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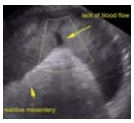
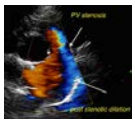
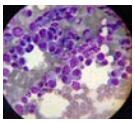
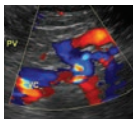

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IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Dylan Pazian

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

2013

WEIGHT

41.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

42736

DATE

11/15/22

PRESENTING CLINICAL SIGNS

AUS done in August - was recommended to repeat to check GI improvement or progression. Patient had history of vomiting. Ate last night %pm. No vomiting or diarrhea recently. previous AUS attached.

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 **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 6.06 cm. The left kidney measured 5.23 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 2.49 cm x 0.56 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 2.21 cm x 0.47 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** presented multifocal hypoechoic nodules, non-disruptive. Nodules measured 0.74 cm at the caudal pole, 0.65 cm in the mid body, and 0.92 cm at the cranial pole. FNA warranted fore further definition to ensure these are hyperplastic nodules.

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.

Gastrointestinal

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.

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.

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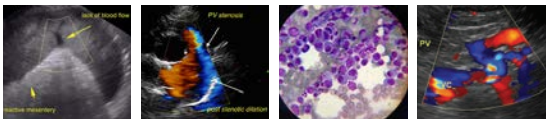

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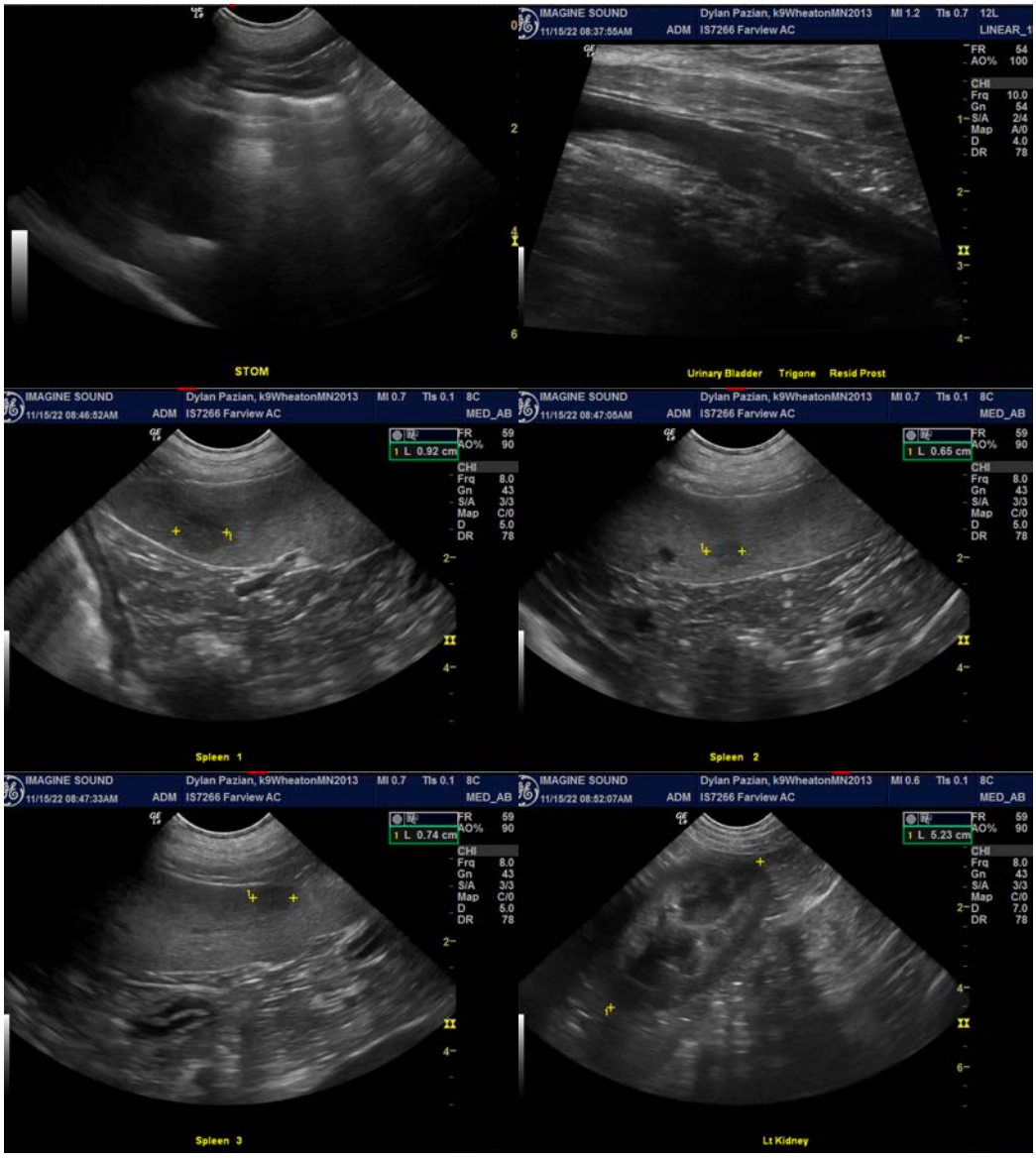
ULTRASONOGRAPHIC FINDINGS

- Splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI presentation appears to be resolved. The splenic nodules are persistent. FNA indicated to ensure these are hyperplastic. Given the abatement of the recent clinical signs, recommend continuation of the current dietary protocol.



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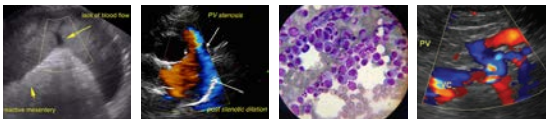

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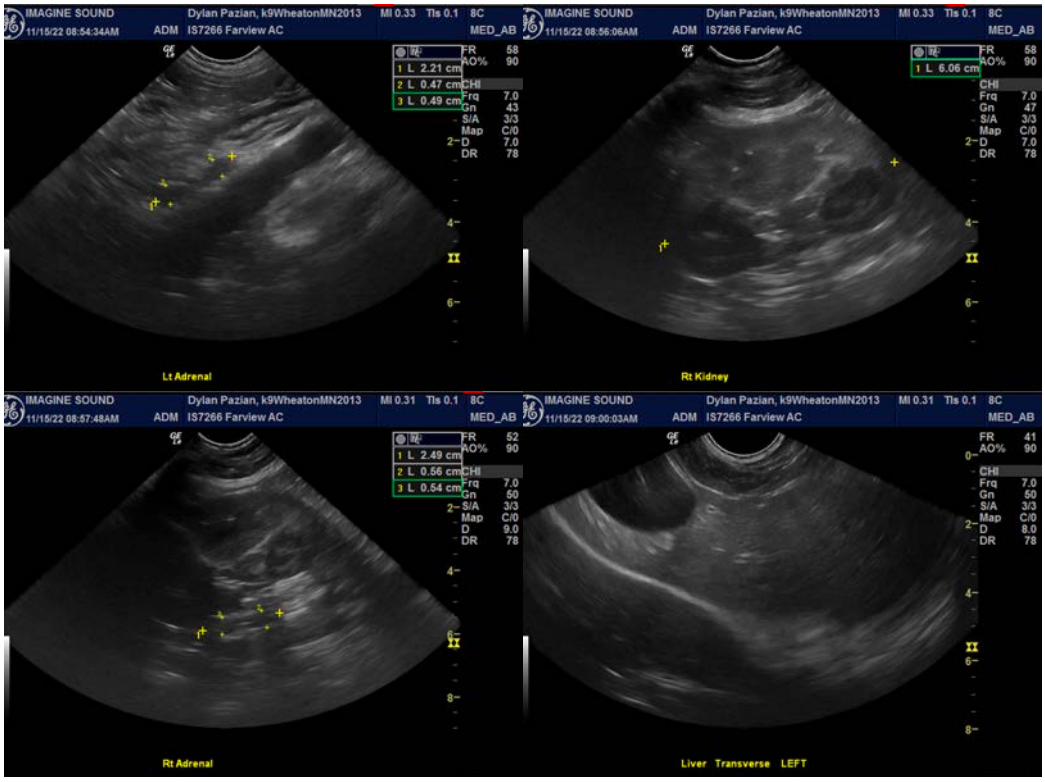

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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