



PATIENT

Mickey Gallego

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ammeraal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

96791

DATE

3/11/22

PRESENTING CLINICAL SIGNS

History: Patient constantly walking in circles, Accidents in the house. HX of Diabetes. Gets Vetsulin 5 IU BID

Abnormal PE/Chem/CBC/UA Results: Mature cataracts OU, Pos PLR's, Grade 2-3/6 Murmur, BCS 3/9 ALKP 998 U/L, Triglycerides 1824 mg/dL, BUN 81 mg/dL, Glucose 45 mg/dL CBC WNL, USG 1.011, UPC 1.1, Fructosamine 445 U/L

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.

The residual prostate measured 0.8 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.6 cm. The right kidney revealed mild pyelectasia. This may be owing to pelvic scarring or potential infection. The right kidney measured 5.2 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 left adrenal gland measured 0.65 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.3 x 0.56 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 4.0 cm and was deriving from the caudal body and folded cranially.

Liver

The **liver** revealed a right cranial 2.5 cm mass with deviation of regional vasculature. The remainder of the liver was unremarkable with increased portal markings. The right cranial liver lesion does not appear resectable. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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Gastrointestinal

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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

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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ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with slight pyelectasia.

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Parenchymal splenic mass. Hyperplasia or benign splenic tumor is possible. Hemangiosarcoma or round cell neoplasia is also possible.

Right cranial liver mass. Carcinoma, metastatic disease and granuloma are all possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend stabilization of the diabetic state and ultrasound-guided FNA of the right cranial liver mass and splenic mass. Chest radiographs and echocardiogram are warranted to rule out metastatic disease.

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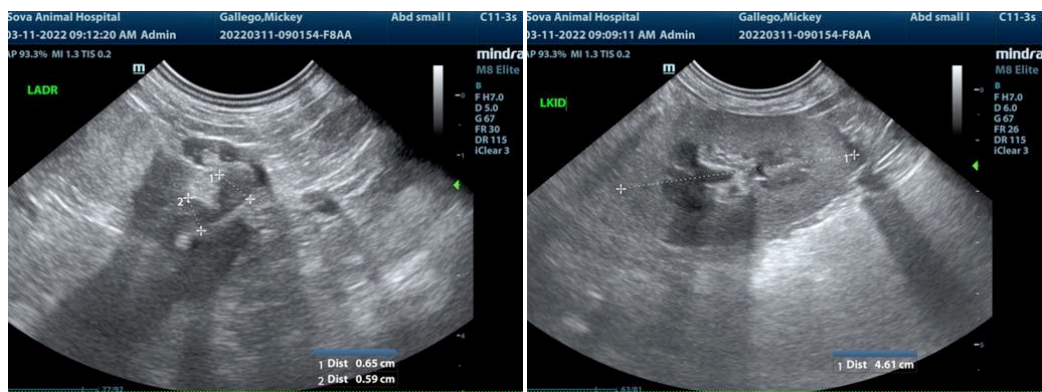
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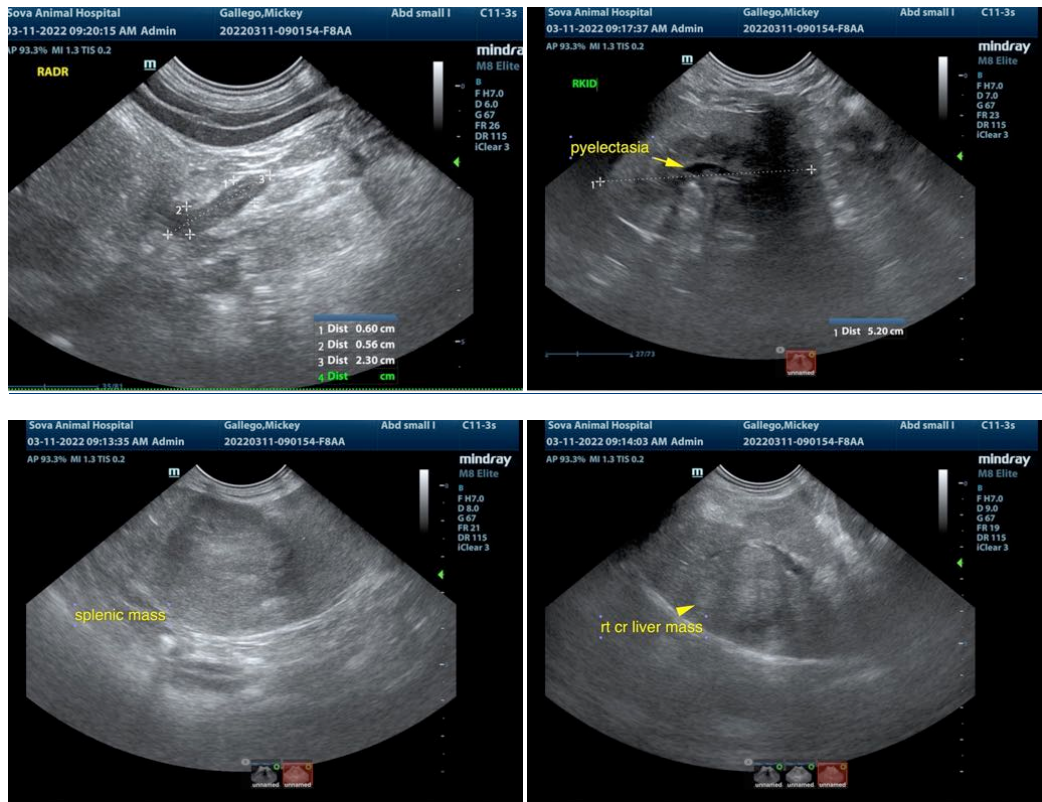
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com