



**PATIENT**

Cruise St Pierre

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

43 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Moore

**INVOICE**

42533

**DATE**

11/15/22

**PRESENTING CLINICAL SIGNS**

History: Owner reports something seems "off" with the Cruise. Fasted the am for the AUS.  
Abnormal PE/Chem/CBC/UA Results: BW: all WNL, initial sample was hemolyzed and T Bili/GGT were elevated. Recheck sample done today.

**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 1.3 cm.

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 5.95 cm. The left kidney measured 6.61 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 right adrenal gland measured 1.92 cm at the cranial pole and 0.68 cm at the caudal pole and 2.81 cm in length. The left adrenal gland measured 3.06 x 0.63 at the cranial pole and 0.51 cm at the caudal pole.

**Spleen**

The **spleen** revealed subtle, heterogenous parenchymal changes. There was no evidence of significant disease.

**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**

Cruise St Pierre

The pylorus in this patient revealed a 2.24 x 3.0 cm long mass. A significant amount of gastric stasis was noted. There was retention of kibble or similar material is noted in the gastric fundus. The small intestines and colon were unremarkable.

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**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Delayed outflow gastric pattern with pyloric mass.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy is indicated to confirm with mucosal biopsies. Surgical intervention with Bill Roth procedure may be appropriate. The mass does not appear overtly vascular; however, it was present in multiple views. Endoscopy would be ideal approach as the structure extends lumenally. This may be a benign polyp, yet space occupying. There is no evidence of metastatic disease.

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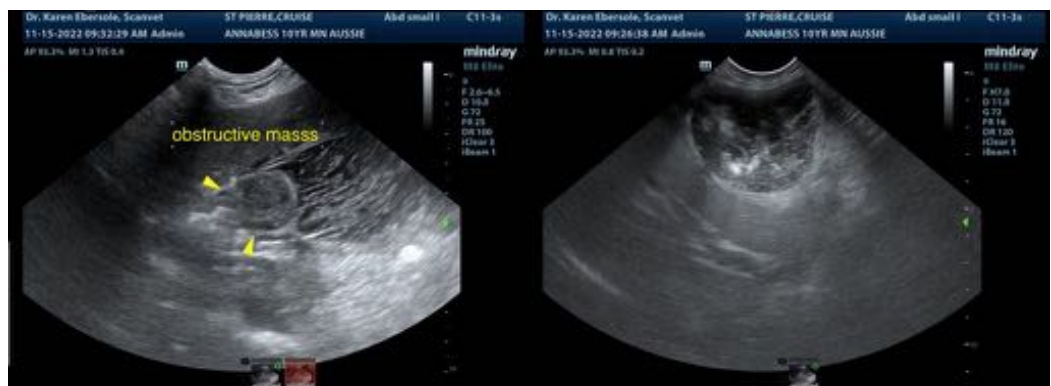
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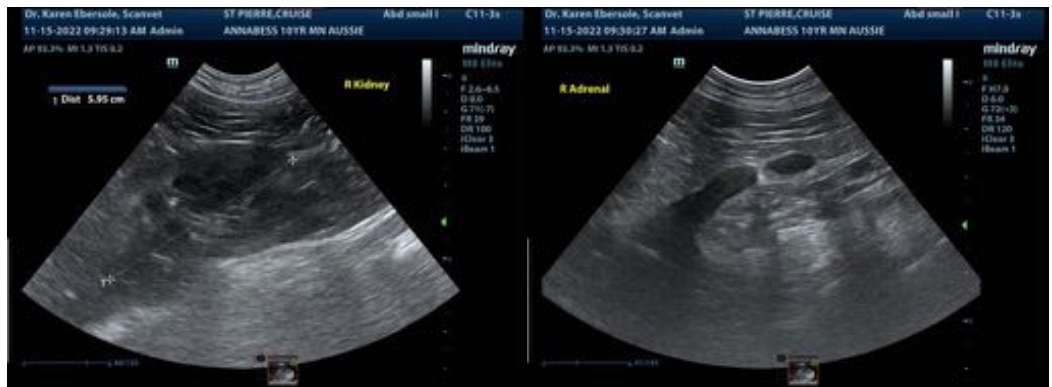
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com