

PATIENT

Paris Scheele

PRESENTING CLINICAL SIGNS

History: Diagnosed with pancreatitis on Saturday at another clinic, still anorexic a week later.
Abnormal PE/Chem/CBC/UA Results: radiographs questionable for a mass in the abdomen

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug

The **urinary bladder** revealed minor uniform thickening. The bladder had anechoic urine. There was no evidence of calculi or masses. Assessment of urinalysis is warranted to assess for possible cystitis.

SEX

Spayed Female

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 4.0 cm. The right kidney measured 4.0 cm.

AGE

7 years

Adrenal Glands

WEIGHT

23 lbs

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 measured 0.5 cm in width. The left adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

IMAGING PERFORMED BY

Nicole Gotfredson

Liver

HOSPITAL NAME

Buffalo VC

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. Minor gallbladder debris and slight polyps were noted.

REFERRING VET

Dr. Gotfredson

Gastrointestinal

INVOICE

96865

The **stomach** in this patient revealed a cystic mass that measured approximately 5.0 cm and occupied the pyloric outflow with secondary stasis. The mass appears to be mural and is deriving from the caudal aspect of the pyloric wall. Regional peritonitis was noted.

DATE

3/15/22

Pancreas

The **pancreas** was hypoechoic and irregular at the left base. Mild, irregular swelling was noted.



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ULTRASONOGRAPHIC FINDINGS

Gastric mural mass, possibly non-neoplastic or owing to penetrating foreign matter and granulomatous change with secondary inflammation. Carcinoma is a strong potential.

SPECIES

Canine

Secondary pancreatic inflammation.

BREED

Pug

Regional peritonitis.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the base of the gastric mass may prove fruitful. Part of the mass may be hematoma. It is difficult to ascertain how much of the mass is actual tissue and how much may be hematoma or coalesced debris. Exploratory surgery with potential Bill Roth procedure would be appropriate. I cannot rule out this being an abscessed mural change owing to possible penetrating foreign matter. I do recommend exploratory surgery. Ultrasound-guided FNA of the mural portion of the mass can be considered for further definition. Power Doppler assessment of the mass is recommended prior to sampling. Coagulation panel is indicated.

WEIGHT

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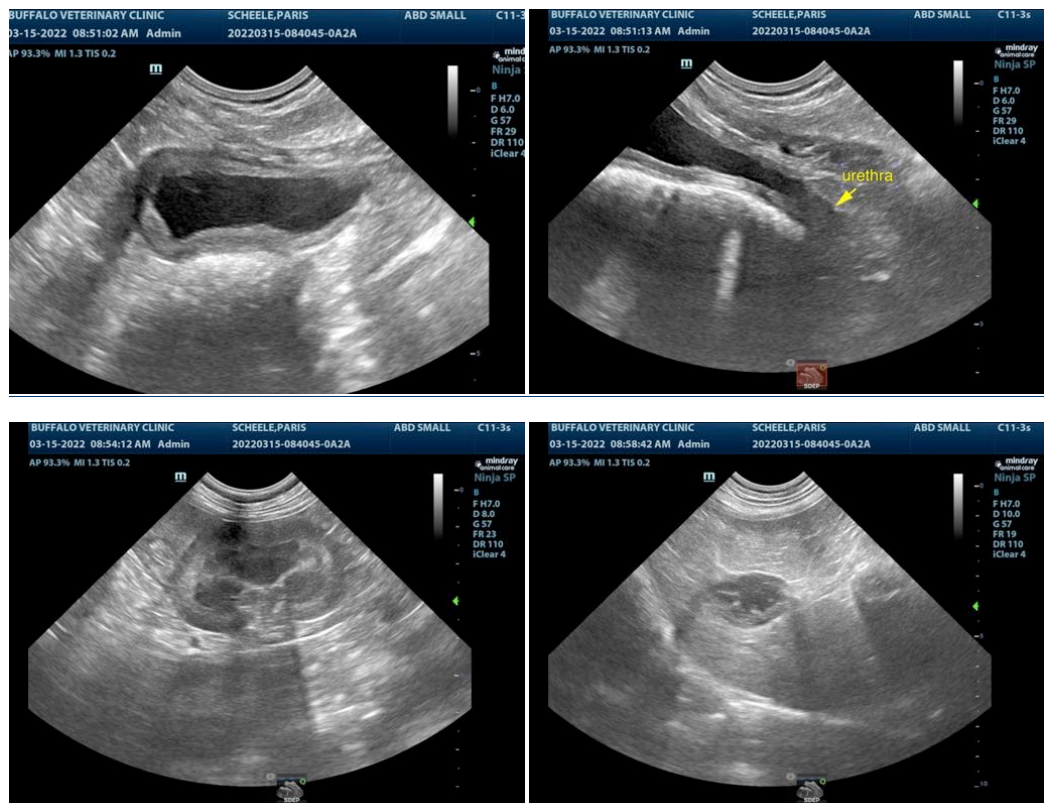
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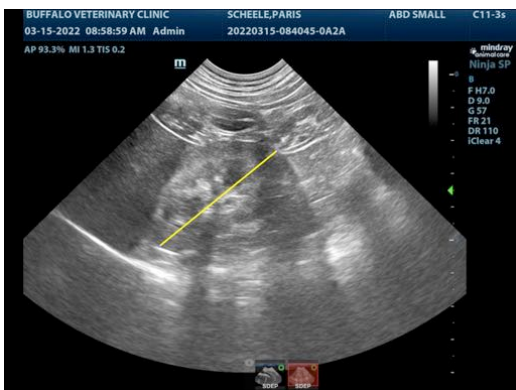
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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