



**PATIENT**

Duke Tang

**SPECIES**

Canine

**BREED**

Corgi Mix

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

28.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

97934

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

History: History of Carcinoma hind leg -LH Evaluate for metastasis History of increased ALP/ALT - Evaluate for Cushing's vs hepatitis  
Abnormal PE/Chem/CBC/UA Results: Cytology attached

**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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 1.36 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.55 cm. The left kidney revealed slight pyelectasia that measured 0.44 cm. The left kidney measured 4.87 cm.

**Adrenal Glands**

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 gland measured 2.36 x 0.6 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 1.87 x 0.58 cm at the caudal pole and 0.51 cm at the cranial pole.

**Spleen**

The **spleen** revealed a hypoechoic nodule and measured 0.81 cm at the mid body. A separate nodule measured 1.54 cm at the mid body. There was mild disruption of architecture.

**Liver**

The **liver** revealed mild uniform enlargement with coarse architecture and increased portal markings. Minor, heterogenous, ill-defined, hypoechoic nodular changes were noted. The gallbladder was mildly over distended with suspended and dependent sand and debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable portions of the intestines were thickened with increased muscularis with reactive mesentery. The submucosal layer was thickened, yet



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intact. Undulating spastic bowel was noted throughout the small intestine. A slight amount of free fluid was noted between the intestinal loops. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

**BREED**

Corgi Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

Undefined splenic and hepatic nodular changes.

Minor renal pyelectasia.

**AGE**

12 years

Variable intestinal thickening with reactive mesentery and localized free fluid. Subacute on chronic inflammatory bowel is suspected.

Otherwise, geriatric abdomen.

**WEIGHT**

28.6 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the nodular splenic and hepatic changes, FNA of both organs is recommended. There was no obvious evidence of metastatic disease. The nodular changes may be completely incidental and not related to the hind leg carcinoma.

