



PATIENT

Tuxedo Sepulveda

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered male

AGE

13 years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Lang

INVOICE

93180

DATE

11/17/21

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound for possible gastrinoma. Patient is diabetic with history of splenectomy, and cholecystectomy. Current med: Vetsulin.

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 **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Corticomedullary mineralization was noted with slight pyelectasia. The right kidney measured 5.03 cm. The left kidney measured 4.91 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 1.3 x 0.65 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland measured 1.98 x 0.74 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** was not visualized as it was previously removed. The splenic fossa was unremarkable.

Liver

The **liver** was coarse in architecture with mildly increased portal markings. There was no residual pathology noted around the gallbladder; however, some lobar mineralization was noted. Nodular changes were noted. The common bile duct was mildly dilated at the upper limits of normal at 0.4 cm.

Gastrointestinal

The **gastric** nodule noted on the prior sonogram has increased in size to 2.5 x 1.55 cm. This was hypoechoic, loss of structural detail. The gastric nodule has progressed in a concentric fashion around the gastric fundus. It now measures 3.3 cm and at the widest point 1.3 cm. 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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Bladder thickening.

Dachshund Mix

Moderate degenerative renal changes with diabetic nephropathy pattern. Slight pyelectasia and cortical cysts.

SEX

Persistent and slow growing gastric nodule. I suspect gastrinoma.

Neutered male

Hepatic remodeling.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

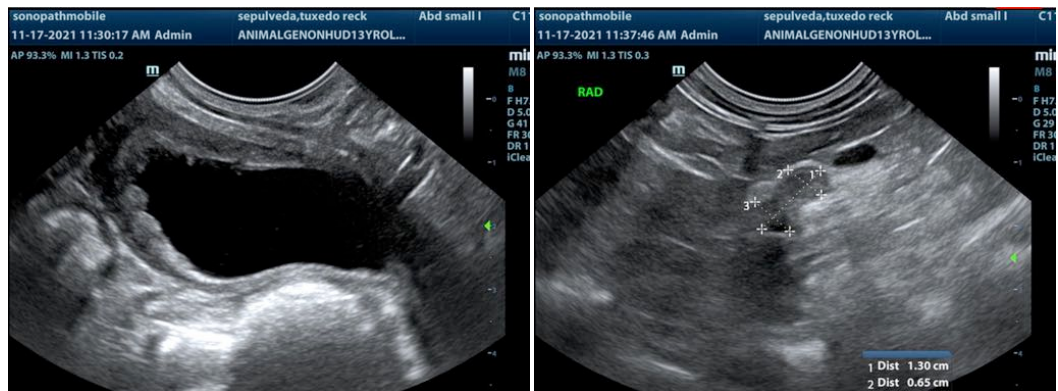
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Concentric progression of the gastric nodule. This may be accessible to FNA. It is debatable on whether this is resectable at this point. The gastric lesion appears to be fairly slow growing, yet is progressive. Sampling is warranted. Endoscopy may not allow for access to the lesion as it appears to be intramural and not overtly luminal. Gastrin levels are warranted if not already performed. Otherwise, supportive care for diabetic state is indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



