



PATIENT

Davey Winand

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

16 years

WEIGHT

10.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

96893

DATE

3/15/22

PRESENTING CLINICAL SIGNS

History: Dribbling urine, straining-possible mass effect on rectal. R/O Neck of the bladder vs prostate.
Abnormal PE/Chem/CBC/UA Results: USG 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, prostate and pre and post prostatic urethra combined to form an undifferentiated mineralizing mass that measured 2.5 x 2.2 cm. Reactive mesentery was noted around the bladder mass. Embedded mineralization was also noted.

The **kidneys** revealed moderate degenerative changes. An infarct was noted at the cranial pole of the right kidney as well as multi-focal infarcts elsewhere. The right kidney measured 3.64 cm with cortical infarcts, remodeling and pyelectasia. The left kidney measured 3.35 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.8 x 0.52 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 1.65 x 1.33 cm at the cranial pole and 0.71 cm at the caudal pole.

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 was 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. Occasional, hypoechoic, nodular change was noted and measured up to 1.5 cm and was non-disruptive. 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.



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Gastrointestinal

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The stomach in this patient revealed a hypoechoic, nodule at the cranial aspect of the gastric fundus measuring 1.38 cm. This suggests possible gastrinoma.

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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

Lower urinary tract mass involving prostate, urethra and cystourethral junction. This is non-resectable. Moderate, chronic degenerative renal changes.

AGE

16 years

Gastrinoma type mural nodule.

Age related hepatic changes with undefined nodules.

WEIGHT

10.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for urethral stent placement is warranted as well as endoscopy for the gastric lesion. Serum gastric levels could be considered to confirm the suspicion of gastrinoma. FNA of the liver nodules could be considered. The prognosis is poor; however, some medical management may prove effective.

