



**PATIENT PRESENTING CLINICAL SIGNS**

Duncan Trotta History: adenocarcinoma (likely apocrine) recently removed from prepuce. Scan today for mets  
Abnormal PE/Chem/CBC/UA Results: NSF

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle

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 was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The residual prostate measured 0.6 cm.

**AGE**

11 years

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 5.54 cm and the left kidney measured 6.36 cm.

**WEIGHT**

34 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 left adrenal gland measured 2.19 x 0.66 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.67 x 1.09 cm at the cranial pole and 0.61 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**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 was noted.

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**Liver**

Mild uniform hepatic enlargement was noted. The liver was normal in contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Minor gallbladder polyps were present.

**DATE**

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**Gastrointestinal**

There was some retention of ingesta noted in the **stomach**. This is consistent with post prandial presentation. If the patient was n.p.o. then grass accumulation or similar can be considered. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and



**PATIENT**

Duncan Trotta

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.

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**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.

**BREED**

Beagle

**SEX**

Neutered male

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Normal abdomen for this age and breed with minor pancreatic and hepatic remodeling.

Full stomach.

**WEIGHT**

34 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of metastatic disease.

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**HOSPITAL NAME**

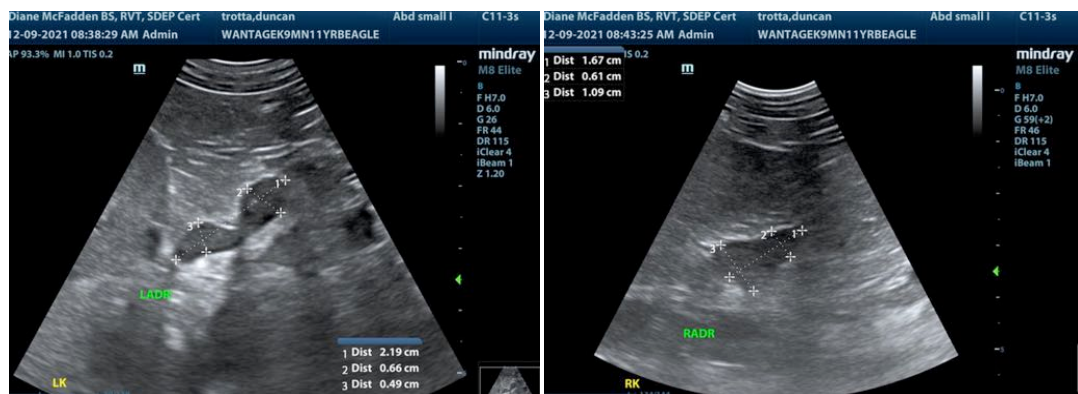
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Duncan Trotta

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**BREED**

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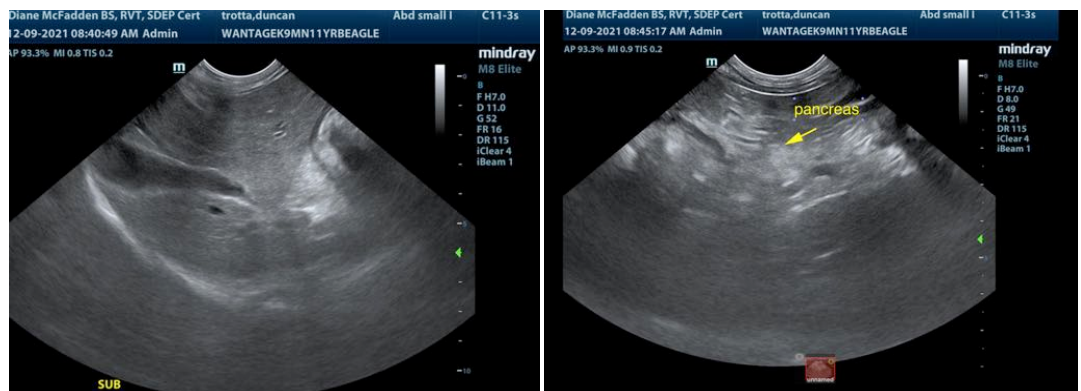
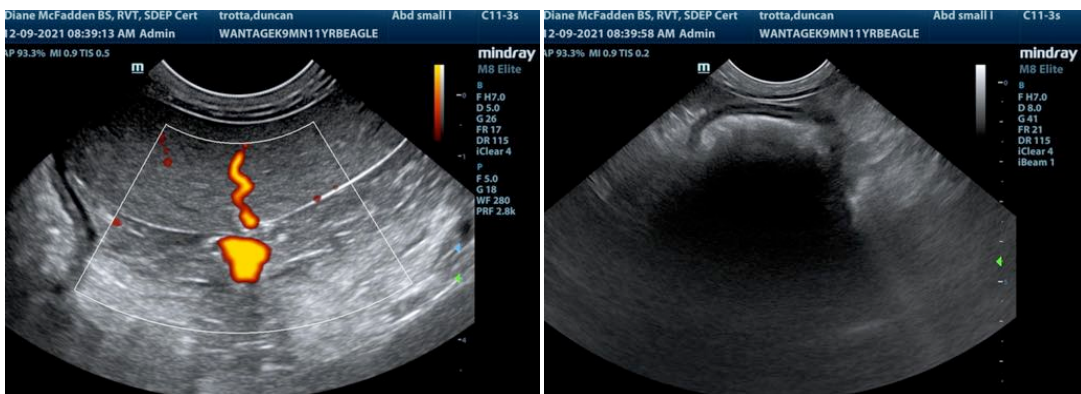
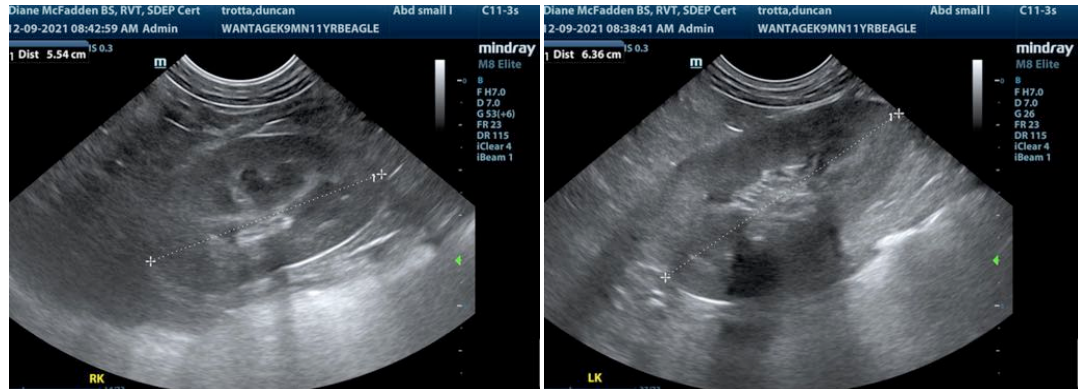
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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