



PATIENT

Rocky Schwartz

SPECIES

Canine

BREED

Chihuahua mix

SEX

Neutered Male

AGE

2006

WEIGHT

6.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

13217

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History: Liver dz, hepatitis, liver mass

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 residual **prostate** was slightly heterogenous and measured 9 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Hyperechoic medullary rim sign noted, idiopathic. Slight pyelectasia was noted in both kidneys. The right kidney measured 3.62 cm. The left kidney measured 3.43 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 1.66 cm x 0.37 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 1.38 cm x 0.5 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with scalloping contour. The spleen measured 1.6 cm in width.

Liver

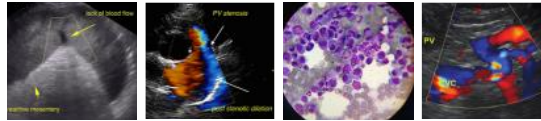
The **liver** revealed mild irregular contour. Multifocal hypoechoic nodular changes were noted throughout the liver. The **gallbladder** was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.



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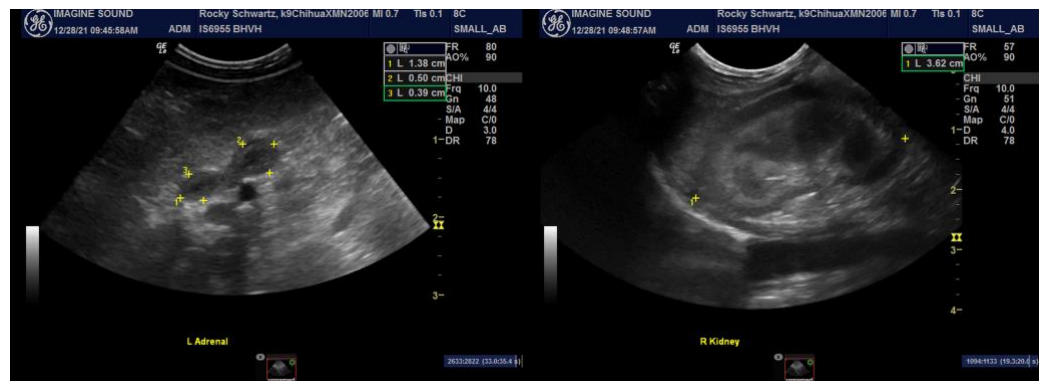
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ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodular changes
- Swollen irregular spleen
- Slightly heterogeneous prostate
- Age-related renal changes with pyelectasia and hyperechoic medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver recommended. Culture as well as cytology of the liver nodule warranted given the patient profile. Round cell neoplasia versus hepatitis, possible suppurative hepatic nodules. Reactive spleen versus emerging round cell neoplasia.





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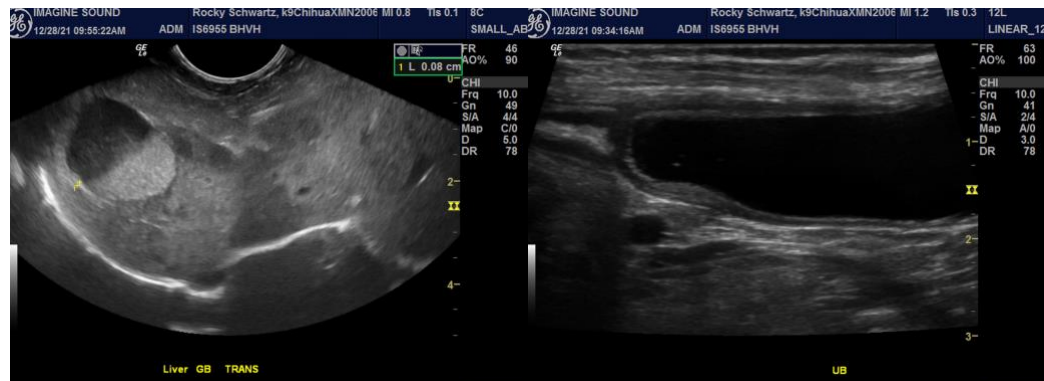
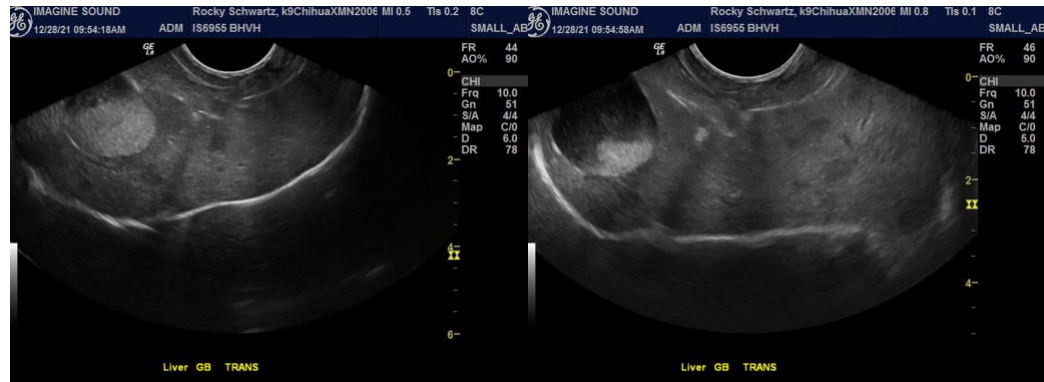
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 Eric.Lindquist@SonoPath.com