



PATIENT

CeeCee Rosen

PRESENTING CLINICAL SIGNS

Decreased appetite, palpated mass in abdomen.

SPECIES

Canine

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.

BREED

Lab

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 7.3 cm. The left kidney measured 6.6 cm.

SEX

Spayed Female

AGE

2009

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 left adrenal gland measured 2.63 cm x 0.68 cm. The right adrenal gland measured 2.84 cm x 1.22 cm.

WEIGHT

88.5 Pounds

Spleen

The **spleen** was largely normal, yet impinged upon a 10 cm cystic structure with parenchymal changes. 80% of the structure was fluid filled. The structure appears to be deriving from the caudal aspect of the spleen. However, direct connection could not be made. The cystic structure superimposes the caudal aspect of the left pancreatic limb.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

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.

REFERRING VET

Dr. Kozak

Pancreas

INVOICE

36668

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

DATE

4/1/22



PATIENT

Free Abdomen

CeeCee Rosen

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Cystic structure attached to the caudal of the spleen or caudal aspect of the left pancreatic limb – pancreatic cyst, cystic carcinoma, hemangioma all possible.

BREED

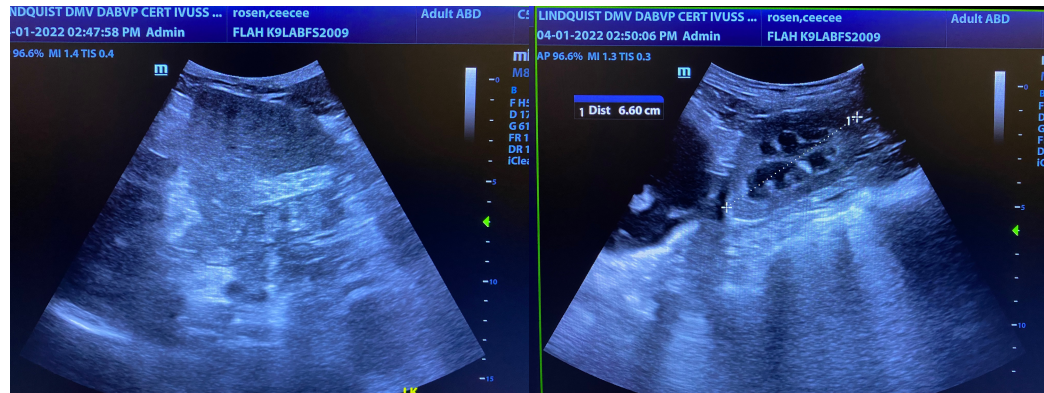
Lab

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of related or metastatic disease. Chest radiographs and exploratory surgery warranted with expectation towards either splenectomy or left pancreatectomy from the mid left pancreatic limb caudally. Subjectively, the structure appears likely benign. However, it may be abscessed.

