



PATIENT

Kobe Bennis

PRESENTING CLINICAL SIGNS

Elevated WBC (H)72.9 + Lymphocytes (H) 65,610 Lethargic, PU/PD Suspect neoplasia or lymphoma

SPECIES

Canine

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 was noted. Ureteral papillae were normal.

BREED

Golden Retriever

The residual prostate was uniform and measured 1.12 cm. The post prostatic urethra measured 0.82 cm.

SEX

Neutered Male

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.08 cm with pyelectasia. The left kidney revealed pyelectasia measuring 1.17 x 0.51 cm. The left kidney measured 7.73 cm.

AGE

2 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 2.51 x 0.69 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 2.8 x 0.6 cm at the caudal pole and 0.54 cm at the cranial pole.

WEIGHT

78.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was uniform and folded upon itself. There was no evidence of pathology.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Liver

The **liver** images submitted revealed subjectively normal liver size, 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

HOSPITAL NAME

Imagine Sound
Mobile

REFERRING VET

Dr. Mosaad

INVOICE

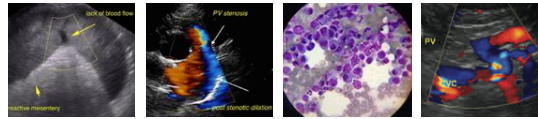
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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of excessive gastric gas was noted with slight luminal fluid. 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

2/28/22



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Pancreas

Kobe Bennis

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Mild bilateral renal pyelectasia.

Golden Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Underlying UTI is possible. There was no evidence of neoplasia. CBC path review +/- bone marrow aspirate is indicated given the elevated white count. FNA of the spleen can be considered; however, it does not appear to be overtly pathological at this time. However, emerging lymphomatous state cannot be ruled out. Full urinary work-up is warranted given the renal pyelectasia.

AGE

2 years

WEIGHT

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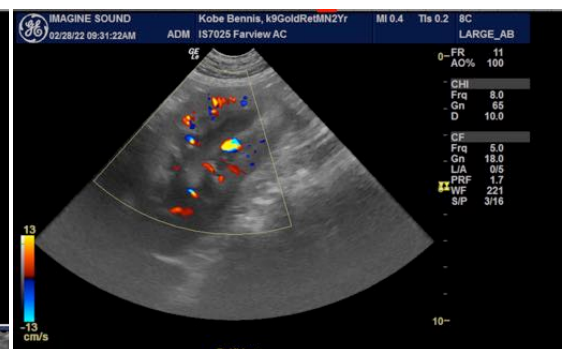
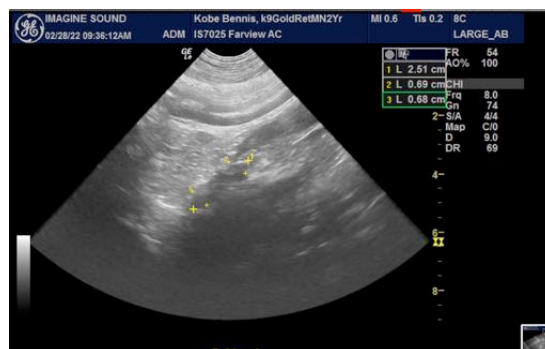
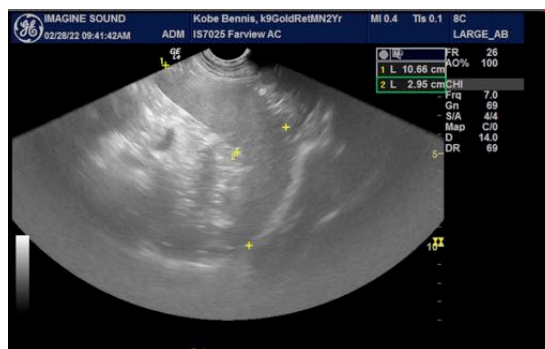
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BREED

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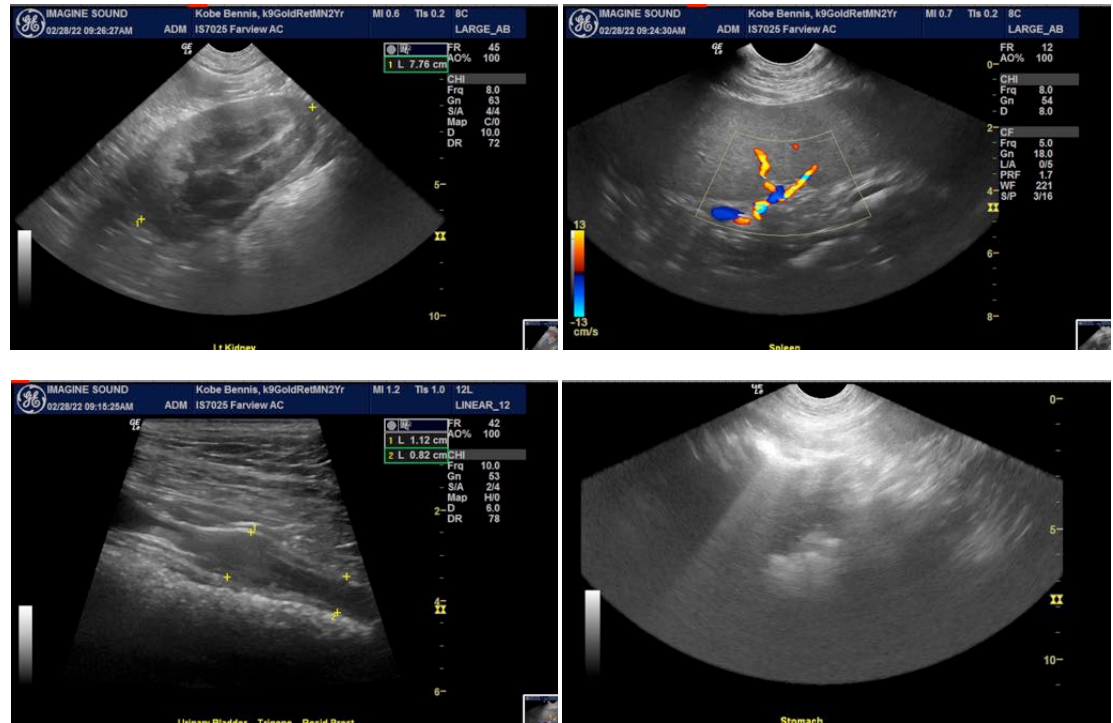
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com