

IMAGING PERFORMED BYSVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com**PATIENT**

Buddy Stefani

PRESENTING CLINICAL SIGNS

presented for decrease in mobility.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: bloodwork came back with slight increase in BUN, increase in ALT, and increase in ALP

BREED

Chihuahua X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** revealed a trace amount of non-shadowing sand or calculus measuring 2.0 mm, non-obstructive, non-surgical The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.**SEX**

Neutered Male

The residual prostate measured 0.60 cm.

AGE

13 Years

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. Mineralization noted in both kidneys, non-obstructive at the time of the sonogram. The right kidney measured 4.54 cm. Slight pyelectasia noted at 0.24 cm. Occasional cortical cyst noted in the left kidney up to 0.15 cm and slight pyelectasia at 0.13 cm. The left kidney measured 4.29 cm.**WEIGHT**

15.1 Pounds

Adrenal GlandsThe **right adrenal gland** is enlarged, heterogeneous, and moderately irregular, measuring 1.31 cm at the caudal pole and 1.0 cm at the cranial pole.**INTERPRETED BY**

Eric Lindquist, DMV

The **left adrenal gland** presented a cyst measuring 2.8 cm x 4.07. It appears to be subjectively benign.

DABVP, Cert. IVUSS

Spleen**IMAGING PERFORMED BY**

Amy Mayhew, LVT

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 were noted.**HOSPITAL NAME**

SVS Imaging MI

LiverThe **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional non-disruptive nodular change. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.**REFERRING VET**

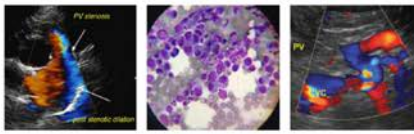
Briarwood VH

INVOICE

43487

GastrointestinalThere was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No 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.**DATE**

12/15/22



PATIENT

Buddy Stefani

SPECIES

Canine

BREED

Chinahua X

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.1 Pounds

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

- Bladder concretion
- Age related renal changes with mineralization, non-obstructive
- Nodular right adrenal gland - Likely adenoma, emerging pheochromocytoma or adenocarcinoma cannot be completely ruled out.
- Left adrenal cyst
- Benign hepatopathy
- Minor gallbladder debris, non-pathological
- Age related pancreatic changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal cyst is likely deriving from an inflammatory degenerative process within the left adrenal gland. It is at risk for rupture. Ultrasound guided drainage with some level of risk could be considered with 25-gauge needle, or direct surgical removal. Full adrenal workup indicated for further definition. The BUN elevations may be occurring by periodic passage of calculi from the kidneys to the bladder. The bladder concretion is non-obstructive and non-shadowing and therefore not overtly surgical. Blood pressure measurements also indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

