



PATIENT	PRESENTING CLINICAL SIGNS
Oscar Charalambides	History: On PE: O noticed a slight bulge in the right abdomen below rib cage . more prominent when he eats . Owner would like to do u/s just to make sure all is ok . Abnormal PE/Chem/CBC/UA Results: BW is wnl. No abnormalities seen
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A slight amount of sand was noted in the bladder. The patient is likely passing small calculi or sand from the kidneys to the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Pug	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. Slight mineralization was noted in the kidneys. Both kidneys measured 4.0 cm.
SEX	Adrenal Glands
Neutered male	Both adrenal glands were not visualized.
AGE	Spleen
10 years	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.
WEIGHT	Liver
20 lbs	The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The left lateral liver lobe appeared to be swollen and measured 4.0 cm in width. There was no overt inflammation and is most consistent with hepatoma. However, I recommend power Doppler assessment of the parenchyma to ensure adequate vascularization and no evidence of torsion. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a mildly echogenic wall with a minor amount of debris.
INTERPRETED BY	Gastrointestinal
Eric Lindquist, DMV DABVP, Cert. IVUSS	A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No
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42574	
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PATIENT
Oscar Charalambides

SPECIES
Canine

BREED
Pug

SEX
Neutered male

AGE
10 years

WEIGHT
20 lbs

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evidence of pathology. 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.

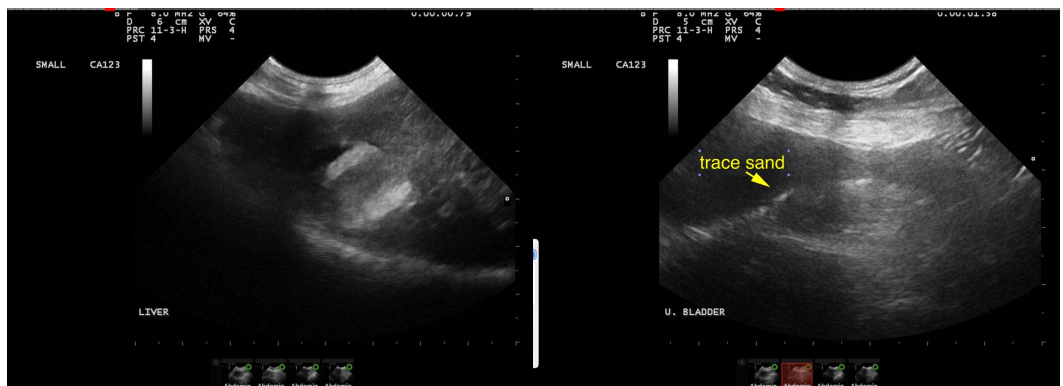
ULTRASONOGRAPHIC FINDINGS

Full stomach.

Swollen left liver hepatoma likely with a very minor potential for lobe torsion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Power Doppler assessment and FNA is indicated as an evaluation. Palpation of this region is also warranted to assess for any discomfort associated with the small liver lobe.





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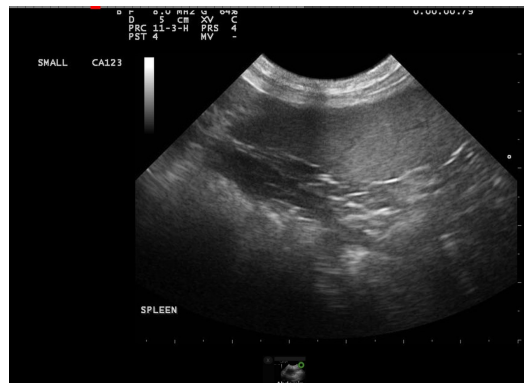
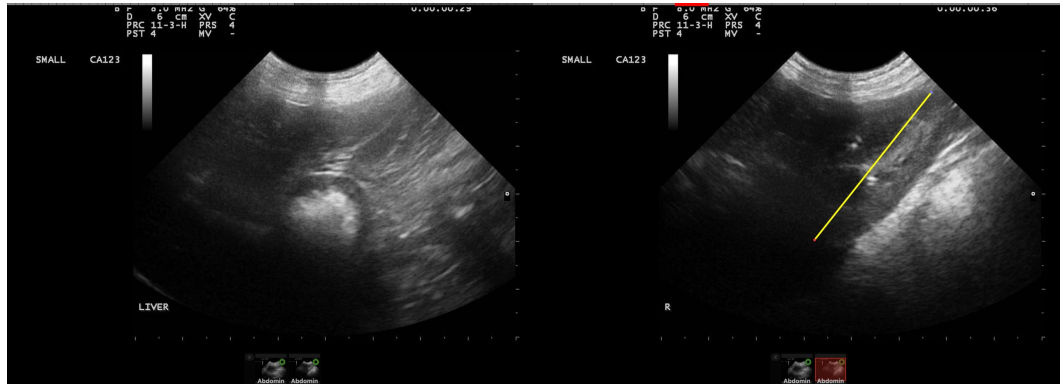
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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