



PATIENT PRESENTING CLINICAL SIGNS

Ken Carrero

History: Patient presented to the hospital for a routine annual exam. Eating and drinking well at home. No sneezing, coughing, vomiting or diarrhea. BAR, MM: Pink, 6/9 BCS, 3/3 MCS
Abnormal PE/Chem/CBC/UA Results: Bloodwork revealed elevated ALP: 1,494IU/L Rest of bloodwork was unremarkable.

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

17 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The prostate was uniform and revealed 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. Anechoic cysts were noted in the kidneys. The left kidney measured 6.0 cm. The right kidney measured 5.51 cm.

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 0.5 x 1.27 cm. The right adrenal gland measured 0.56 cm.

IMAGING PERFORMED BY

Dr. Kim

Spleen

HOSPITAL NAME

Ridgefield Park AH

The **spleen** revealed an expansive parenchymal mass that measured 2.0 cm with ill-defined margins. There is no evidence of metastatic disease.

REFERRING VET

Dr. Kim

Liver

INVOICE

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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.

DATE

11/15/21



PATIENT

Gastrointestinal

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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

ULTRASONOGRAPHIC FINDINGS

Splenic mass, appears solitary. This may be benign.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma, round cell neoplasia, hyperplasia and abscessation are all possible. Geriatric abdomen was otherwise noted. There was no overt evidence of metastatic disease. Three view chest radiographs and rapid echocardiogram primarily of the right auricle and pericardium is indicated to assess for metastatic disease. Liver biopsy is warranted to rule out micrometastasis. Chest radiographs are warranted. Urinalysis is warranted if not already performed given the minor bladder thickening and mild chronic renal changes to assess for inflammatory sediment.

WEIGHT

17 lbs

INTERPRETED BY

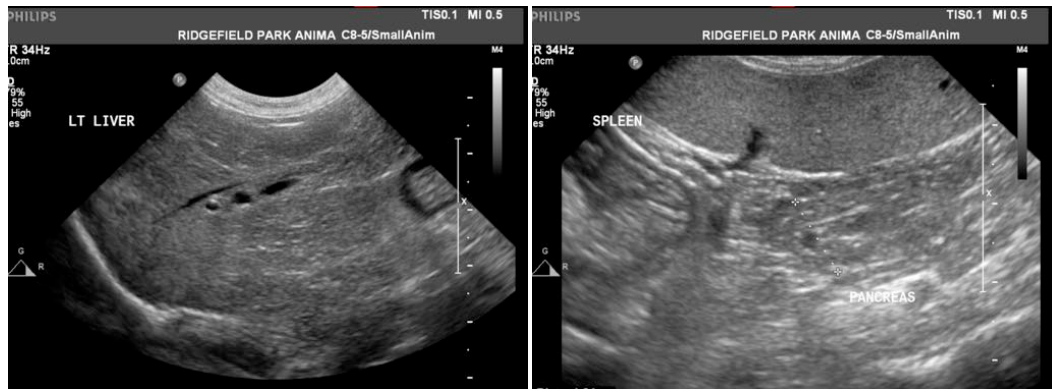
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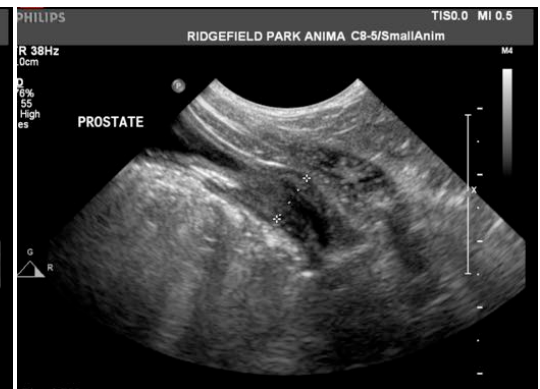
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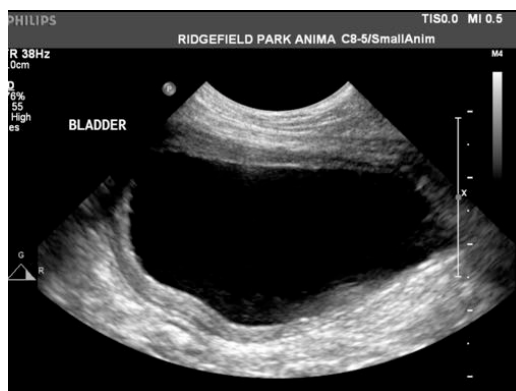
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PATIENT

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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.

BREED

Silky Terrier

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