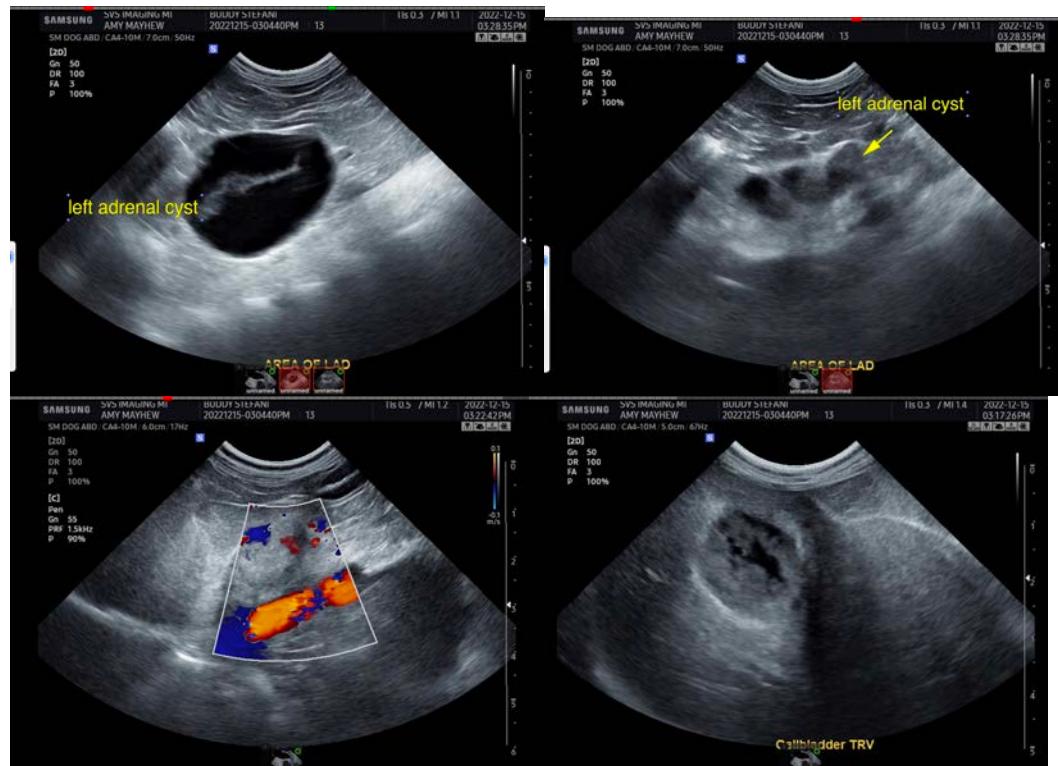
Briarwood VH

INVOICE

43487

DATE

12/15/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Buddy Stefani

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

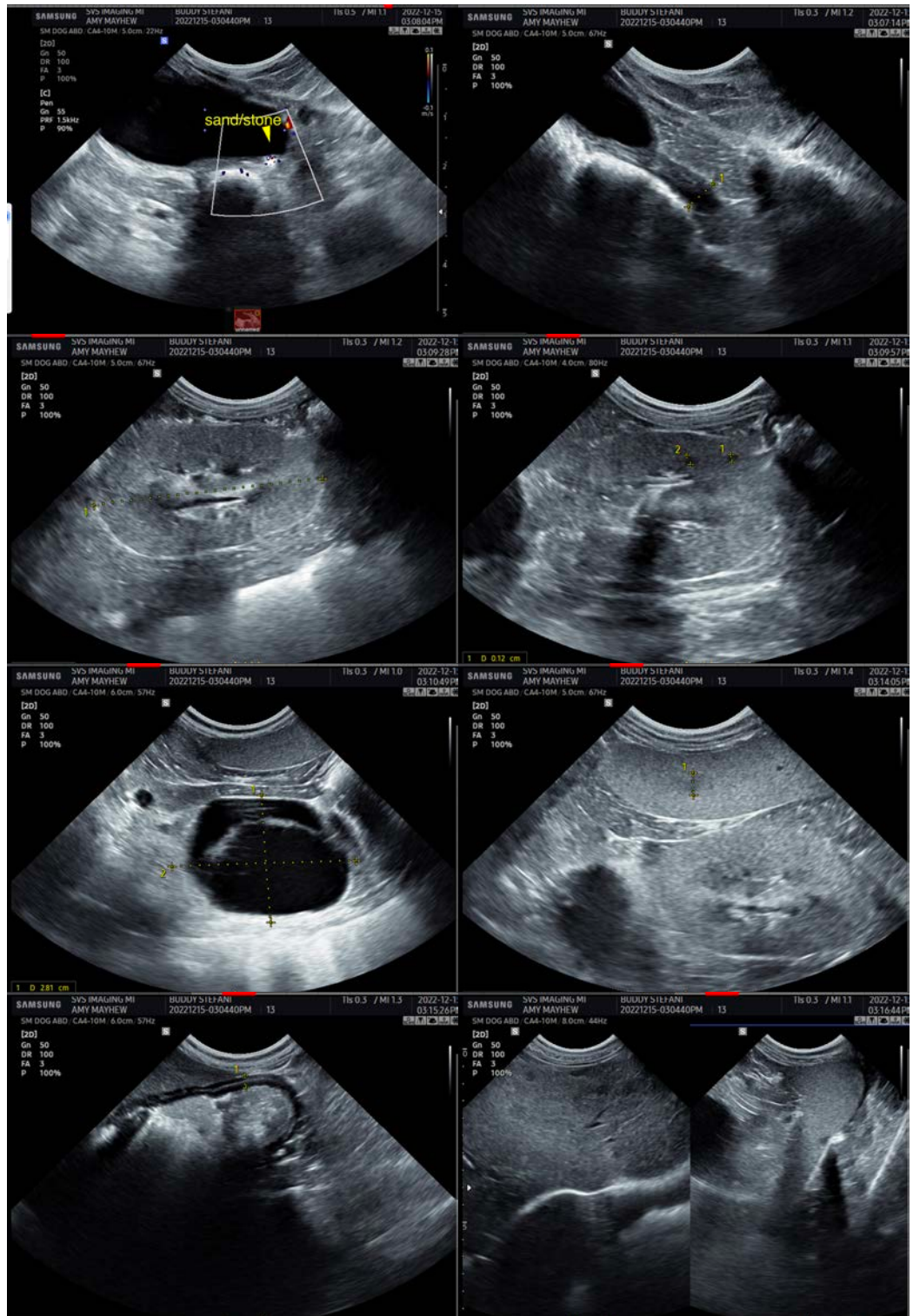
Briarwood VH

INVOICE

43487

DATE

