



PATIENT

Bo Zimmerman

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

9 years

WEIGHT

15.48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Lucas

INVOICE

42816

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: Patient was hit by a car approximately 8 weeks prior. At the time of ER visit abdominal fast scan was suspicious of hepatosplenic lesion. This abdominal ultrasound is to assess any lingering splenic or hepatic pathology. Patient has recovered fully from vehicular incident.

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 **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 right kidney revealed a mildly echogenic cyst at the cranial pole measuring 0.5 cm. The right kidney measured 4.3 cm. The left kidney measured 4.3 cm.

Adrenal Glands

The left **adrenal gland** was slightly irregular and mildly enlarged at the midbody and measured 0.82 cm at maximum width. The right adrenal gland was normal in size and contour measuring 0.56 cm at the caudal pole and 0.82 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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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ULTRASONOGRAPHIC FINDINGS

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Right renal cyst.

Minor gallbladder debris.

Slightly irregular left adrenal gland, should be monitored over the next month.

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Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recheck sonogram of the adrenal glands is recommended in 6 weeks. The left adrenal gland is likely hyperplasia, however, early carcinoma or similar neoplasia cannot be ruled out. Blood pressure measurements are recommended.

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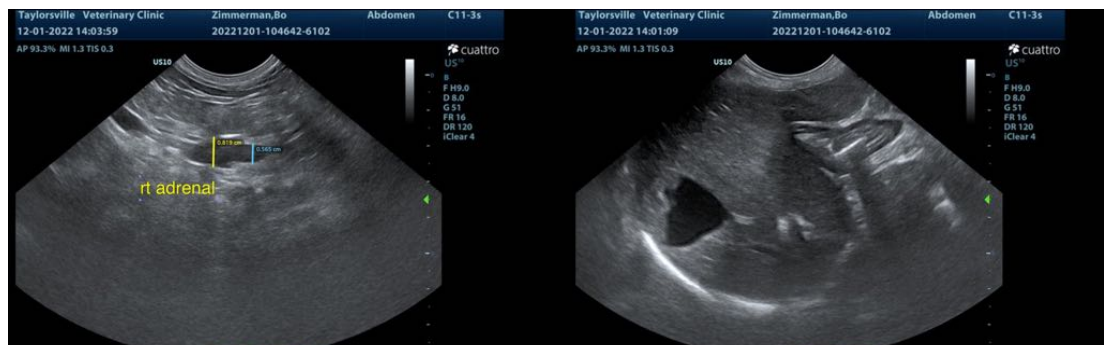
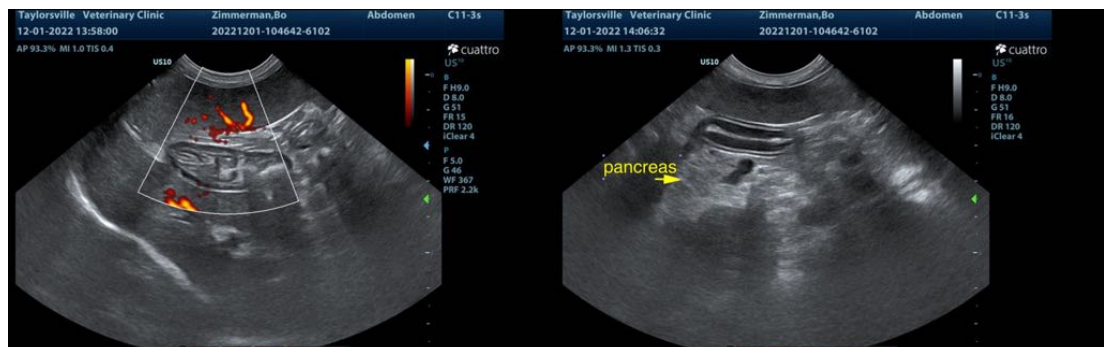
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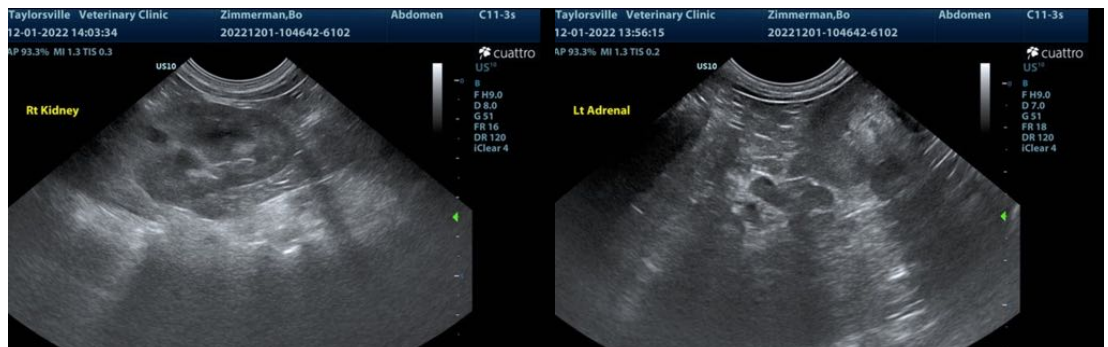
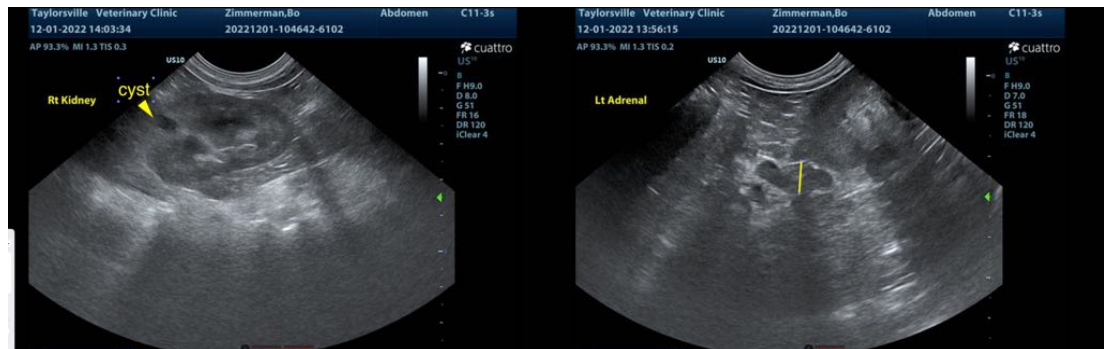
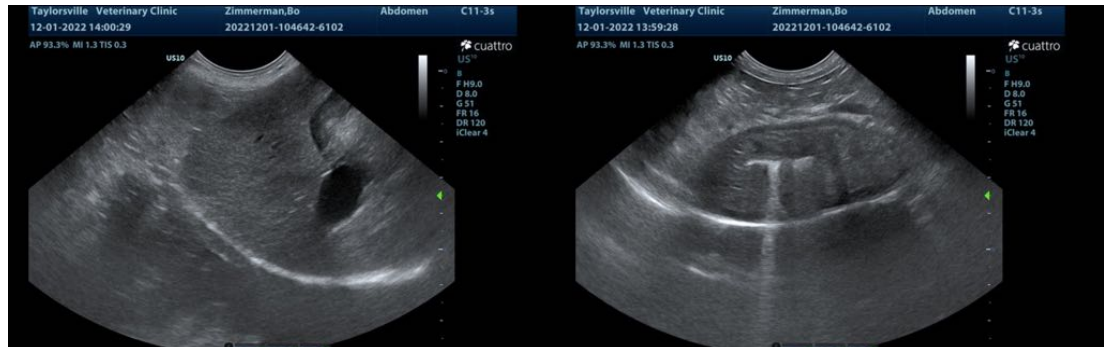
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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