



PATIENT

Buddy Lee Clark

SPECIES

Canine

BREED

Saint Bernard X

SEX

Neutered Male

AGE

12

WEIGHT

109 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary Relief Services

REFERRING VET

Dr. Chelsey Sturgill

INVOICE

45127

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Initially presented for panting and hair loss on tail, recently diagnosed with hypothyroidism, panting heard on exam was suspicious for laryngeal paralysis Chest x-rays reviewed by radiologist mild bronchial pattern- no cause of panting found Echo- no structural changes, outflow velocities normal, R side wnl, mild pericardial effusion seen Recheck echo 4 weeks later- scant pericardial effusion, RA and Right auricle wnl, no masses Owner reports P still panting, losing weight, acting like he's starving, becoming aggressive with food.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. Minimal amount of urine present at the time of the sonogram. The urethra appeared mildly thickened at 0.65 cm. Deep pelvic urethral mineralization noted, however resolution was poor. The ureters were not visible which is normal. 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 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 and no evidence of pelvic dilation was present. The left kidney measured 6.77 cm. The right kidney measured 6.19 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 0.76 cm at the caudal pole and 0.71 cm at the cranial pole.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

Gastrointestinal

Minor amount of **gastric** content present, likely ingesta. 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

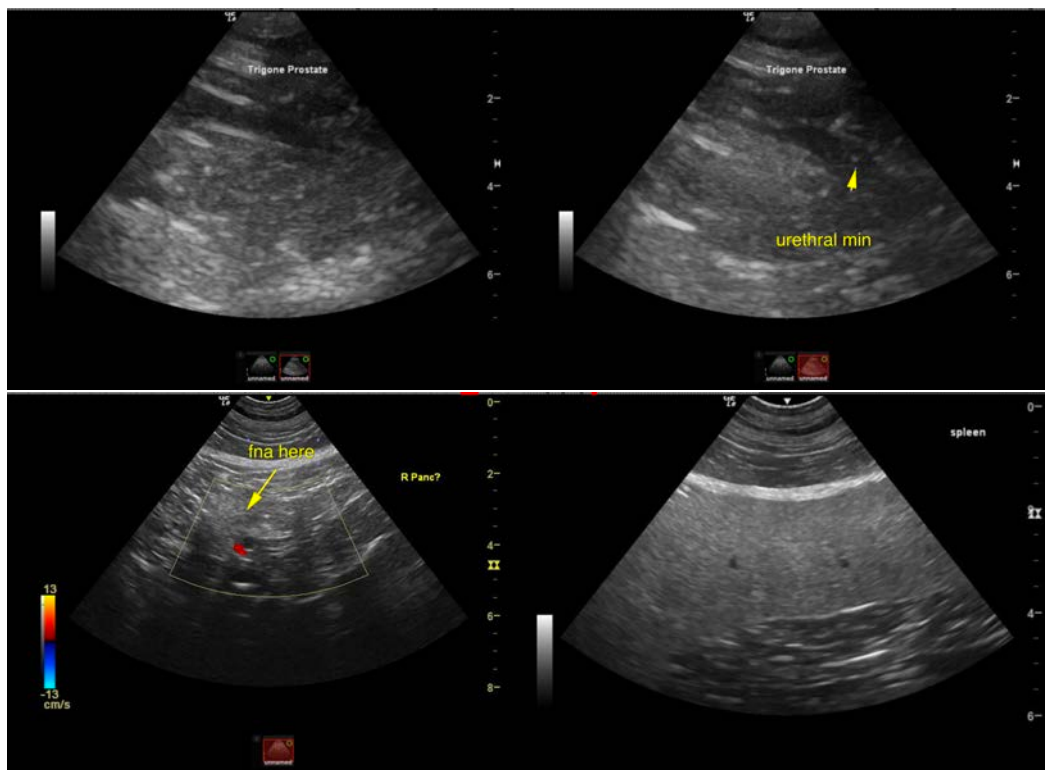
The mid abdomen around the right pancreatic limb revealed a mixed echogenic granulomatous 2.0 cm x 2.0 cm lesion, consistent with history of pancreatitis or mildly low-grade active inflammation possible. FNA of this region recommended.

