



PATIENT PRESENTING CLINICAL SIGNS

Jimmy DeBaun QAR, underweight, cataracts, FME needed-severe calculus, gingivitis and recession present. Mildly lethargic per O

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **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 measured 1.27 cm.

BREED

Minin Schanuzer

SEX

Neutered Male

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. The left kidney measured 5.22 cm. The right kidney presented slight pyelectasia.

AGE

14.5 Years

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 2.04 cm x 0.79 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 2.01 cm x 0.64 cm at the cranial pole and 0.66 cm at the caudal pole.

WEIGHT

13.5 Pounds

Spleen

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 were noted.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

Liver

The **liver** revealed an expansive parenchymal mass measuring approximately 7.0 cm with a focal nodule within the mass measuring 2.75 cm. The mass extends caudally into the caudate process. The remainder of the liver was swollen and irregular in contour. The mass also encompasses the vena cava and deviates the portal vein. Deviation of the gallbladder 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.

DATE

12/3/21

Pancreas

The **pancreas** was hypoechoic and irregular in the left limb with capsular expansion in an area of approximately 2.5 cm. Likely hyperplasia, possibility of pancreatitis.

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PATIENT ULTRASONOGRAPHIC FINDINGS

Jimmy DeBaun

- Right cranial liver mass with diaphragmatic and gallbladder deviation – does not appear resectable. Suspect carcinoma.

SPECIES

Canine

- Hyperplastic left pancreatic limb
- Renal pyelectasia – possibly owing to UTI or scarring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

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FNA could be considered from a right intercostal approach for further definition. Geriatric abdomen otherwise.

