



**PATIENT**

Chi Chi Park

**PRESENTING CLINICAL SIGNS**

History: Severe anemia. Blood seen in urine,  
Abnormal PE/Chem/CBC/UA Results: RBC 3.23, HEMOGLOBIN 5.8, PCV 22%, NRBC 34

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was largely normal with minor micropolypoid changes. Reactive mesentery was noted around the sublumbar space and iliac lymph nodes, bladder and pelvis with slight pockets of free fluid.

**BREED**

Poodle

**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 4.36 cm. The left kidney measured 3.59 cm.

**AGE**

14 years

**WEIGHT**

10.2 lbs

**Adrenal Glands**

The **left adrenal gland** was 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 1.14 x 0.39 cm. The right adrenal gland was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**Liver**

The **liver** revealed multi-focal, hyperechoic, mildly disruptive nodular changes that measured up to 0.95 cm. The gallbladder wall was echogenic and mineralized. Gallbladder calculus was noted at 0.5 cm.

**REFERRING VET**

Dr. DenHeyer

**INVOICE**

43453

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

**DATE**

3/22/23



**PATIENT**

**Pancreas**

Chi Chi Park

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

**SPECIES**

Canine

**BREED**

**Free Abdomen**

Poodle

Undefined omental remodeling and nodular changes were noted in the caudal abdomen.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Undefined omental remodeling and nodular changes in the caudal abdomen, possibly deriving from the area of the right adrenal gland.

**AGE**

14 years

Hepatic nodules.

Age related renal changes.

Concurrent cystitis pattern.

**WEIGHT**

10.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

I am concerned for right adrenal tumor expanding into the caudal abdomen as undifferentiated tissue appeared to be present in the mid and caudal abdomen; however, visibility was poor owing to echogenic fat. I recommend CT in this patient of the abdomen with contrast for differentiated. CT imaging is necessary int his patient.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JK

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

10.2 lbs

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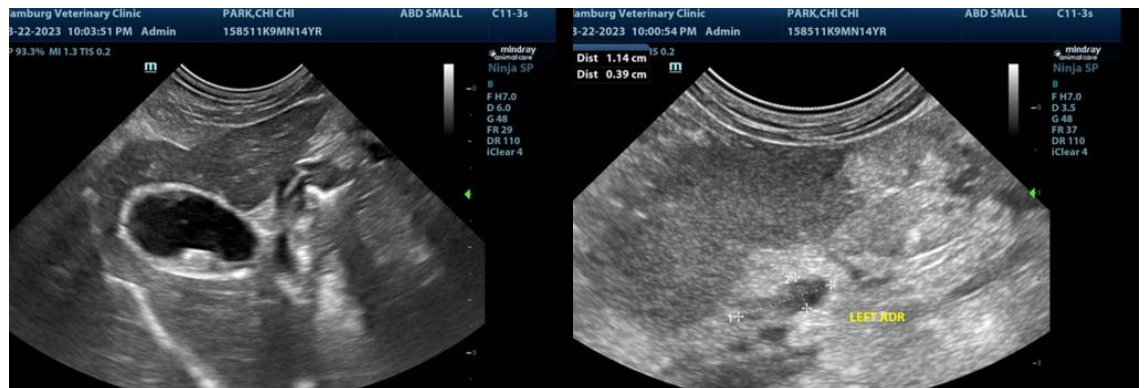
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Poodle

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

10.2 lbs

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