SEX

Spayed Female



AGE

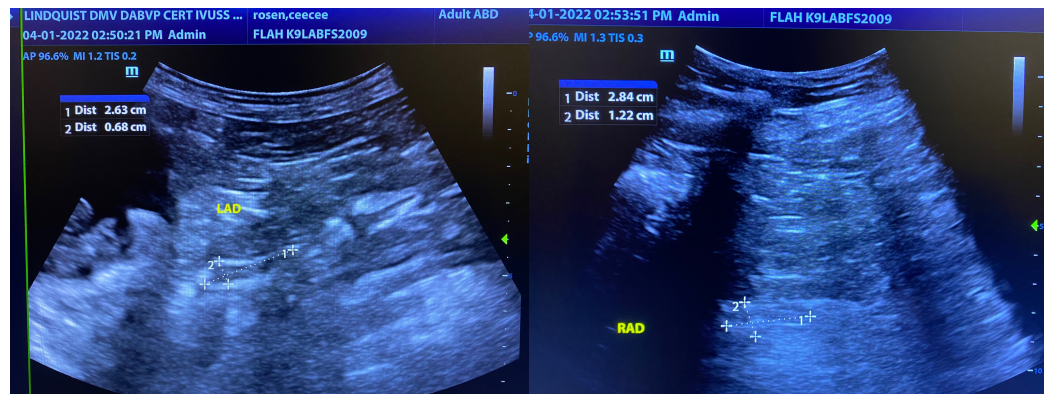
2009

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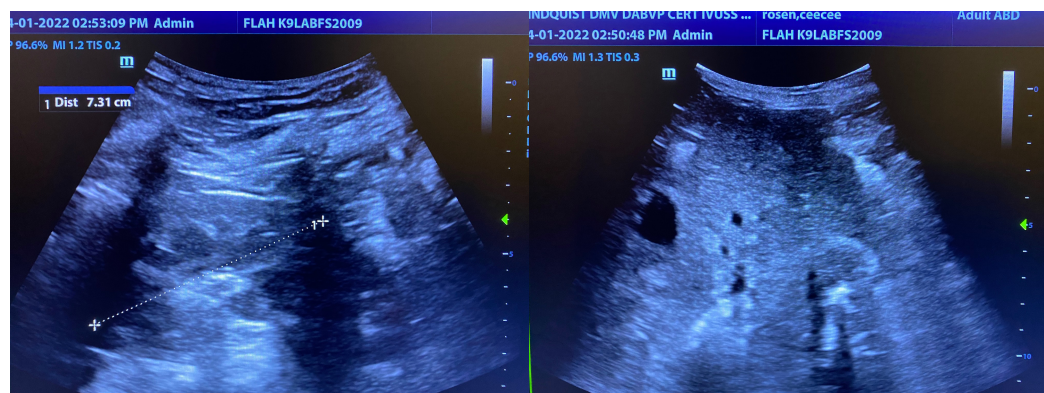


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Lab

SEX

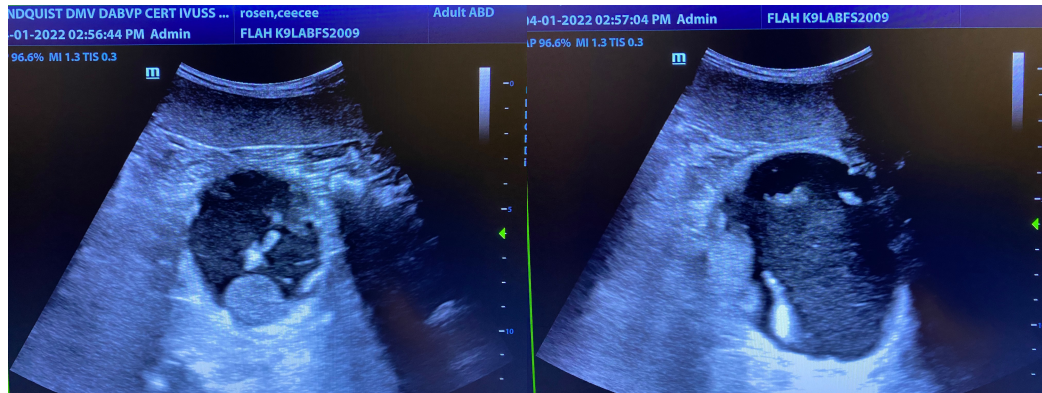
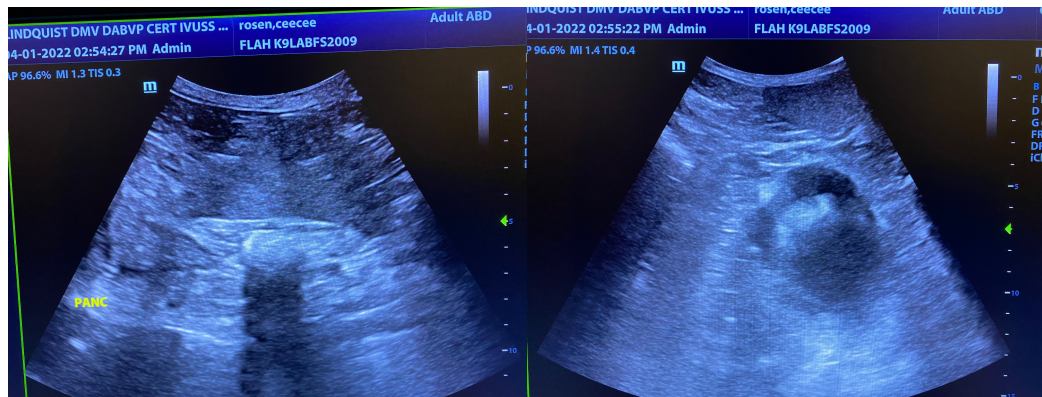
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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INVOICE

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4/1/22