



**PATIENT**

Nikita Eaves

**PRESENTING CLINICAL SIGNS**

Patient has been vomiting for the last few days. Had radiographs done in past and saw abdominal mass, recommended ultrasound.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pit Bull

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.3 cm.

**WEIGHT**

26 kg

**Adrenal Glands**

The **right adrenal gland** was mildly enlarged at 1.7 cm at the cranial pole and 1.3 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV

The **left adrenal gland** measured at upper limits of normal at 0.96 cm at the caudal pole and 0.76 cm at the cranial pole.

**Spleen**

DABVP, Cert. IVUSS

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. It was folded upon itself cranially. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

**IMAGING PERFORMED BY**

Dr. Brittany Gardner

**HOSPITAL NAME**

Wilvet Salem

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**REFERRING VET**

Dr. Brittany Gardner

**INVOICE**

42744

**Gastrointestinal**

The **stomach** was overdistended with progressively shadowing material. This could be post-prandial depending on when the patient ate prior to the sonogram. However, a 4.0 cm gastric foreign body was noted in the gastric fundus with concurrent stasis. Some transit of chyme noted into the small intestine, therefore the obstructive pattern is partial.

**DATE**

11/11/22



**PATIENT**

**Pancreas**

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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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Pit Bull

- Full stomach with 4.0 cm shadowing foreign matter
- Chronic cystitis bladder pattern
- Mildly enlarged adrenal glands
- Hypersplenism pattern
- Vacuolar hepatopathy
- Age related renal changes

**SEX**

Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy or gastroscopy indicated. Full urinary workup indicated. If the patient appears cushingoid, workup for pituitary dependent hyperadrenocorticism recommended.

**AGE**

13 Years

**WEIGHT**

26 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

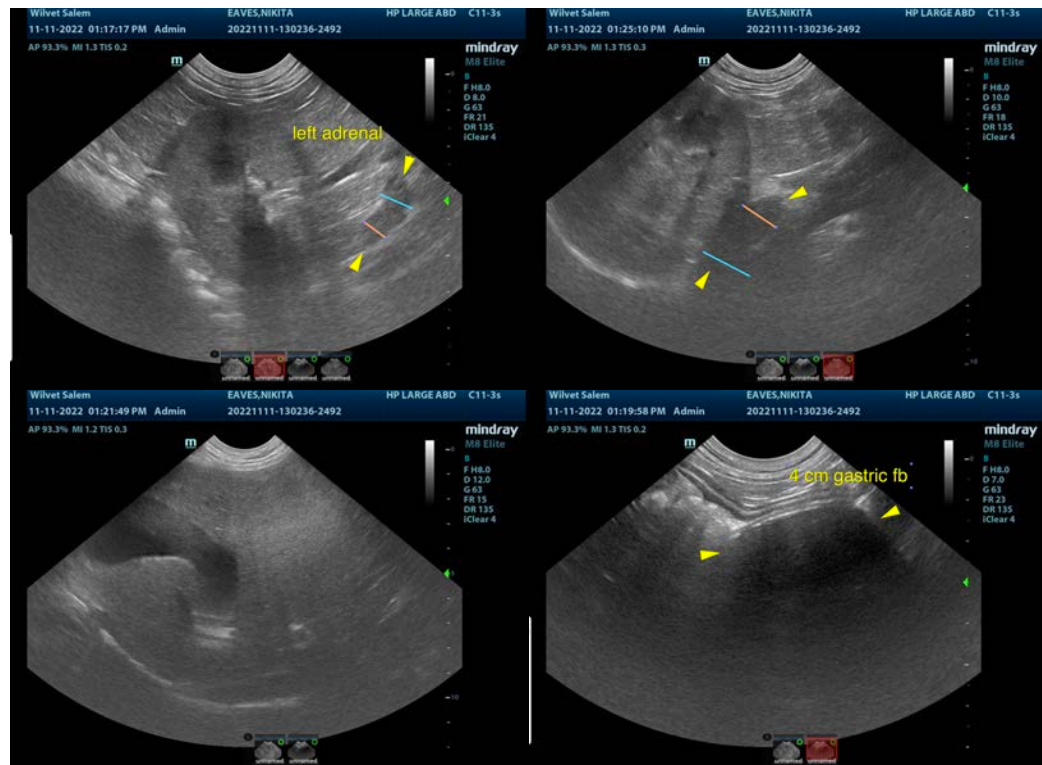
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

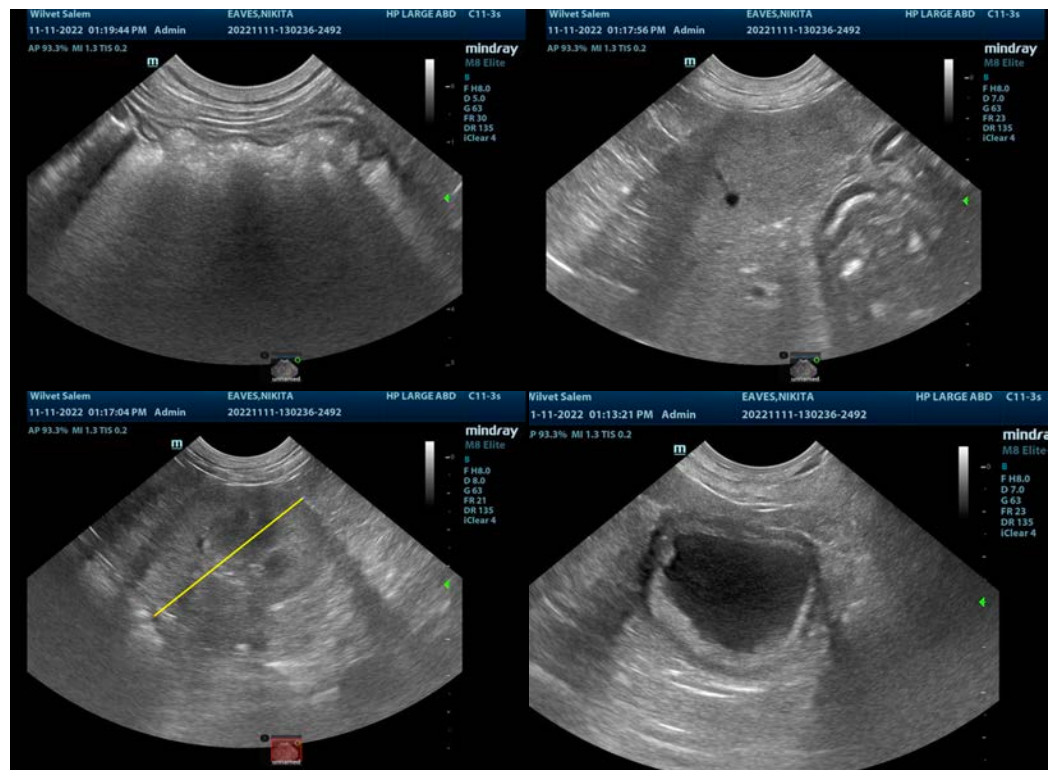
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**AGE**

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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.

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

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