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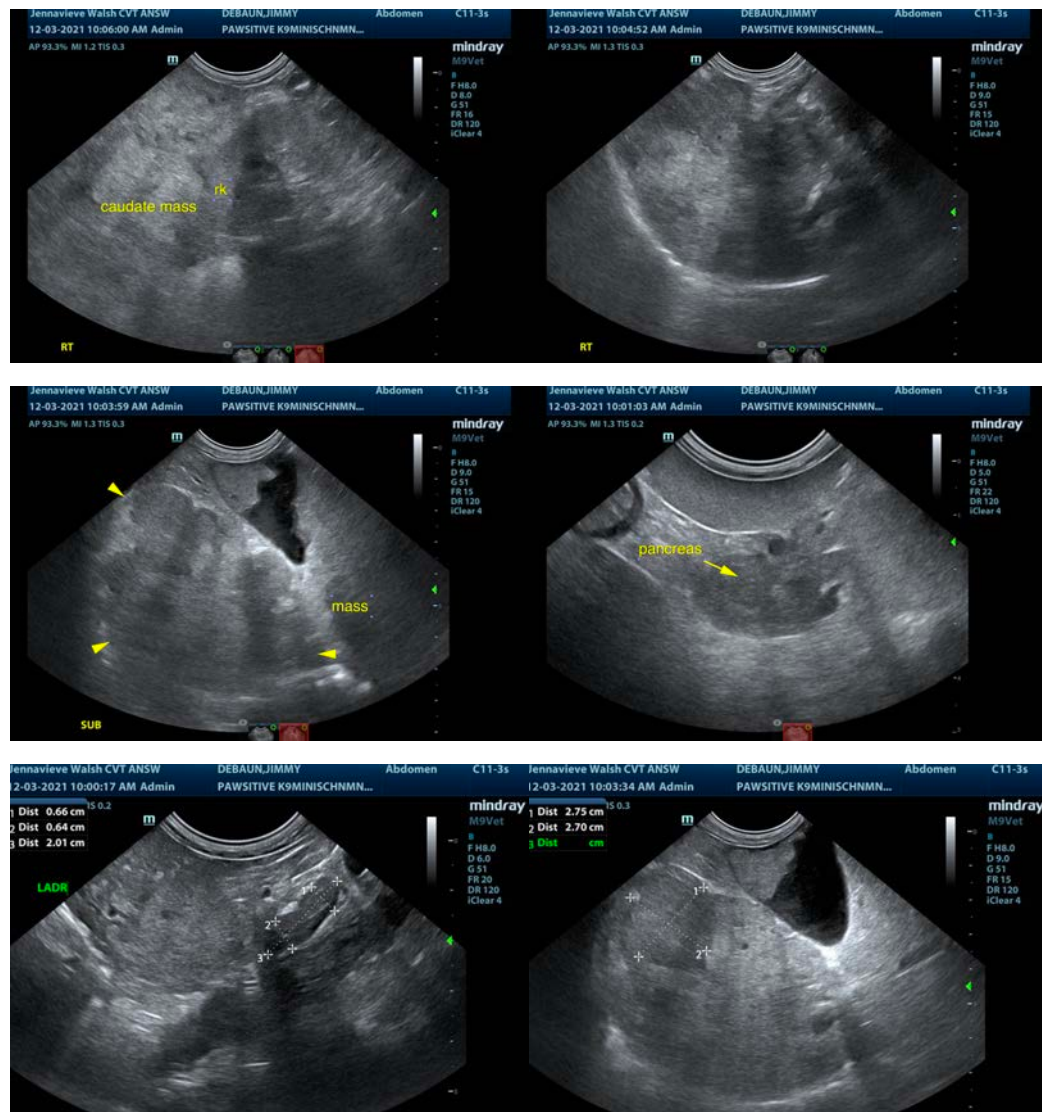
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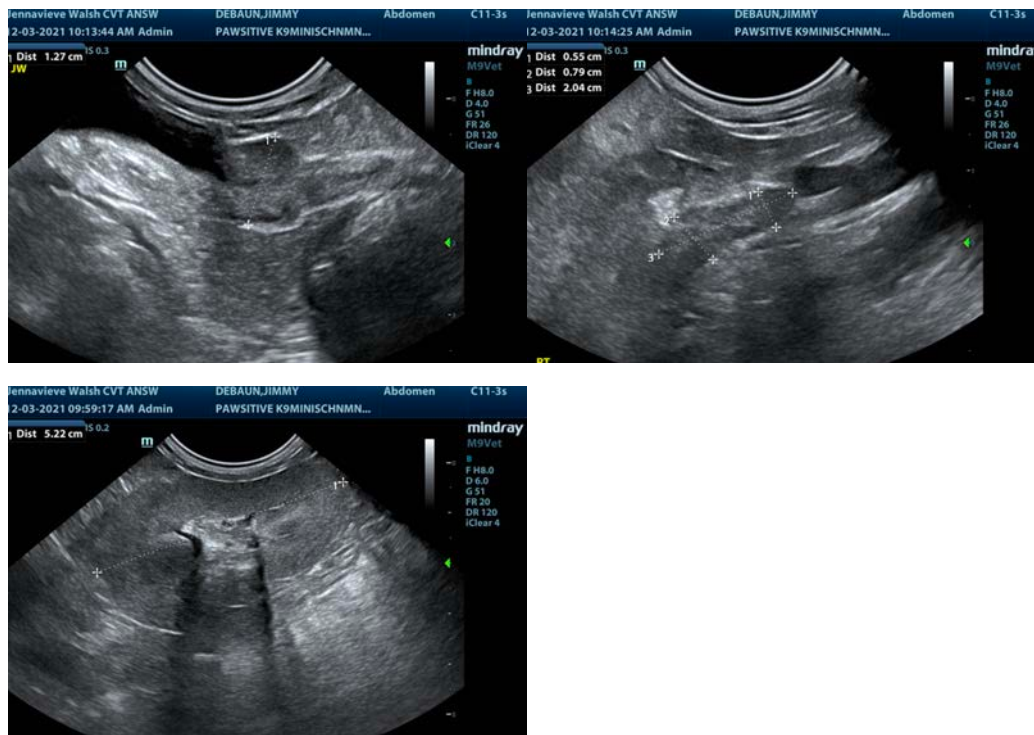
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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