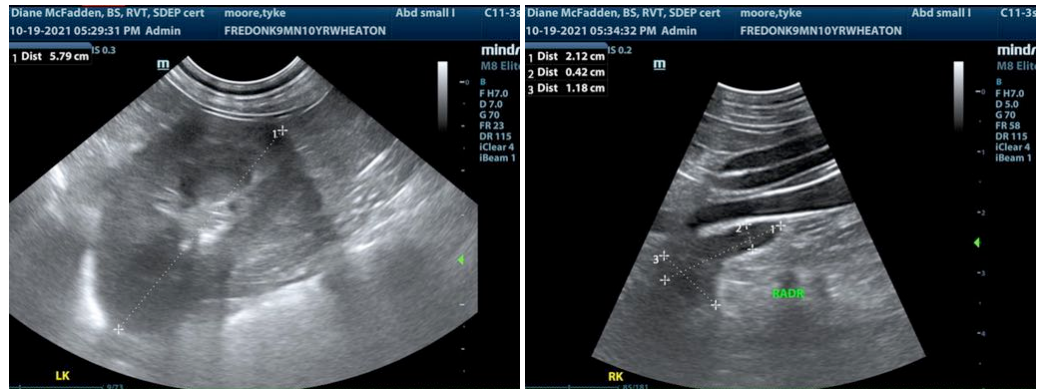
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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