



PATIENT

Brad Pitt Eller

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

13 Years

WEIGHT

74

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ukachi Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ukachi Ugorji

INVOICE

45857

DATE

3/12/23

PRESENTING CLINICAL SIGNS

History of vomiting. Started vomiting again yesterday. 3x yesterday, 1x today.

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 were noted. Ureteral papillae were normal.

The prostate was enlarged, irregular, and nodular, measuring 4.0 cm. The area of the prostate revealed heterogeneous tissue, yet it could not be associated with the urethra or bladder in the view provided. Further imaging necessary.

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 7.3 cm. The right kidney measured 7.3 cm.

Adrenal Glands

A rounded, hypoechoic, irregular structure was noted in the region of the **right adrenal gland**. The structure may be adrenal or possible lymph node. It could not be differentiated, as GI gas was interfering with visibility.

The **left adrenal gland** was visualized obliquely and appeared enlarged and irregular. An overt mass craniomedial to the left kidney was noted and may be related to the left adrenal gland. Further imaging necessary.

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 wall was mildly echogenic with micropolypoid changes and minor debris.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of



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hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery noted around the GI tract.

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Pancreas

The **pancreas** presented minor heterogeneous parenchymal changes, suggestive for inflammation.

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ULTRASONOGRAPHIC FINDINGS

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- Gastroenteritis/low-grade pancreatitis pattern
- Enlarged, irregular mass in the region of the left adrenal – further imaging necessary.
- Hypoechoic structure in the region of the right adrenal – further imaging necessary.
- Minor hepatic remodeling
- Enlarged prostate – further imaging necessary.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging necessary, as colonic gas was interfering with visibility. Prognosis is guarded. Blood pressure measurements warranted with urine catecholamine to assess for potential pheochromocytoma. The bladder itself was unremarkable.