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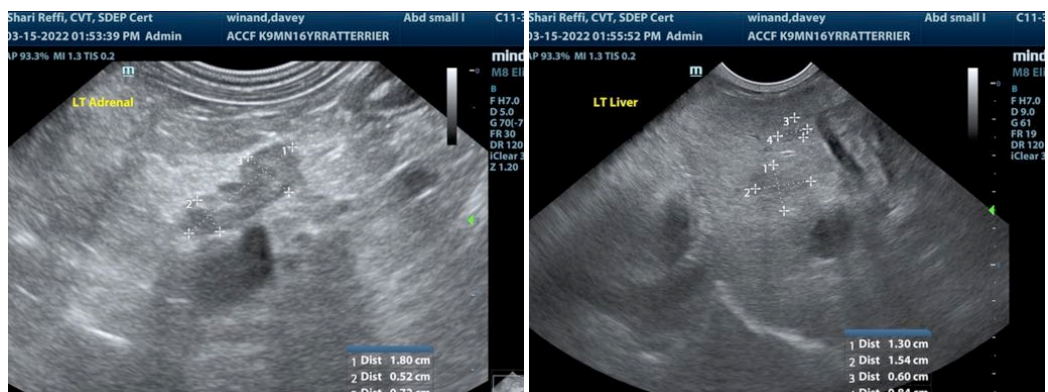
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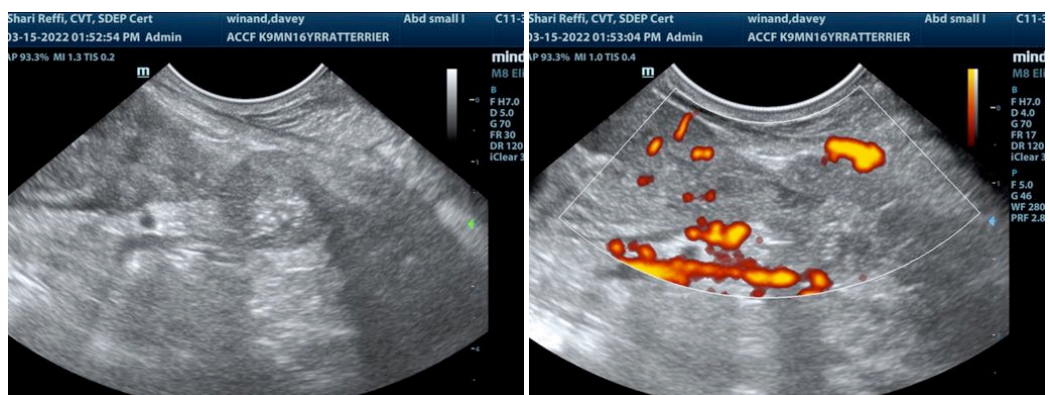
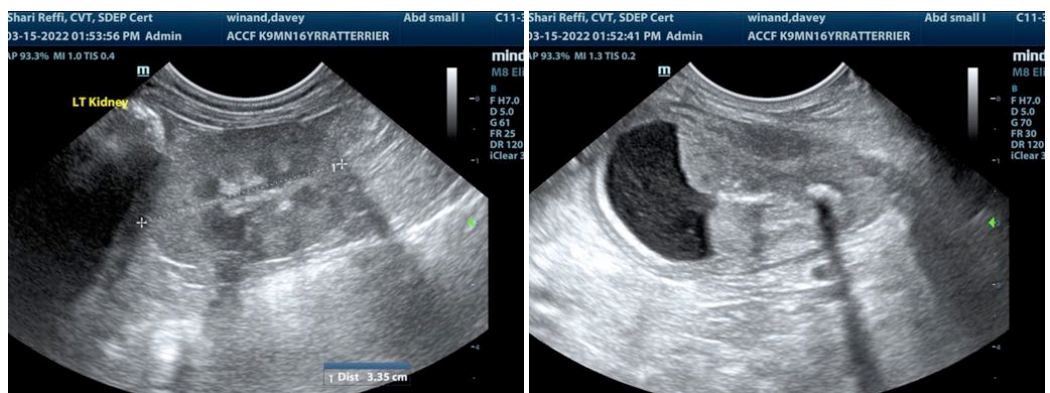
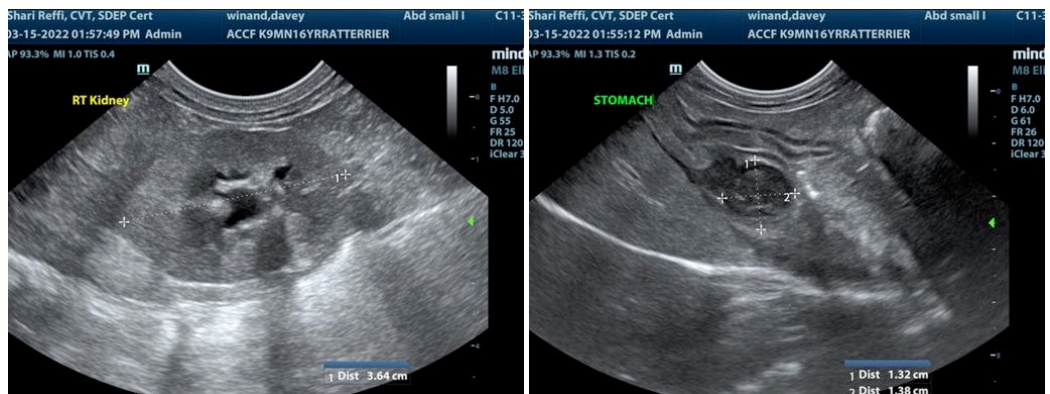
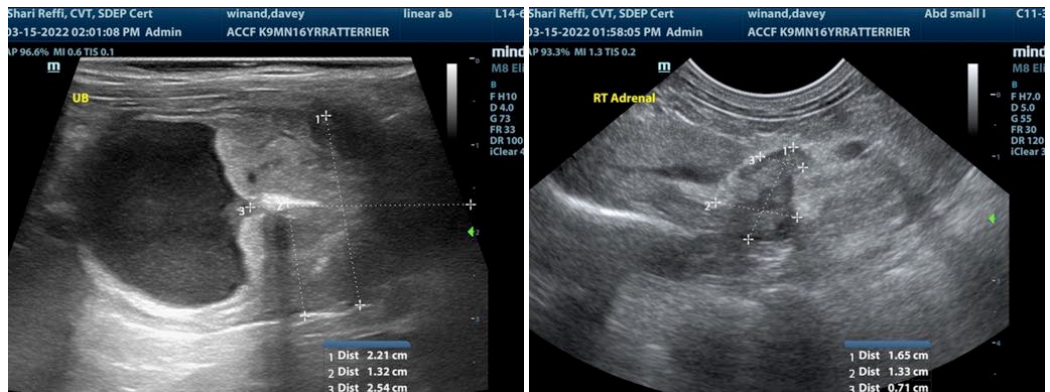
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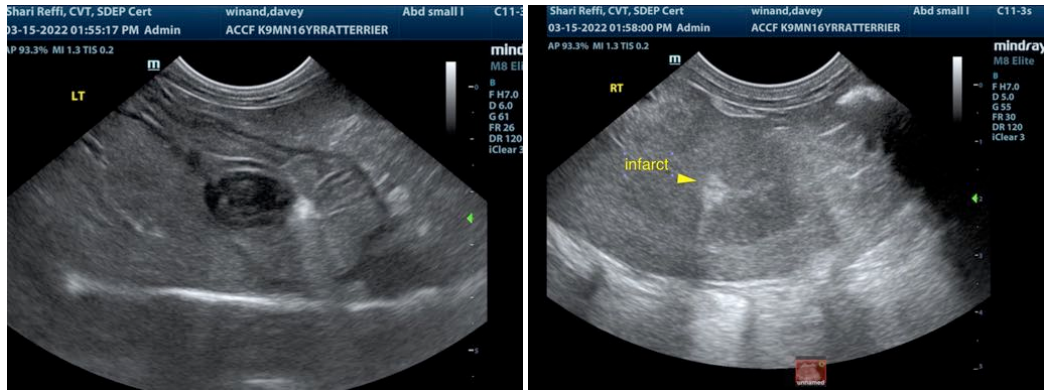
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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