



PATIENT PRESENTING CLINICAL SIGNS

Watson Ng Occasional vomiting and diarrhea, otherwise ok. Geriatric screening.
Abnormal PE/Chem/CBC/UA Results: Bloods pending.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Mastiff

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 left kidney measured 7.62 cm.

AGE

8 Years

Adrenal Glands

WEIGHT

130 Pounds

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 2.37 cm x 0.68 cm at the caudal pole and 0.92 cm at the cranial pole. The left adrenal gland measured 2.09 cm x 0.53 cm at the caudal pole and 0.63 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented micronodular splenic changes.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Animal General
on the Hudson

Gastrointestinal

REFERRING VET

Dr. Vivian Ng

The **stomach** presented concentric mucosal hypertrophy and empty lumen. The small intestine and colon were unremarkable.

INVOICE

33140

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.

DATE

12/1/21

Free Abdomen



PATIENT

Watson Ng

A 3.82 cm x 2.45 cm mixed echogenic mass was noted, which appeared to be of lymph node origin or a portion of the prostate in the caudal abdomen, adjacent to the colon in the iliac region. Cystic portion of the mass measured 1.5 cm.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Lymph node or prostatic mass in sublumbar area
- Gastric hypertrophy/gastritis pattern
- Micronodular splenic changes

BREED

Mastiff

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen and lymph node/prostatic lesion recommended for further definition. The structure appeared undifferentiated and could not be directly connected to the prostate.