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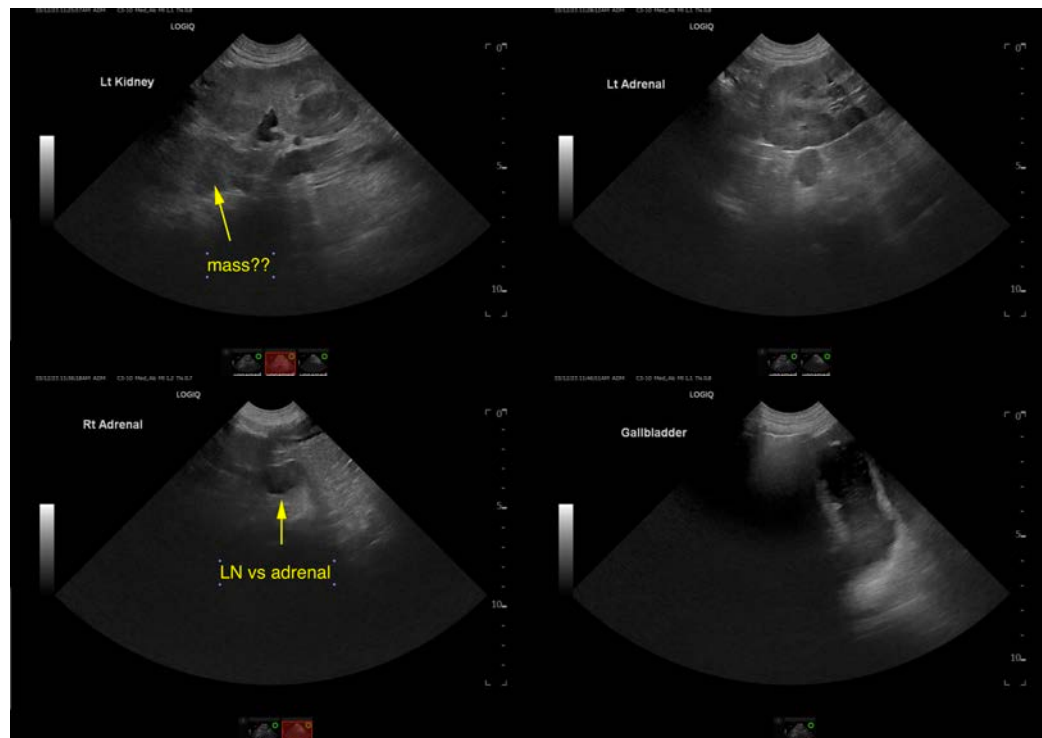
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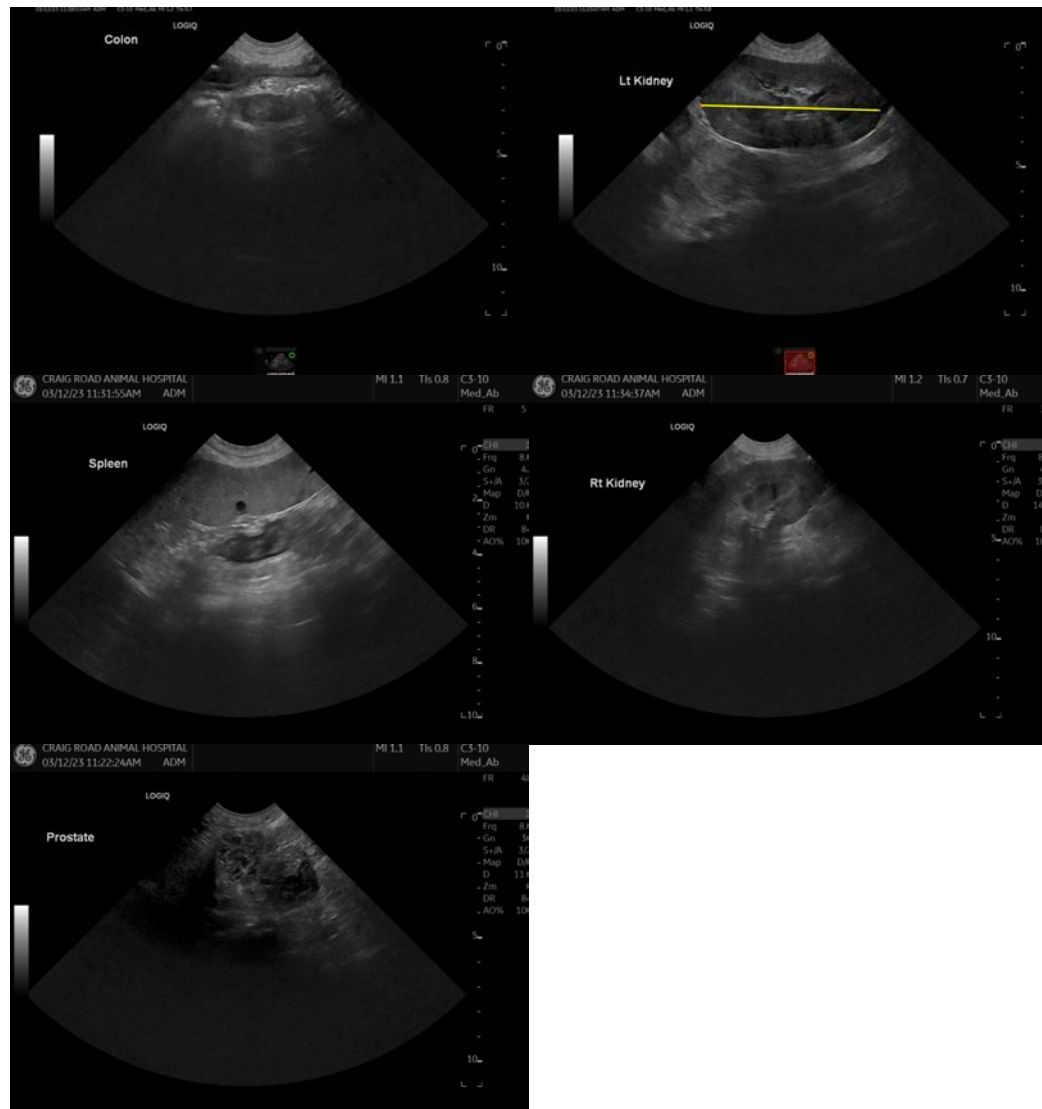
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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