



PATIENT

Jazz Jensen

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Beiderbeck

HOSPITAL NAME

Lomsness VH

REFERRING VET

Dr. Hayley Beiderbeck

INVOICE

21783

DATE

3/24/23

PRESENTING CLINICAL SIGNS

History: Seems confused , poor appetite. Previous bout of constipation

Abnormal PE/Chem/CBC/UA Results: CBC: mild to moderate regenerative anemia- GI bleed?? Owner did mention occasional black stools. Mild monocytosis likely stress Chem: increased ALT, ALKP, increased BUN

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 3.3 cm. The left kidney measured 3.2 cm. Slight mineralizations were noted in both kidneys.

Adrenal Glands

The **left adrenal gland** was visualized partially, measuring approximately 5.0 mm.

**See Liver Section

Spleen

The **spleen** revealed minor heterogenous parenchymal changes with a hypoechoic nondisruptive nodule at the caudal pole, measuring 5.0 mm. Other heterogenous changes were present.

Liver

The **right liver** revealed an expansive mixed hypoechoic irregular mass, measuring 8+ cm. Gallbladder was overdistended with debris. The mass appears to be deriving from the caudate process, however, I cannot rule out a potential involvement of the right adrenal gland, as the tissue approaches the right adrenal gland, and deviates the right kidney.

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.

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.

ULTRASONOGRAPHIC FINDINGS



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- Extensive mass in the cranial abdomen, appears to be deriving from the liver, however, adrenal involvement cannot be ruled out.
- Mild degenerative changes with nonobstructive nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning is indicated. FNA is indicated. Blood pressure measurements are indicated. Prognosis is very guarded.

