



PATIENT

Domino Garland

PRESENTING CLINICAL SIGNS

increasing hepatic values compare to last u/s 2/25/21 clearing for anesthesia for dermal mass removal
Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem 253 ALP 939 Chol 360

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Chihuahua

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 right kidney measured 3.64 cm. The left kidney measured 3.87 cm.

AGE

12 Years

Adrenal Glands

WEIGHT

10.2 Pounds

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 1.62 cm x 1.06 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 1.60 cm x 0.54 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

A **splenic mass** overlies the left pancreatic limb.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenn

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. Subtle hypoechoic nodular changes, may represent metastatic disease. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The **stomach** and gastric fundus were particularly thickened and hypoechoic with loss of mural detail. Pyloric outflow was unremarkable. Enhanced mesentery noted around the serosal surface of the stomach. The small intestine and colon were unremarkable.

INVOICE

36169

Pancreas

The left **pancreatic limb** was enlarged, hypoechoic and irregular, measuring 2.0 cm in width with mixed hypo- and hyperechoic changes.

DATE

3/14/22



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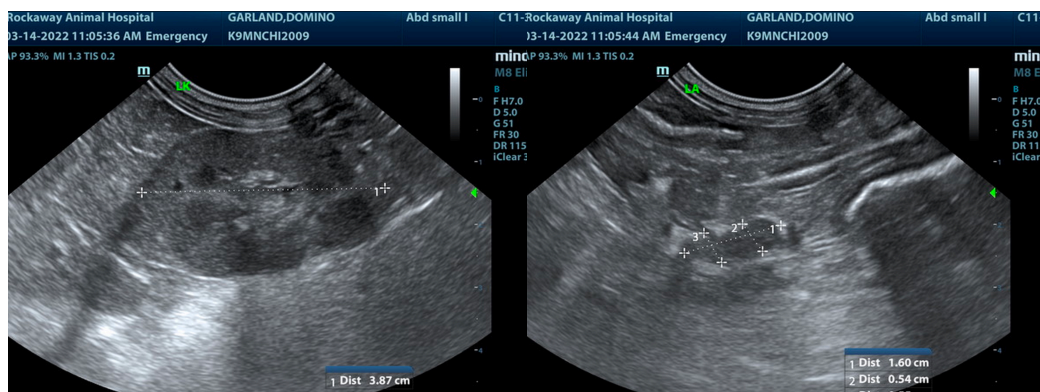
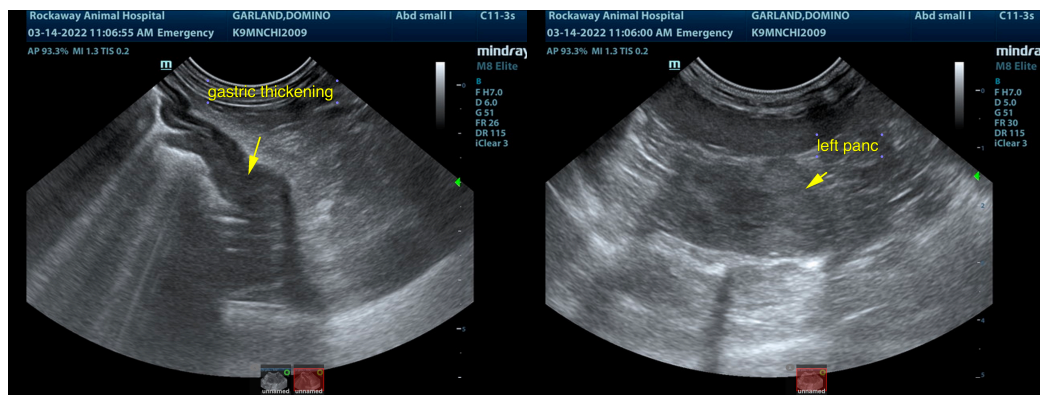
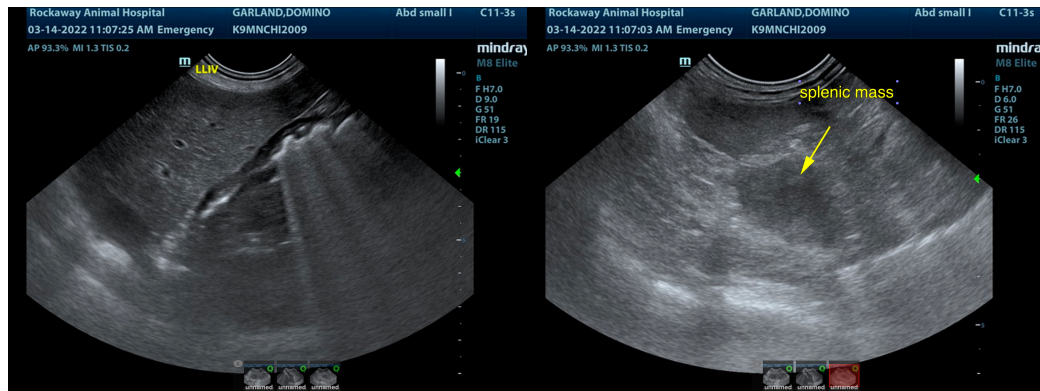
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ULTRASONOGRAPHIC FINDINGS

- Splenic mass – round cell neoplasia versus hemangiosarcoma
- Gastric thickening
- Heterogeneous nodular hepatic changes
- Enlarged, hypoechoic left pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA liver and spleen recommended in this patient for staging purposes. Otherwise, splenectomy and gastric biopsy warranted. Possible gastritis and nodular hyperplasia of the liver. However, round cell neoplasia is a strong potential in this case. 3-view chest radiographs and echocardiogram warranted to assess for metastatic disease. The splenic presentation has significantly progressed, as has the stomach. Concern for emerging neoplasia.





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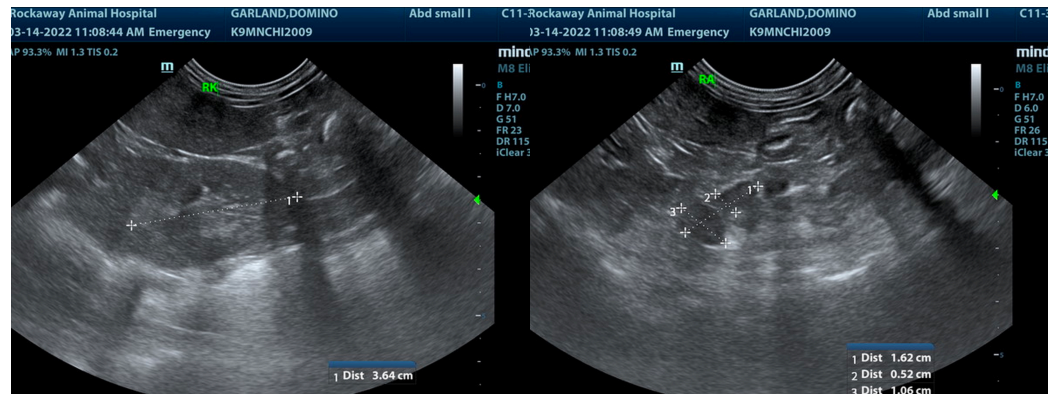
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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