12/15/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Buddy Stefani

SPECIES

Canine

BREED

Chinahua X

SEX

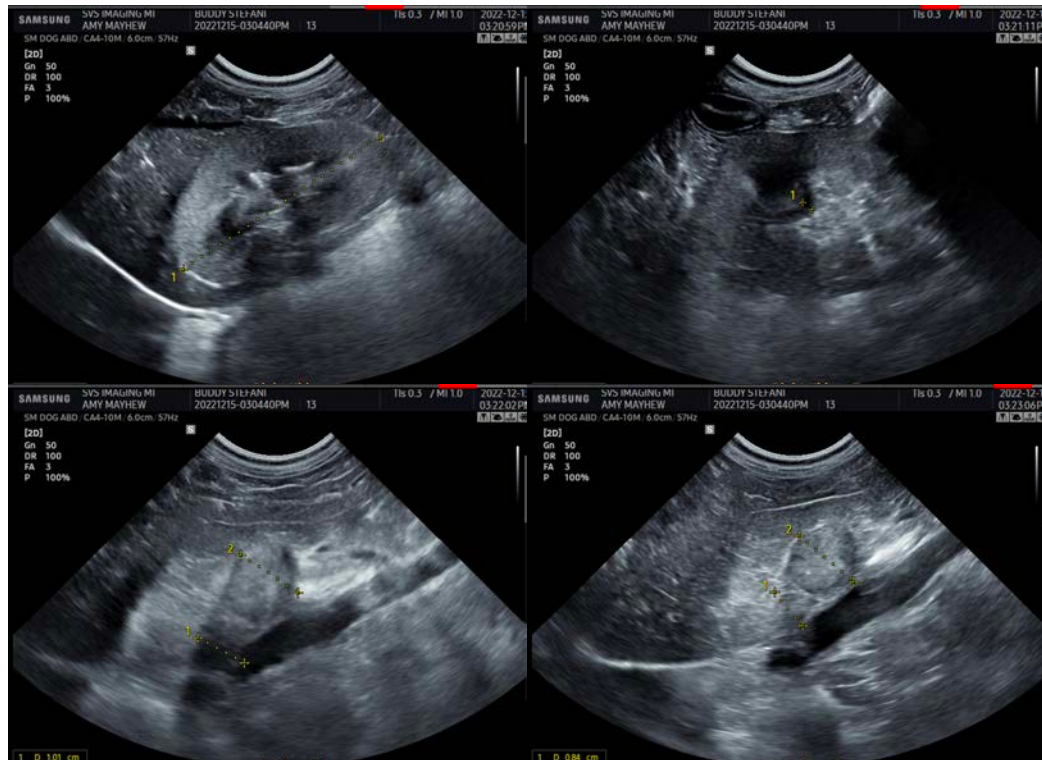
Neutered Male

AGE

13 Years

WEIGHT

15.1 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Briarwood VH

INVOICE

43487

DATE

12/15/22

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com