



DATE PRESENTING CLINICAL SIGNS

03/28/26 Patient History: Presents for not eating or drinking for 5 days, inappropriate elimination in house, and constant whining.

PATIENT

Cheech Irizarry -Melena (GI bleeding) - r/o gastric ulceration, GI neoplasia, coagulopathy
-Anorexia - r/o secondary to GI pathology, dental pain, systemic illness
-Tense/painful abdomen - r/o GI inflammation, neoplasia, pancreatitis
-Dental disease with gingivitis (historical finding)

SPECIES

Canine -Chronic vestibular disease (historical finding)
-Nocturnal restlessness - r/o cognitive dysfunction syndrome, pain-related behavior

BREED

Pug Mix Current Medications: Unasyn, Denamarin, Cerenia, Portonix, Sucralfate.
Labwork Results: Labwork submitted.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: requested.

SEX

Neutered Male Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

03/27/11 **Urinary System**

The **urinary bladder** revealed a mild amount of sand accumulation grouping of which measured 0.30 cm.

WEIGHT

25 pounds The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Pelvic mineralizations were present. The left kidney measured 6.25 cm in length. The right kidney measured 6.25 cm in length. There are cortical nodules in both kidneys that may represent metastatic lesions.

INTERPRETED BY

Eric Lindquist, DMV,
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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 1.78 cm x 0.38 cm width at the cranial pole and 0.51 cm width at the caudal pole. The right adrenal gland measured 1.4 cm x 0.52 cm width at the caudal pole and 0.55 cm width at the cranial pole.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Campbell

Spleen

The **spleen** was riddled with multiple disruptive target lesions.

INVOICE

14709

Liver

The **liver** in this patient was riddled with multiple mixed hypoechoic nodules and cystic masses. Free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

A comet tail lung pattern was noted throughout the diaphragm.

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

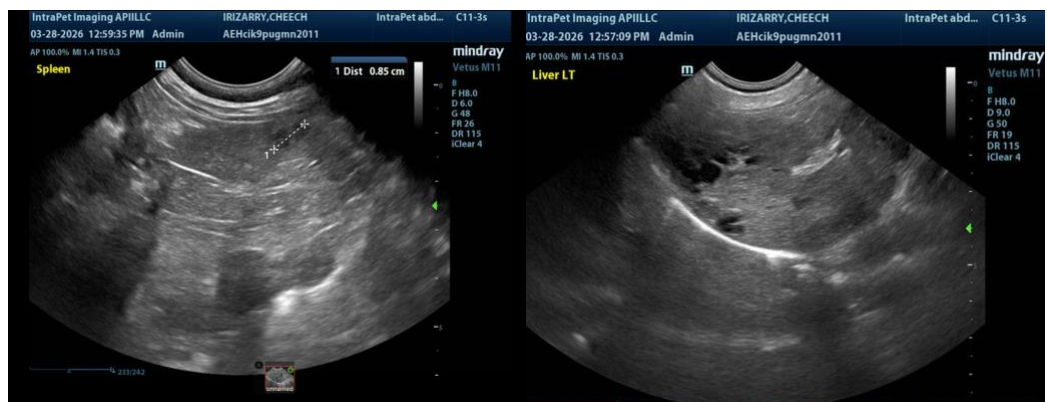
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal moderate remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