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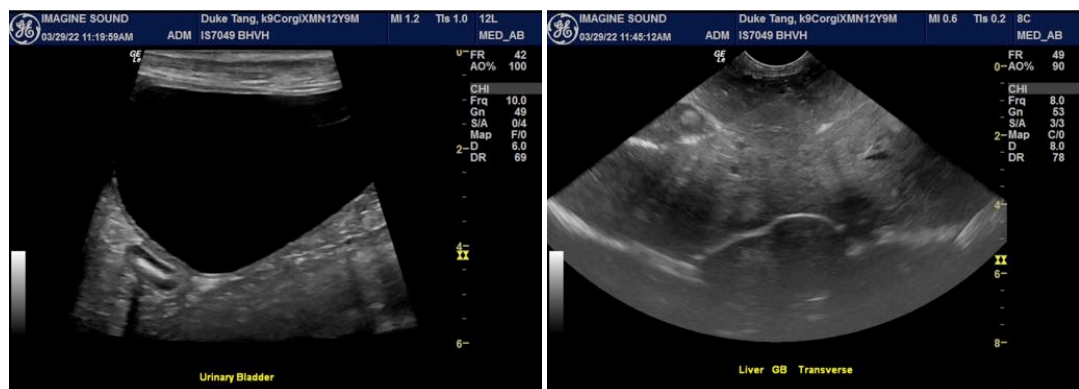
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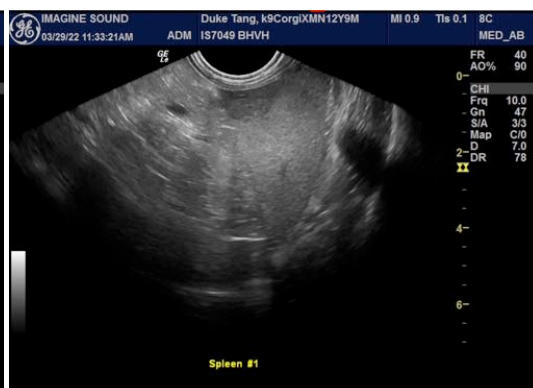
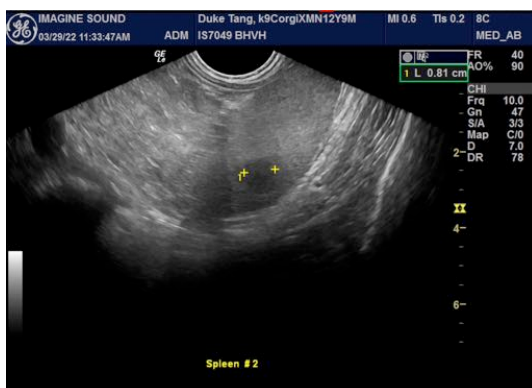
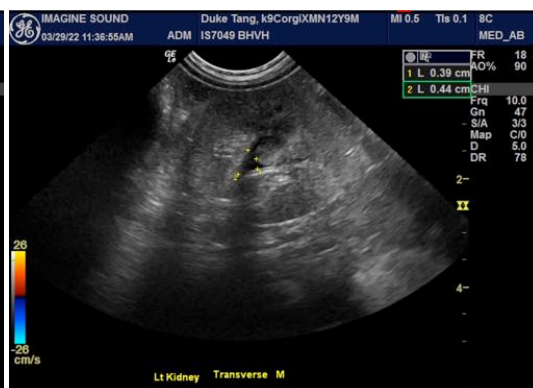
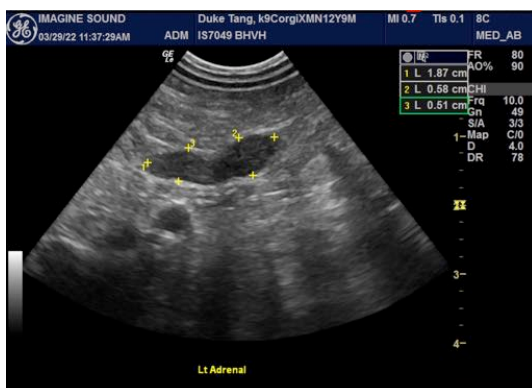
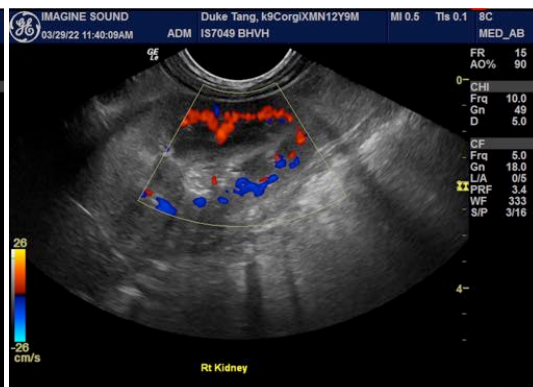
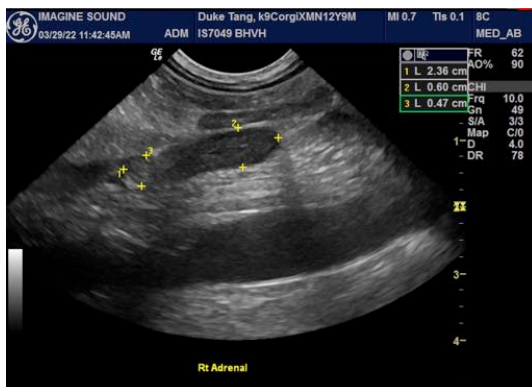
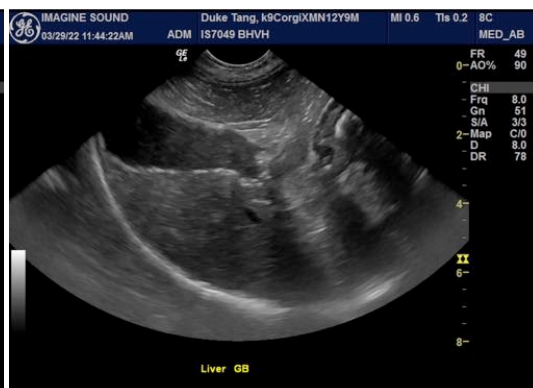
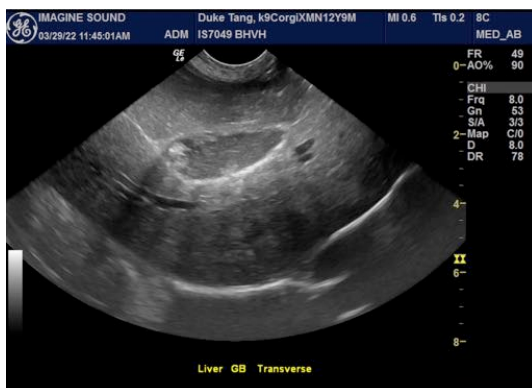
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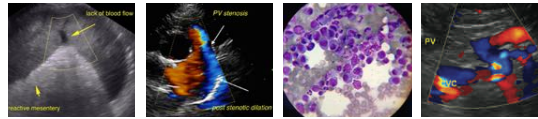
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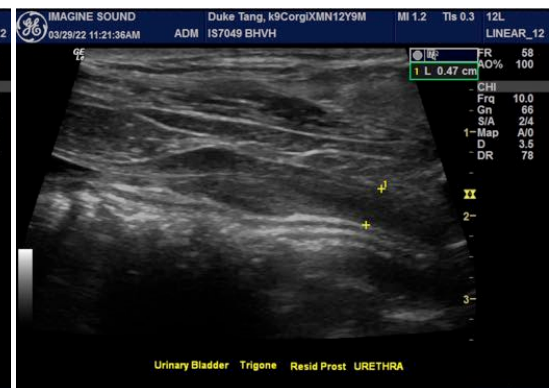
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com