



PATIENT

Gator Smith

SPECIES

Canine

BREED

St. Poodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

21.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan/Pacific Crest
Mobile

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

Dr.
Boekenoogan/Nooksack

INVOICE

13106

DATE

12/17/21

PRESENTING CLINICAL SIGNS

History: Waxing/waning enteritis signs, rDVM performed ultrasound and noticed a small cystic appearing structure unknown origin to left of midline cranial abd(confirms today that this was the splenic nodule noted on today's exam). Labwork unremarkable other than mild elev globulins. Abnormal PE/Chem/CBC/UA Results: geriatric canine in good coat and body condition with normal mobility, nsf on PE

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 were 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 minor 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. Pyelectasia was noted in the right kidney. The right kidney measured 5.93 cm with mild degenerative changes. The left kidney measured 6.76 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 0.58 cm at the caudal pole and 0.9 cm at the cranial pole. The left adrenal gland measured 0.34 cm.

Spleen

The cranial pole of the **spleen** revealed a 1.27 cm hypoechoic irregular nodule. Adjacent to the splenic nodule, the contour of the regional tissue was irregular, creating a mass effect, measuring approximately 3.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. No evidence of metastatic disease.

Gastrointestinal



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Some **gastric** stasis noted yet the pylorus appeared patent. A moderate amount of luminal fluid noted. The small intestine and colon were unremarkable.

Pancreas

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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

- Irregular splenic nodule and regional mass effect at the cranial pole of the spleen
- Gastric stasis and a moderate amount of fluid noted

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As a preventative, I recommend echocardiogram to assess for pericardial and right auricular masses as well as splenectomy, liver inspection and biopsy. Round cell neoplasia, hemangiosarcoma, pronounced nodular hyperplasia all possible, regarding the splenic lesion. Urinary work up warranted to assess for any evidence of UTI given the minor pyelectasia in the kidney. Three-view chest radiographs warranted as well, to assess for any concurrent lung disease.

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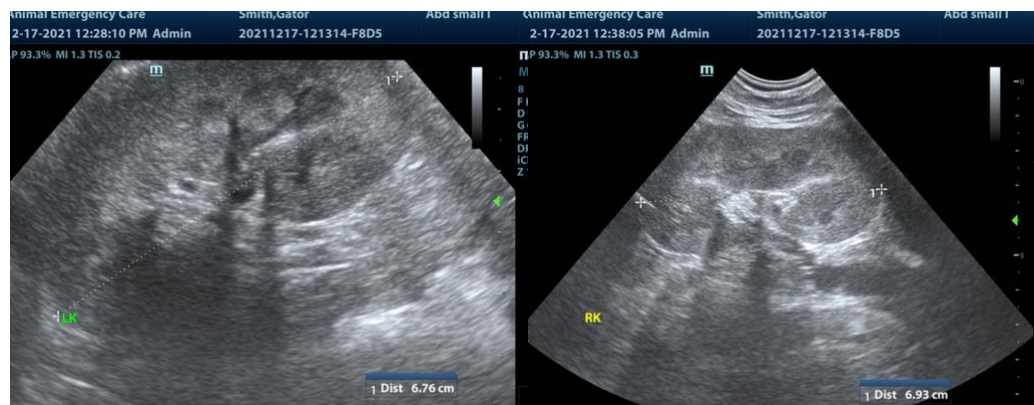
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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