SEX

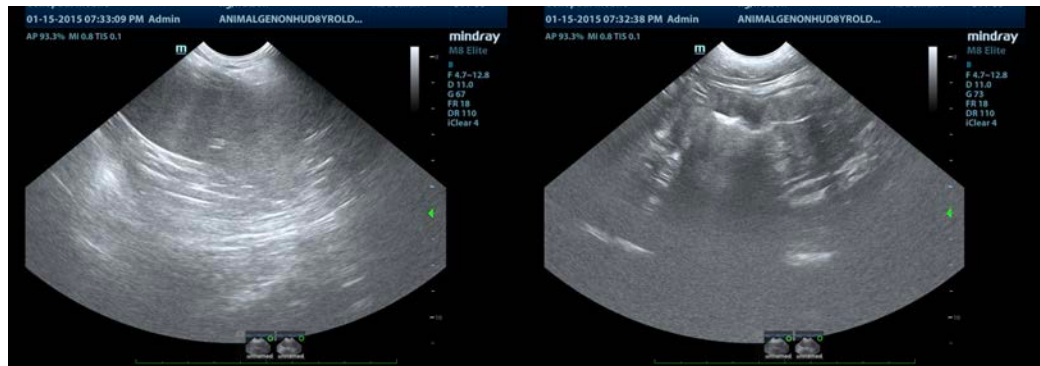
Neutered Male

AGE

8 Years

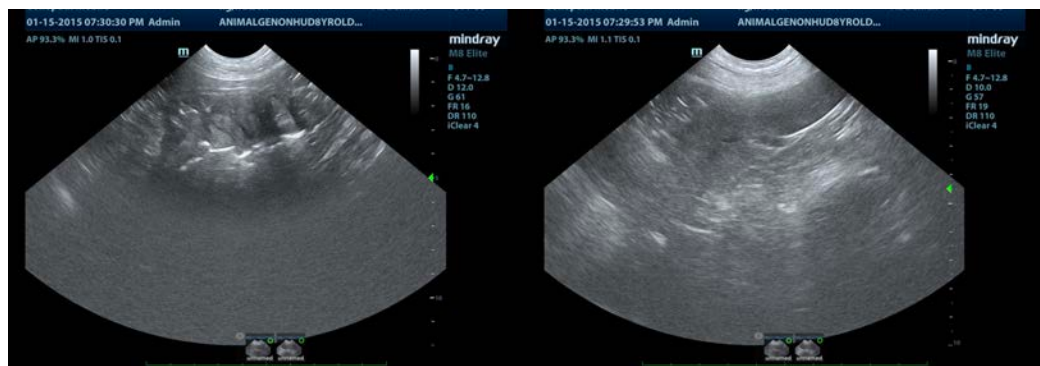
WEIGHT

130 Pounds



INTERPRETED BY

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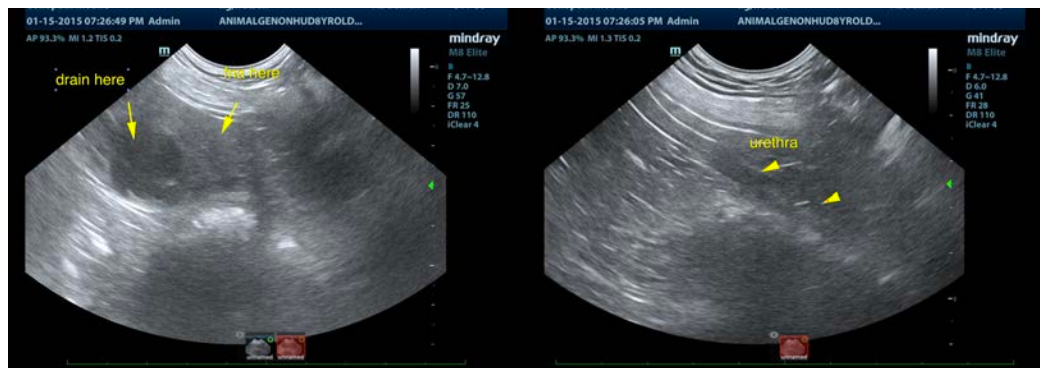


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PATIENT

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SPECIES

Canine

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Mastiff

SEX

Neutered Male

AGE

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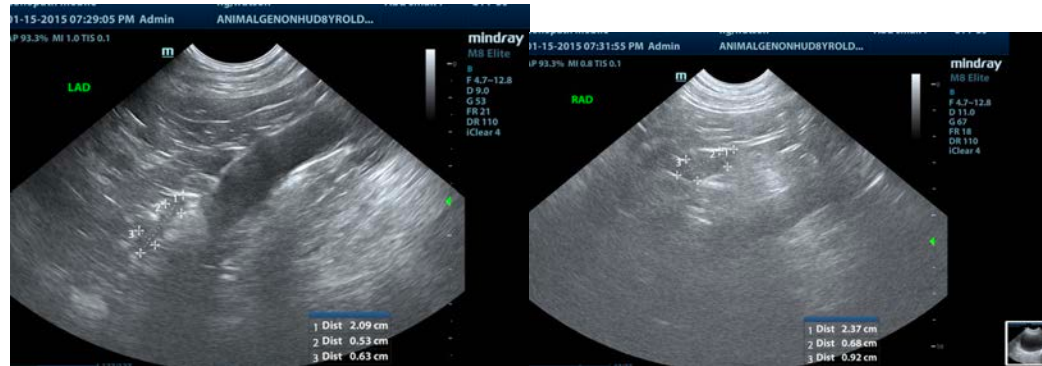
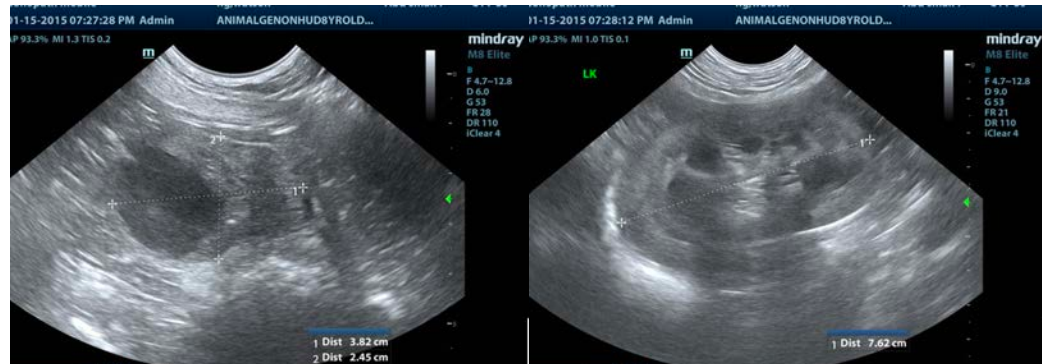
Dr. Vivian Ng

INVOICE

33140

DATE

12/1/21



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.

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.

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