ULTRASONOGRAPHIC FINDINGS

- Granulomatous type pancreatic presentation
- Urethral mineralization
- Gastric ingesta
- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend further imaging of the deep pelvic urethra and prostatic region, as there appears to be urethral mineralization. However, I cannot rule out emerging carcinoma, especially if any straining to urinate or lower urinary tract signs are present. Further imaging of this region is recommended.





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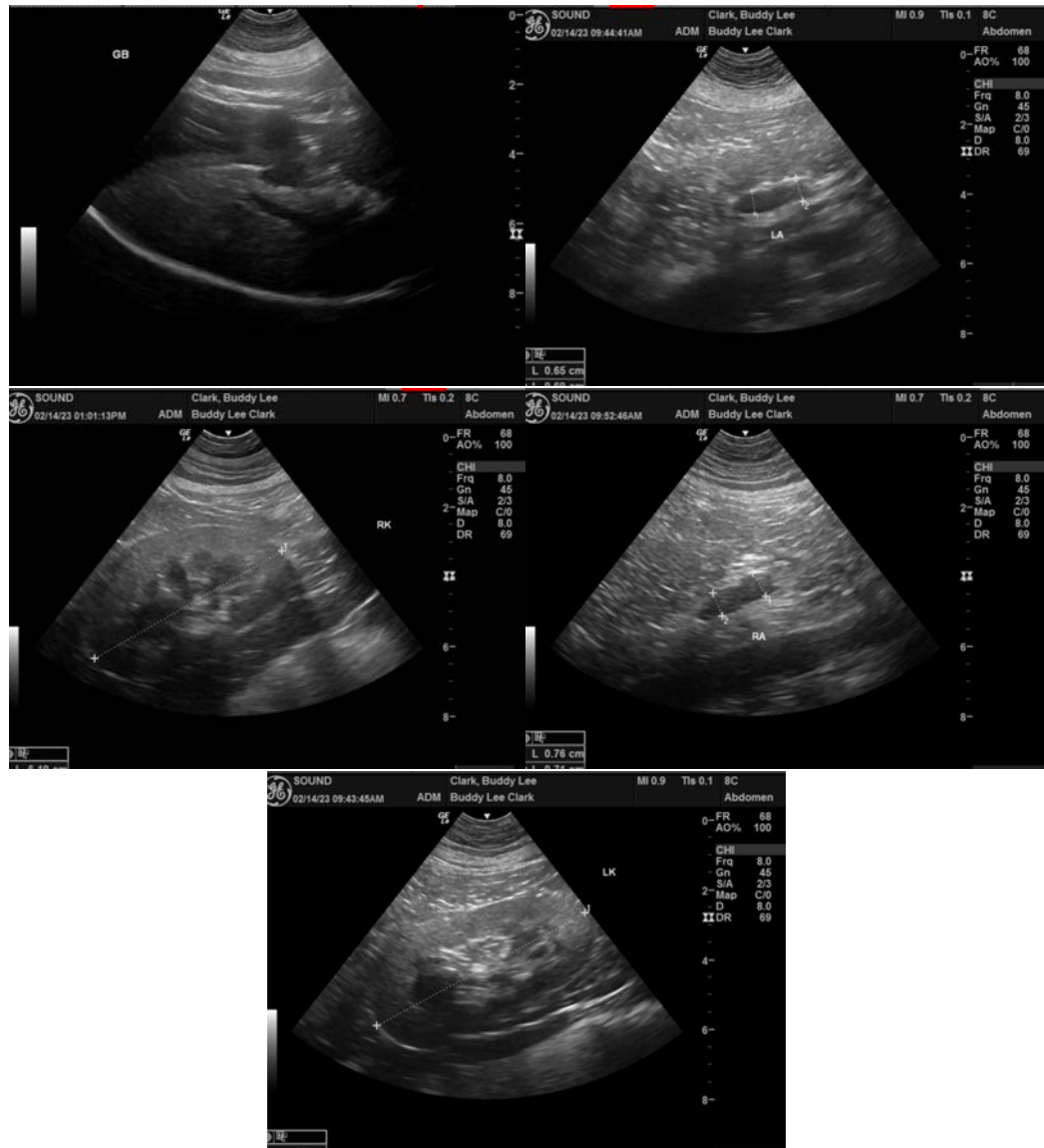
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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