



PATIENT PRESENTING CLINICAL SIGNS

Jack Garbaccio

History: Hx of multiple myeloma; suspect mets to liver and splin. thin.
Abnormal PE/Chem/CBC/UA Results: elevated BUN, creat, very elevated globulin; mild non regenerative anemia, slightly decreased WBC.

SPECIES

Canine

BREED

Husky mix

SEX

Neutered male

AGE

13 years

WEIGHT

90.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Wantage VH

INVOICE

94569

DATE

12/14/21

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 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 8.19 cm. The right kidney measured 7.13 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 3.31 x 0.58 cm at the caudal pole and 1.71 cm at the cranial pole. The left adrenal gland measured 3.23 x 0.83 cm at the caudal pole and 0.77 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Minor lobar mineralization was also noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi were noted and non-obstructive. Grouping of which measured 1.5 cm. Gallbladder wall was mildly echogenic. This is consistent with fibrosis.



PATIENT *Gastrointestinal*

Jack Garbaccio The **stomach** revealed retention of ingesta, non-obstructive. The small intestines and colon were unremarkable.

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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

Biliary calculi, non-obstructive.

Minor heterogenous splenic changes, not a clinical issue.

AGE

13 years

Largely geriatric abdomen.

WEIGHT

90.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. Other than the biliary calculi these are largely expected changes for this age and breed.

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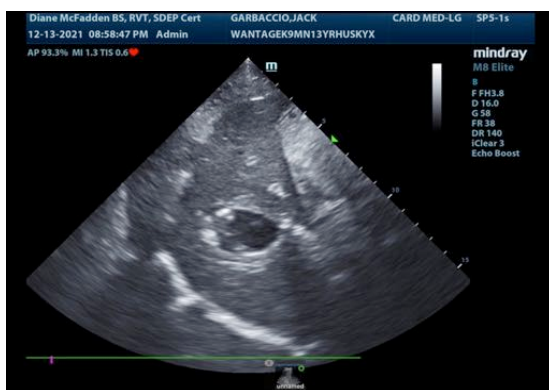
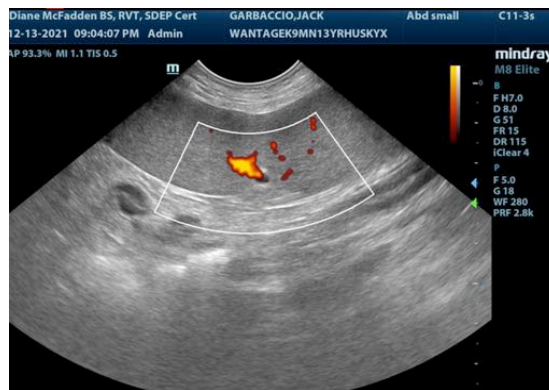
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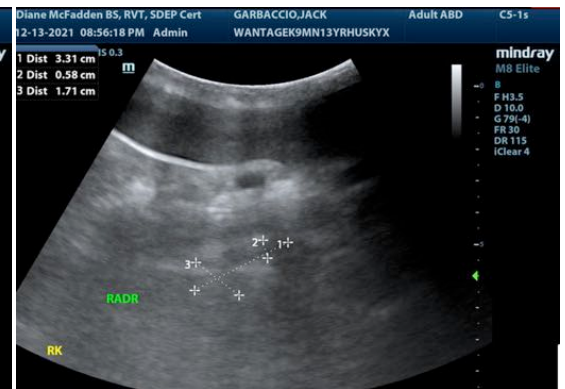
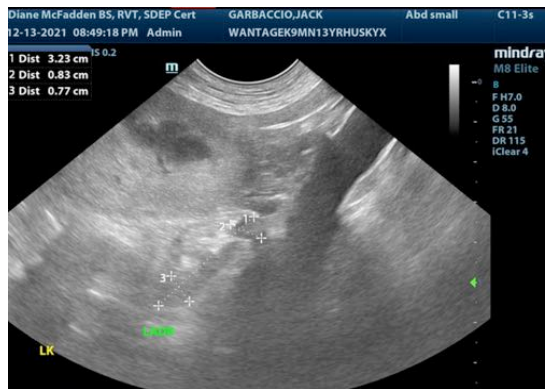
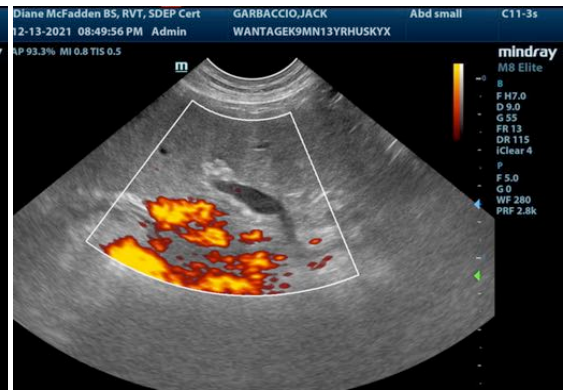
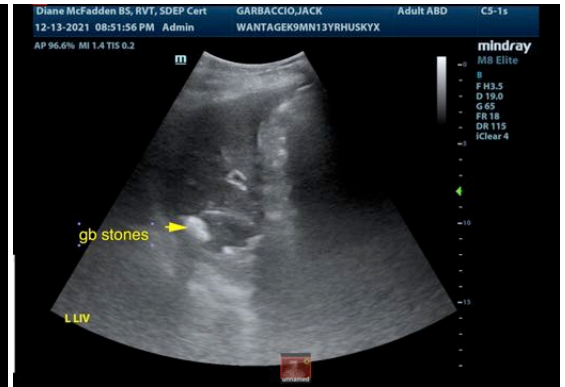
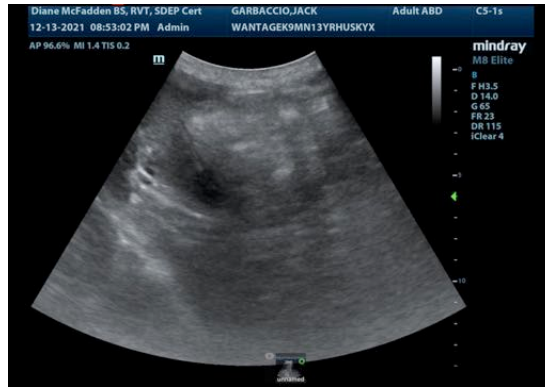
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Info@SonoPath.com

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