



PATIENT

Ziggy Strickland

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.79 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Bennett

INVOICE

42739

DATE

11/15/22

PRESENTING CLINICAL SIGNS

Presented for chronic intermittent diarrhea and tenesmus. Occasionally a small amount of hematochezia. History of occasional vomiting several months ago, has not been an issue lately. Currently has good appetite, O's primary concern is for intermittent difficulty or pain during defecation. Rectal exam normal, formed stool present. Abd soft, non-painful. Other findings: MM pale pink, grade 2/6 systolic murmur with irregular rhythm, lungs clear, eupneic.

Abnormal PE/Chem/CBC/UA Results: Last blood work in March 2022: CBC: HCT 36%, leukogram wnl, mild thrombocytosis 504k. Chem: Phos 3.9, ALT 118, rest wnl. Lytes: K 3.2, rest wnl.

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 iliac trifurcation was unremarkable.

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 measures 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.50 cm.

The region fo the **right adrenal gland** was unremarkable.

Spleen

The **spleen** revealed a parenchymal mass deriving from the cranial pole, measuring 2.2 cm. Splenectomy indicated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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

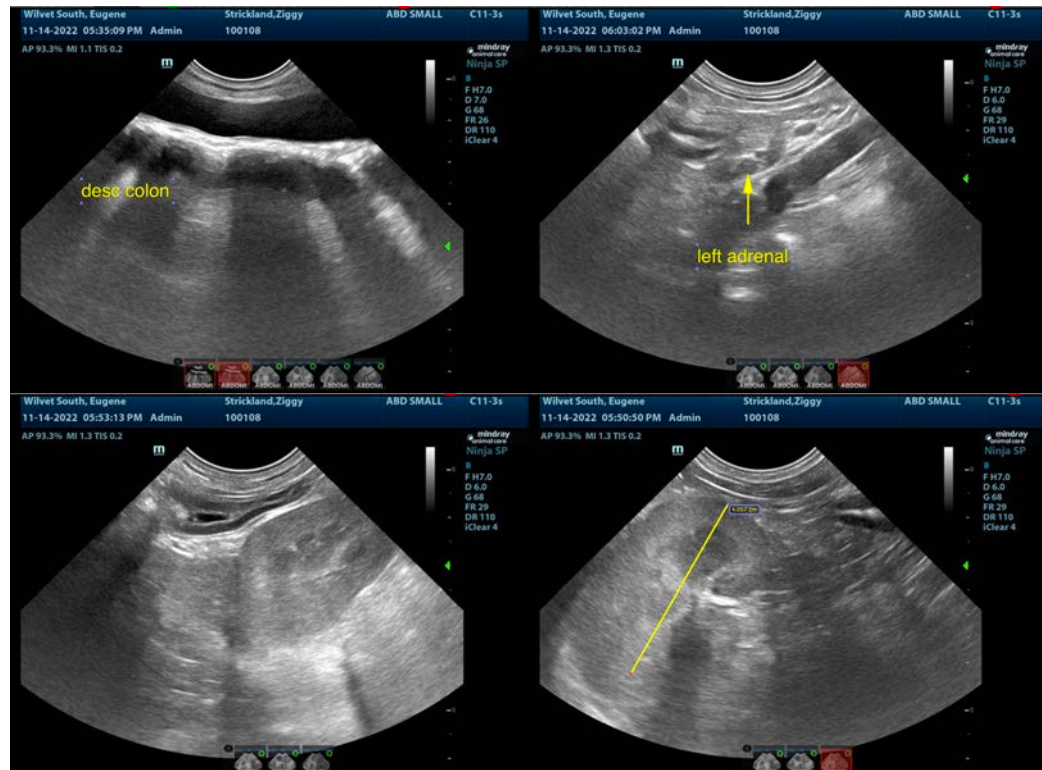
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – suspect round cell neoplasia. Hemangiosarcoma, stromal tumor possible.
- Age related renal changes
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram warranted to screen for comorbidities. The cause of the GI signs is unclear. Dietary intolerance/dietary indiscretion possible. Parasitic disease possible.





