



PATIENT PRESENTING CLINICAL SIGNS

Skye Angelotto Losing weight.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Boxer Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Spayed Female

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 right kidney measured 4.53 cm.

AGE

6 years

WEIGHT

49 lbs

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 3.0 x 1.16 cm at the cranial pole and 0.74 cm at the caudal pole. The left adrenal gland measured 2.92 x 0.74 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Manier

Liver

INVOICE

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The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

DATE

12/21/21



PATIENT

Gastrointestinal

Skye Angelotto

The **stomach** revealed shadowing material that measured 2.5 cm and is partially obstructed with residual chyme in the gastric fundus. The small intestine and colon were unremarkable and empty.

SPECIES

Canine

Pancreas

BREED

Boxer Mix

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

2.0 cm pyloric material.

Chronic inflammatory hepatopathy or hepatic remodeling.

AGE

6 years

Minor hypersplenism.

WEIGHT

49 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear in this patient unless hyporexia is present owing to the pyloric material. 24-hour n.p.o. and recheck sonogram is recommended of the pylorus to assess if the material is transitory. FNA of the spleen is indicated to ensure that it is only reactive state. Otherwise, the abdomen is unremarkable.

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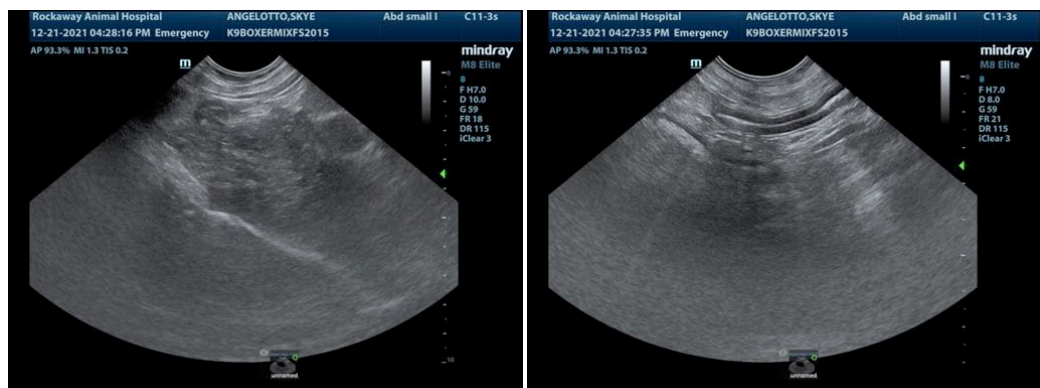
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PATIENT

Skye Angelotto

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

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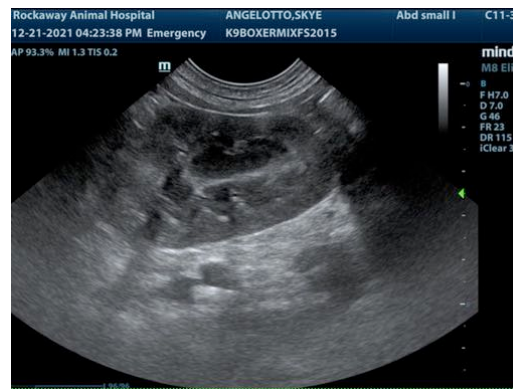
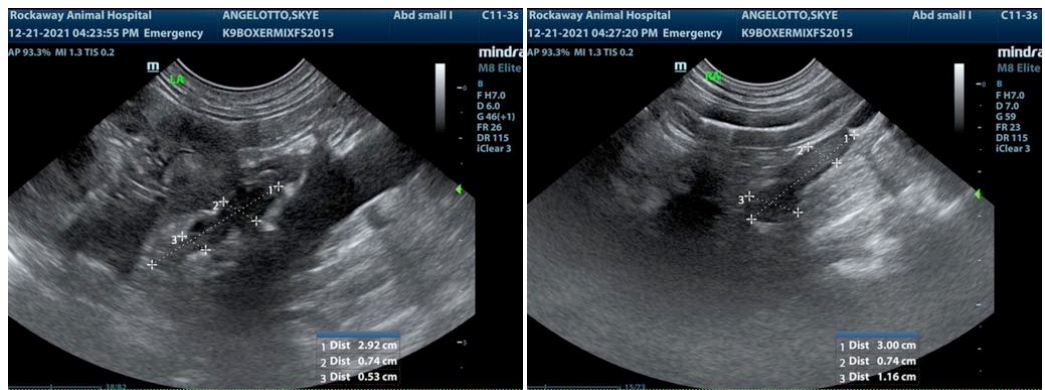
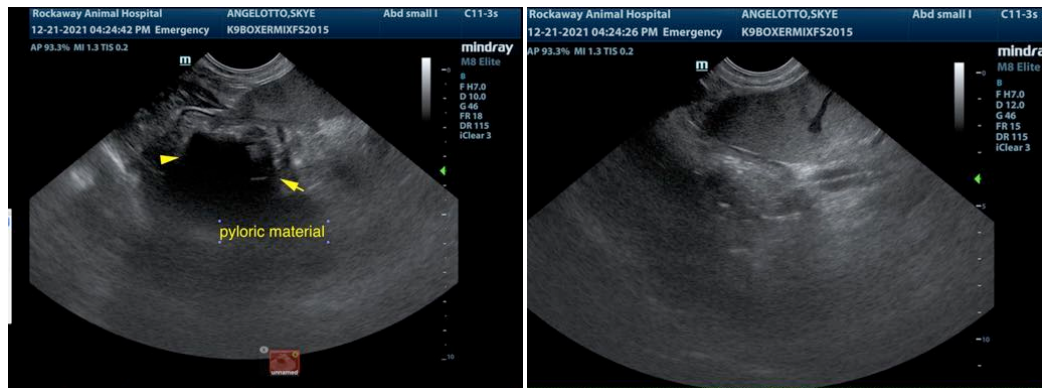
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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