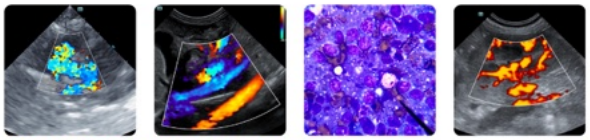


PATIENT

Sam Laflamme

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

13 years

WEIGHT

45.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Laux

INVOICE

73417

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Decrease in appetite for multiple weeks
- Mid abdomen feels more full
- ALT 156, AlkP 1344, trig 727, chol 495

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Small calculus was noted and measured 0.38 cm. This was non-obstructive at the time of the sonogram and only present in one view. Therefore, I recommend confirmation. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The bladder measured 0.57 cm.

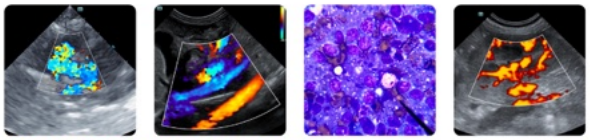
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia and pelvic mineralization were noted. Cortical infarct was noted at the dorsal cortex of the left kidney. The right kidney measured 4.86 cm. The left kidney measured 5.54 cm with pyelectasia measuring 0.67 x 2.2 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 3.01 x 0.8 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 2.23 x 0.69 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, hyperechoic lipid plaques with a minor amount of remodeling. There was no overt pathology.



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Liver

The **liver** was swollen with multi-focal, hypoechoic nodular changes. Slightly increased portal markings were noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a minor amount of debris.

Gastrointestinal

The **stomach** revealed hypoechoic nodule that was deriving from the cranial aspect of the gastric pyloric antrum measuring 2.0 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Gastric nodule. Round cell neoplasia, emerging carcinoma or hyperplastic lesion.

Nodular hyperplasia liver pattern.

Chronic degenerative renal changes with calculi.

Small bladder calculus was noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver and the gastric lesion is warranted if accessible by the sonographer under sedation or surgical intervention. Bladder ultrasound is recommended prior to surgery to ensure that the bladder calculus is persistently present if cystotomy is desired, yet not obstructive at the time of the sonogram and non-shadowing therefore it may be dissolvable. Full urinary work-up and blood pressure measurements are indicated.

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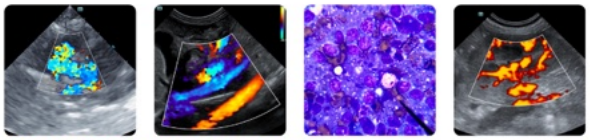

Clinical Sonography & Telecytology
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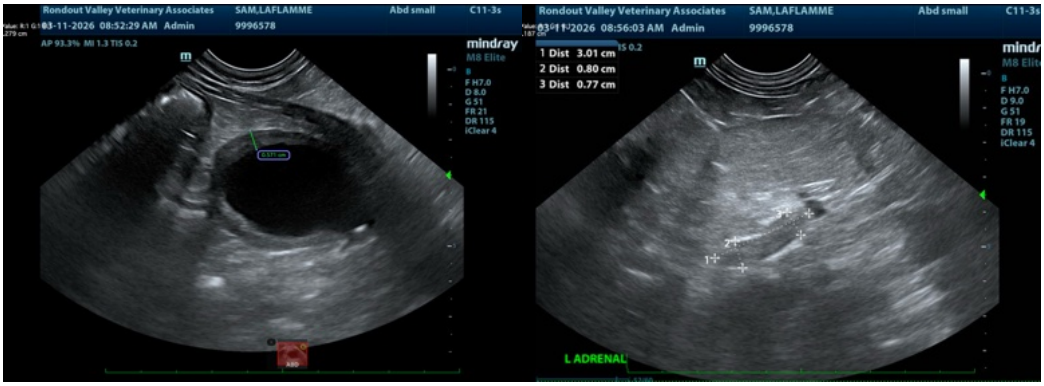

