



PATIENT

Jack Weisbrod

SPECIES

Canine

BREED

Bernese Mountain Dog
Mix

SEX

Neutered male

AGE

8 years

WEIGHT

35.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

96330

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Ultrasound for neighbouring clinic. Grade 3 MCT, high grade removed from R shoulder in Oct, clean margins. He has been losing weight since (has lost >4kg). Is on pred and famotidine. Abnormal PE/Chem/CBC/UA Results: Normal on PE aside from scab at prev MCT removal site, concerned for site recurrence.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** revealed multi-focal, hyperechoic foci. This is consistent with dystrophic cortical mineralization. The kidneys measured 7.0 cm each.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The region of the right adrenal gland was unremarkable, yet not overtly visualized.

Spleen

The **spleen** was enlarged with swollen contour and multi-focal, hypoechoic nodular changes.

Liver

The **liver** was coarse in architecture with increased portal markings and heterogenous parenchymal changes with echogenic gallbladder wall with polypoid changes and mineralization.

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.



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Pancreas

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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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Mix

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia splenic pattern, possible relationship to mast cell disease.

Hepatic remodeling with swelling. Multi-focal foci were noted throughout the liver as well.

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Porcelain gallbladder/gallbladder fibrosis.

Dystrophic renal cortical mineralization.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening FNA of the spleen and liver to ensure that mast cell disease or other processes are not playing a role in the sonographic presentation. However, these may be entirely benign changes.

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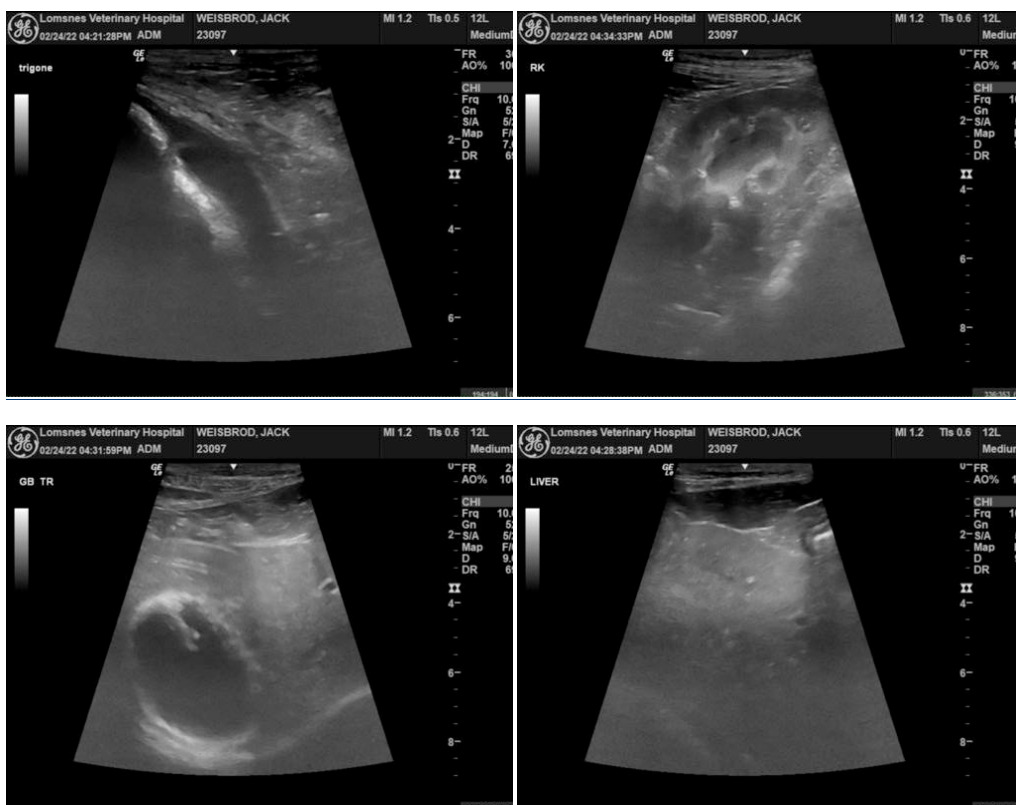
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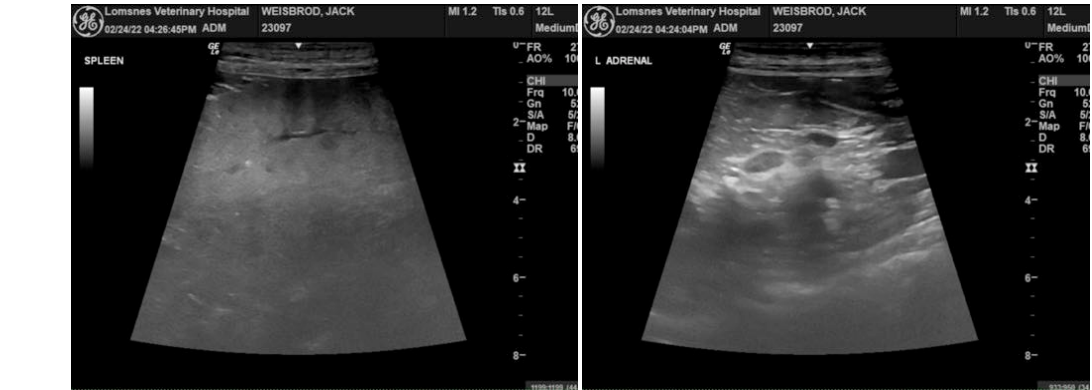
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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