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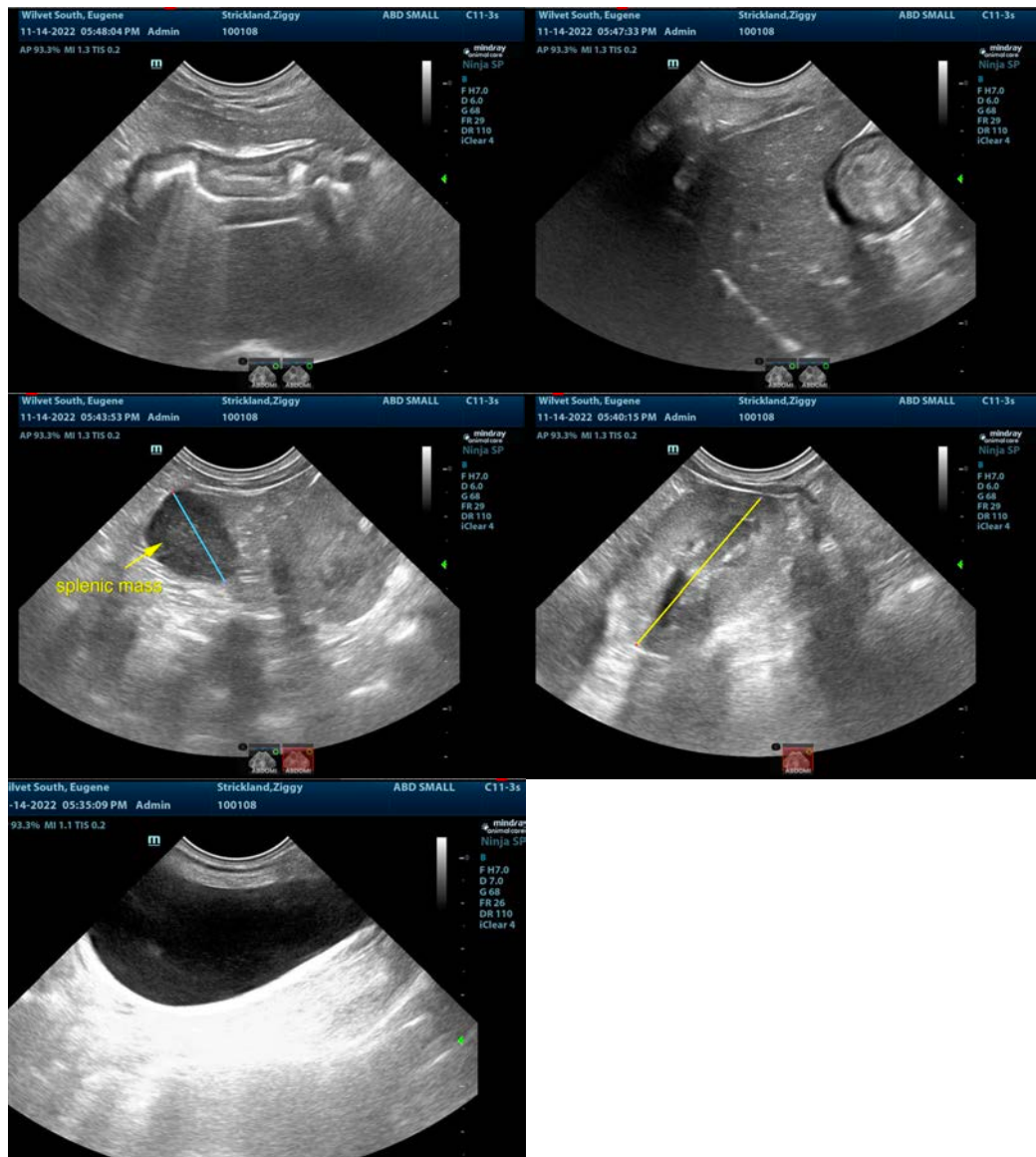
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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