



**PATIENT**

Jazz Jenson Dineen

**PRESENTING CLINICAL SIGNS**

vomiting but has not vomited at home for the past 2 days

**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 were noted. Ureteral papillae were normal.

**BREED**

Yorkie X

**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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.08 cm. The right kidney measured 3.14 cm.

**AGE**

7 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 left adrenal gland measured 1.24 cm x 0.49 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 0.60 cm at maximum width.

**WEIGHT**

5 Pounds

**Spleen**

The **spleen** revealed a 1.0 cm hypoechoic undifferentiated nodule at the mid cranial body.

**INTERPRETED BY**

Eric Lindquist, DMV

**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.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

A mile amount of fluid was noted in the **gastric** lumen. 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.

**REFERRING VET**

Dr. Maniar

**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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**INVOICE**

36170

**DATE**

3/14/22



**PATIENT**

Jazz Jenson Dineen

**ULTRASONOGRAPHIC FINDINGS**

- Minor gastric fluid
- Undefined splenic nodule – concern for emerging neoplasia.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend splenectomy and gastric biopsy in this patient for further definition. Empirical treatment for gastritis warranted in the meantime and FNA of the spleen if splenectomy is not to be performed. Treatment for gastritis and recheck in 2-3 weeks could also be considered to assess for any progression of the splenic nodule and resolution for the gastric presentation.

**BREED**

Yorkie X

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

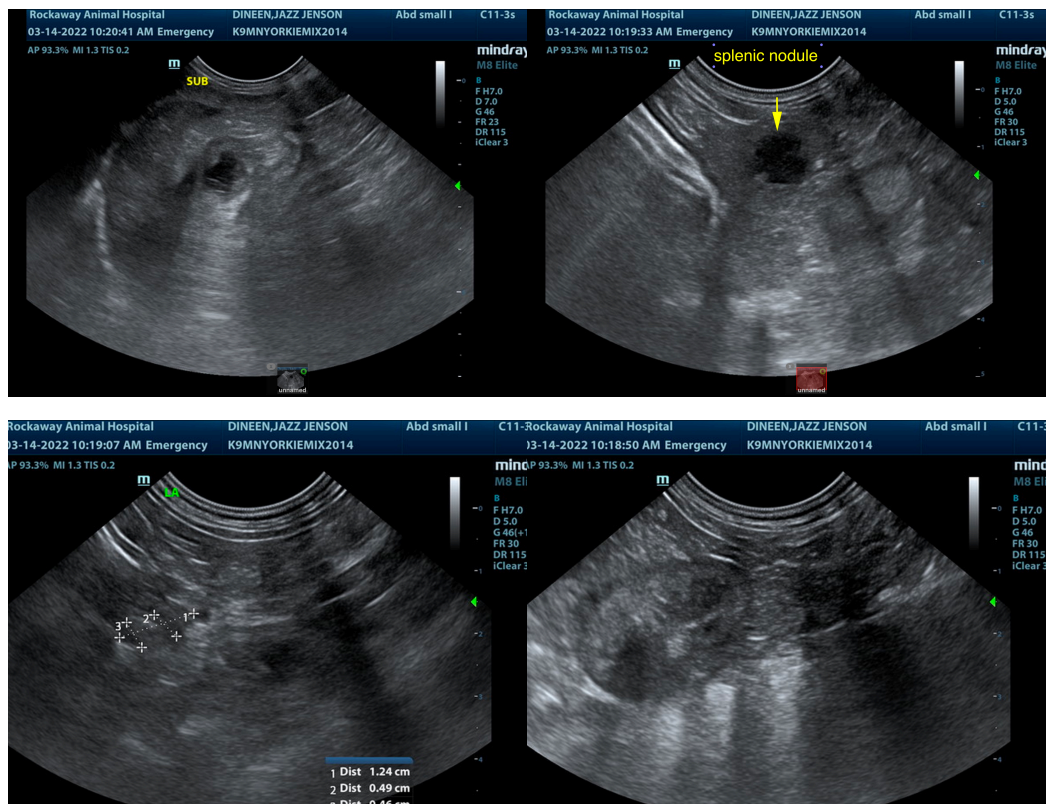
5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn



**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

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](mailto:info@SonoPath.com)

**INVOICE**

36170

**DATE**

3/14/22