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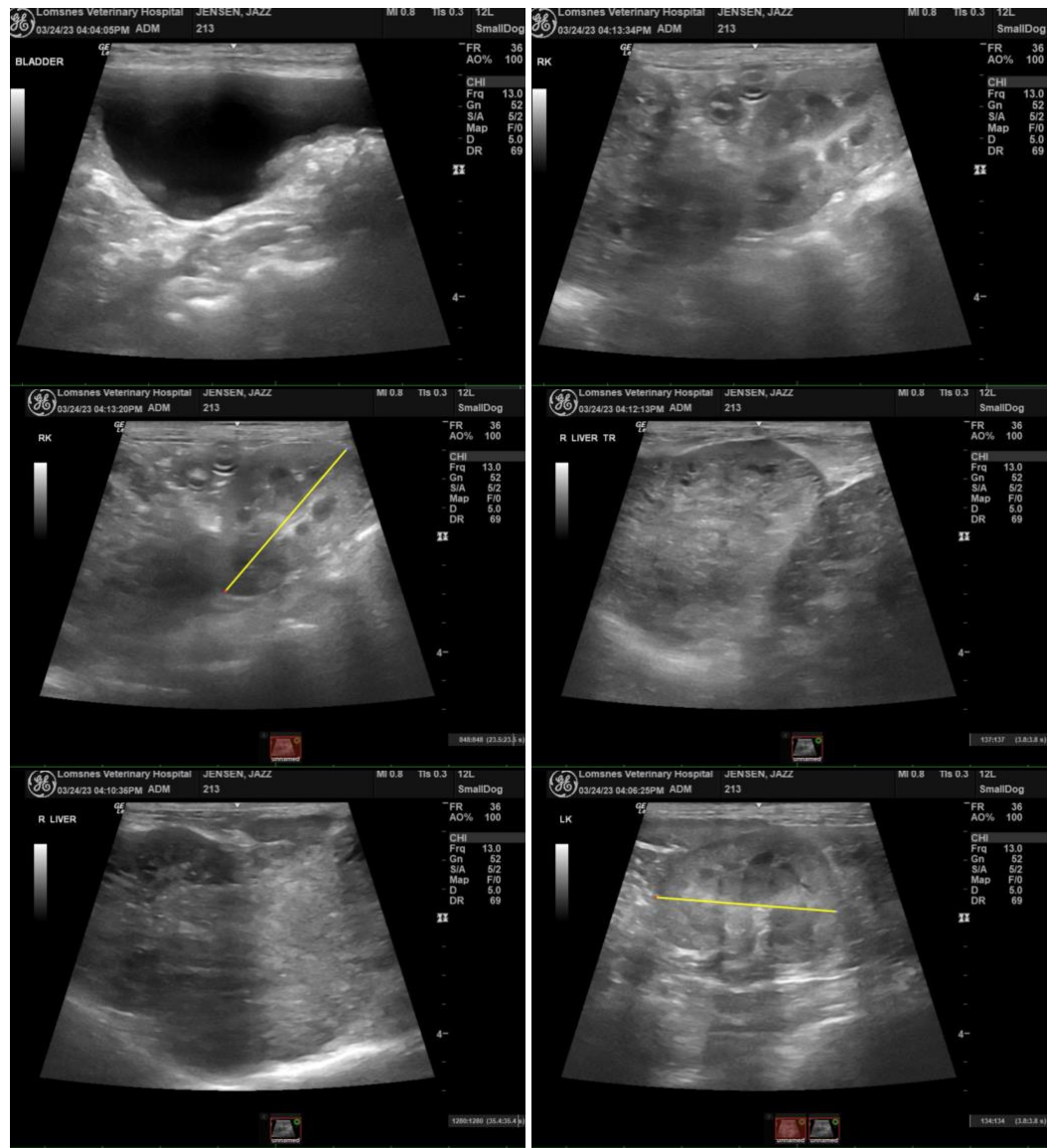
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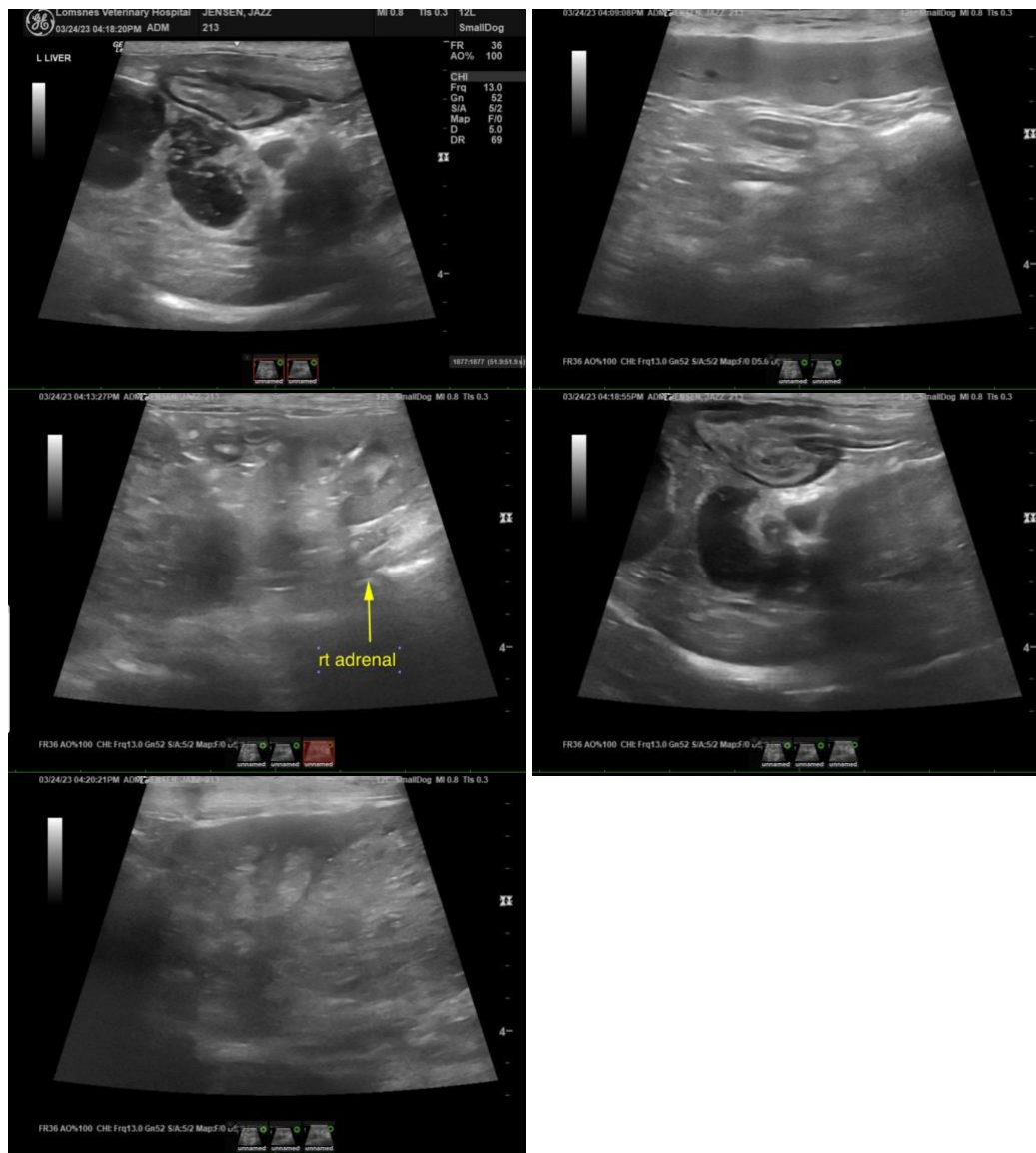
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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