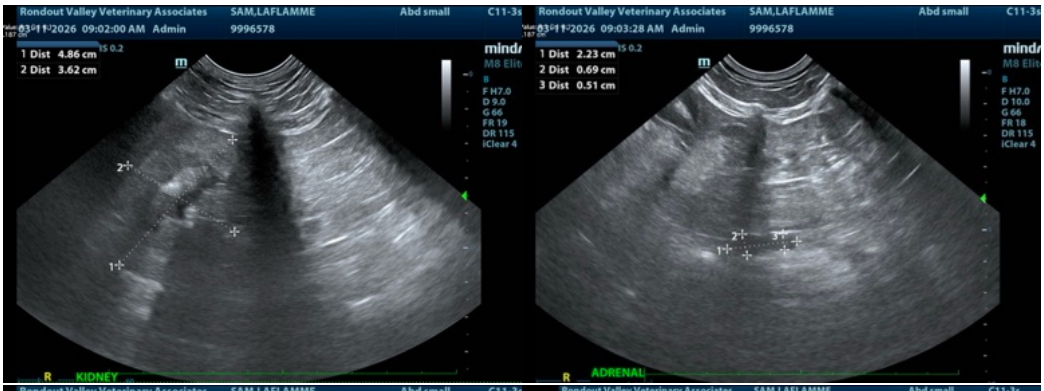

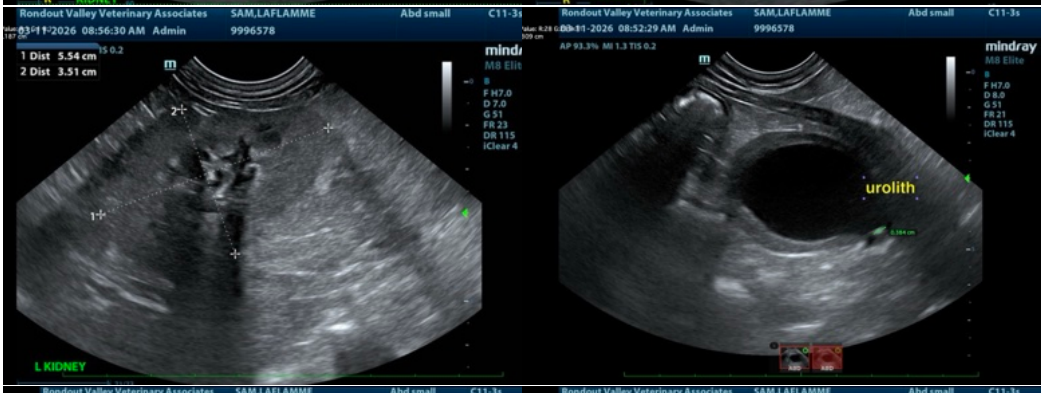

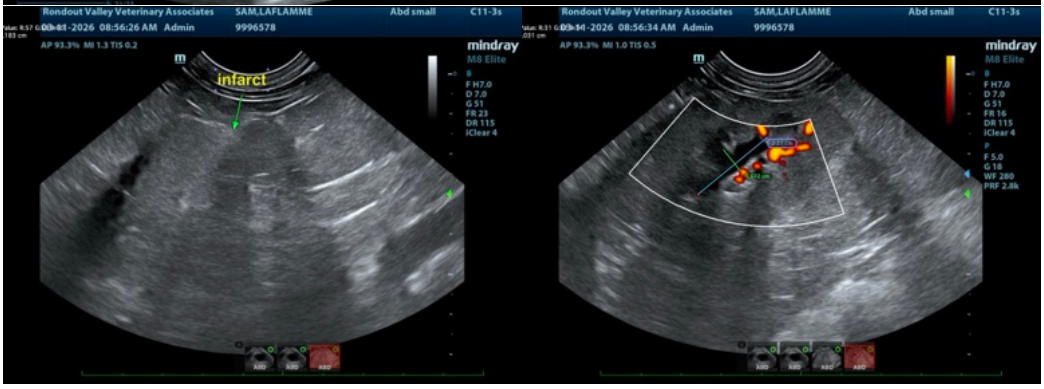

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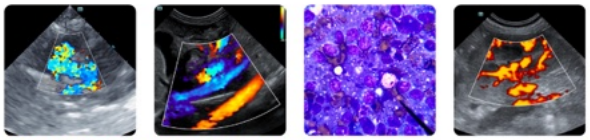

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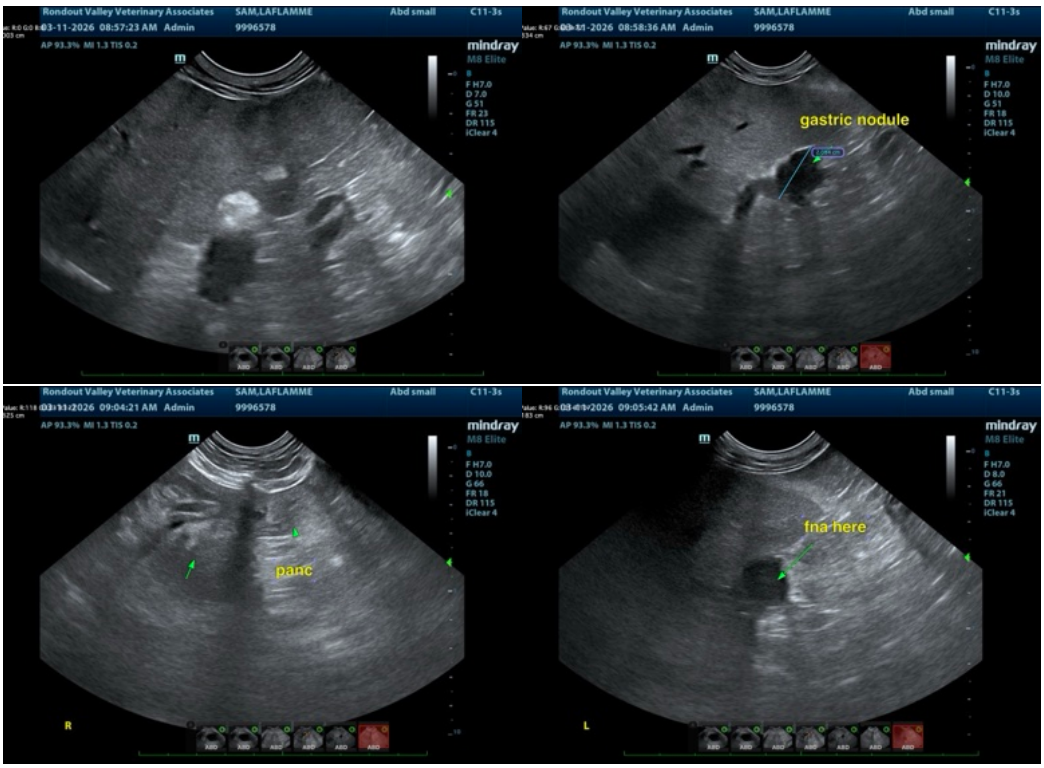

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com