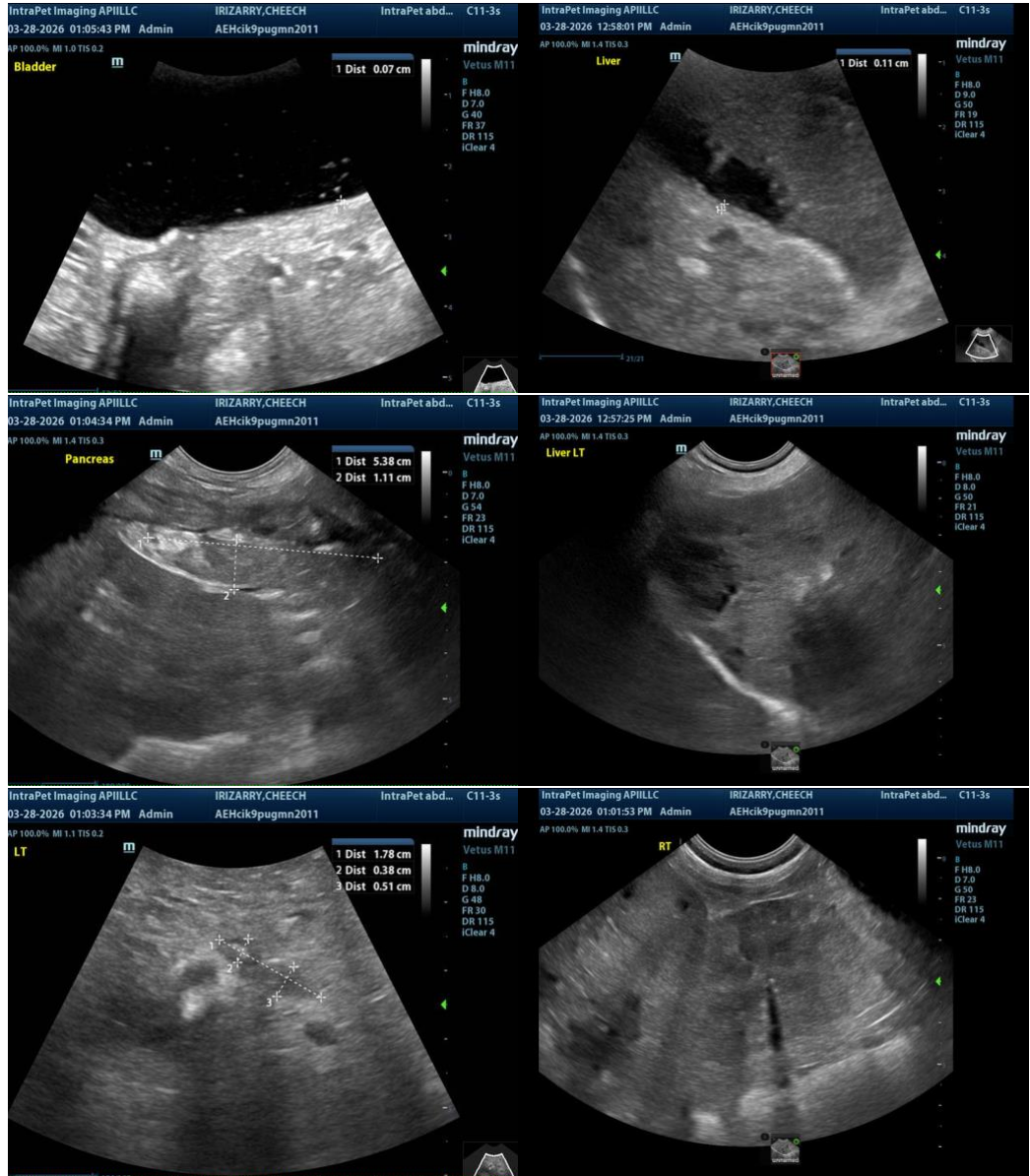
ULTRASONOGRAPHIC FINDINGS

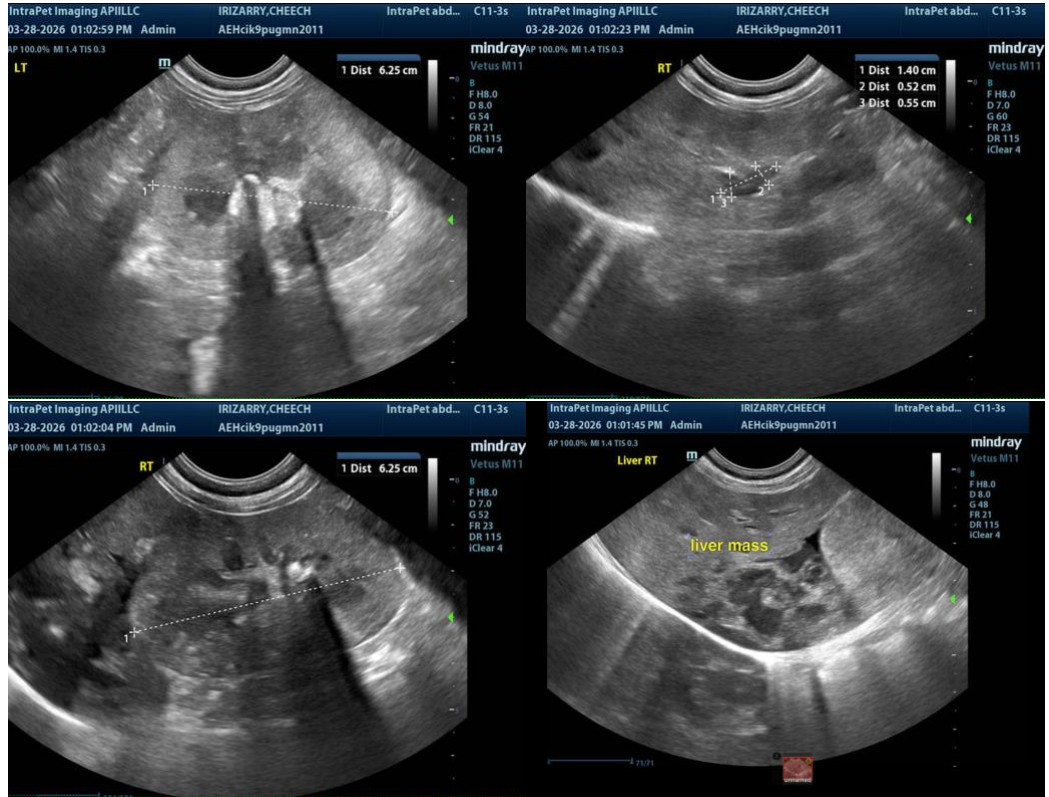
- Splenohepatic neoplastic pattern.
- Bladder sand.
- Nonobstructive nephrolithiasis- rheumatoid sarcoma or similar.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplasia is suspected. 25-gauge FNA of the parenchymal portions of the nodular/mass changes could be considered for further definition. Chest radiographs are warranted if not already performed to assess for underlying metastatic disease.







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.

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