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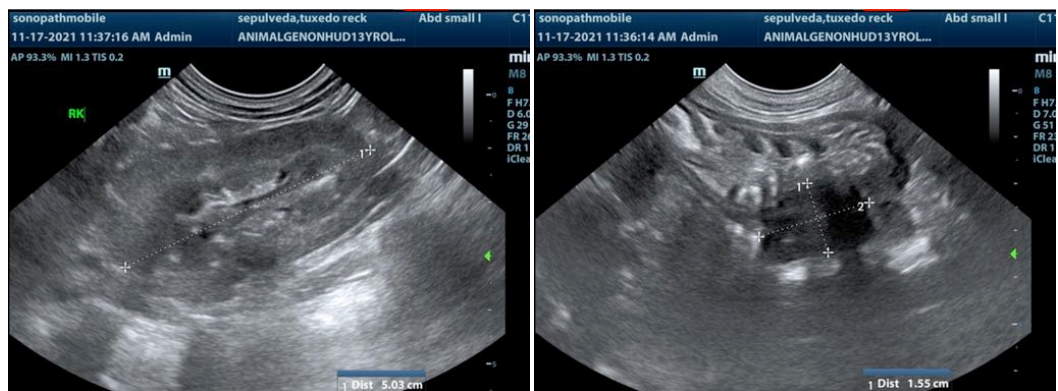
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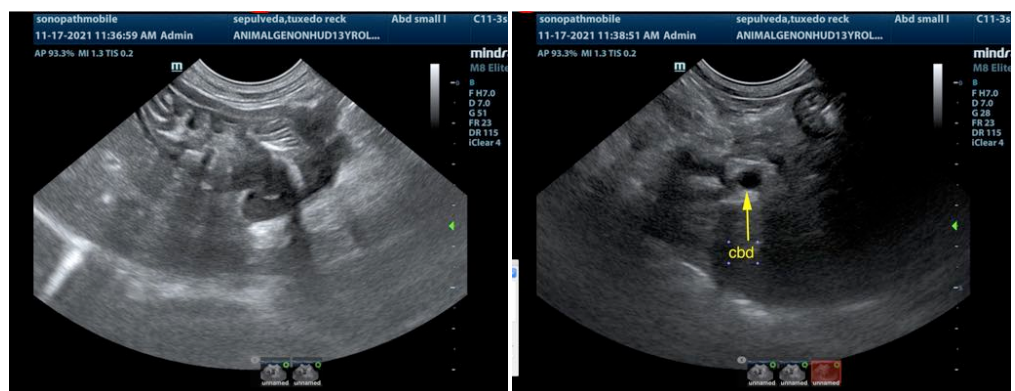
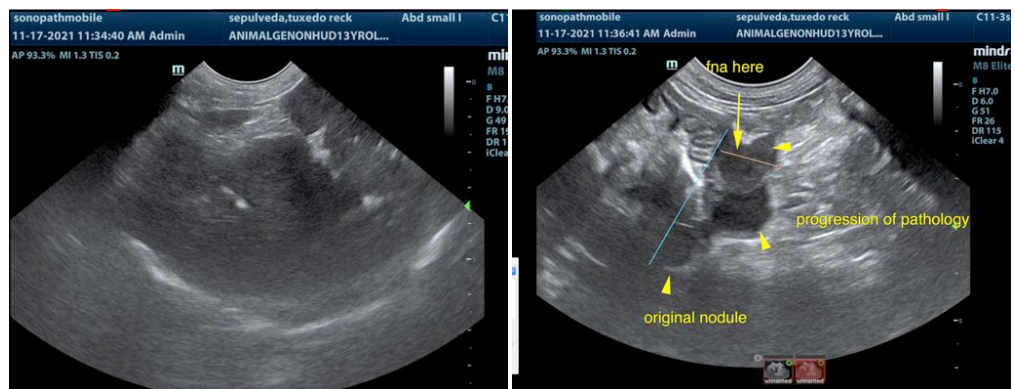
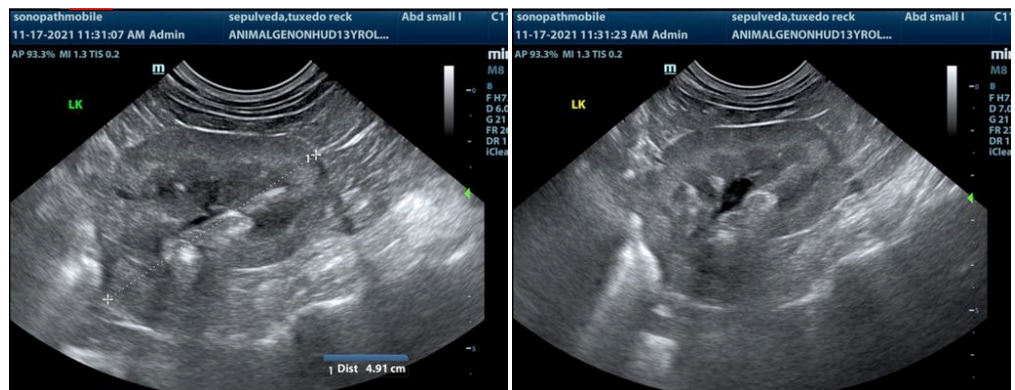
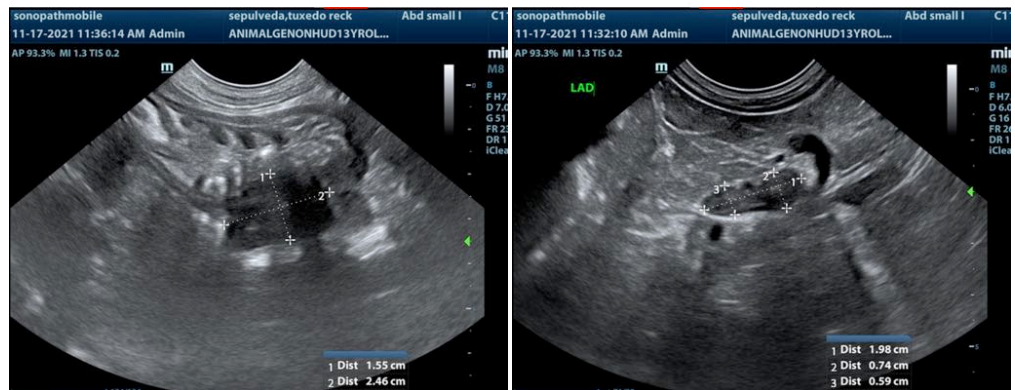
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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