



**PATIENT**

Nika Bonsper

**PRESENTING CLINICAL SIGNS**

Chronic pancreatitis, history of mammary mass. Current meds: Clavamox, Novox and Carprofen. Abnormal PE/Chem/CBC/UA Results: Blood work: declined.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pit Bull Terrier

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.

**SEX**

Spayed Female

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.

**AGE**

9 years

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 5.81 cm. The left kidney measured 6.72 cm.

**WEIGHT**

76 lbs

**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 2.08 x 0.53 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland measured 1.9 x 0.44 cm at the caudal pole and 0.4 cm at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

The **spleen** revealed focal, hypoechoic, 2.1 cm disrupted nodule with expansion upon the capsule and disrupted architecture. The remainder of the spleen was unremarkable.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

Dr. McConnell

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4/7/22



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**Gastrointestinal**

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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.

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**Heart**

Rapid view of the heart revealed no evidence of pathology.

**WEIGHT**

76 lbs

**ULTRASONOGRAPHIC FINDINGS**

Age related abdominal changes with focal splenic nodule, concerning for emerging hemangiosarcoma or round cell neoplasia.

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CEO of SonoPath.com

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view chest radiographs followed by splenectomy is indicated.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

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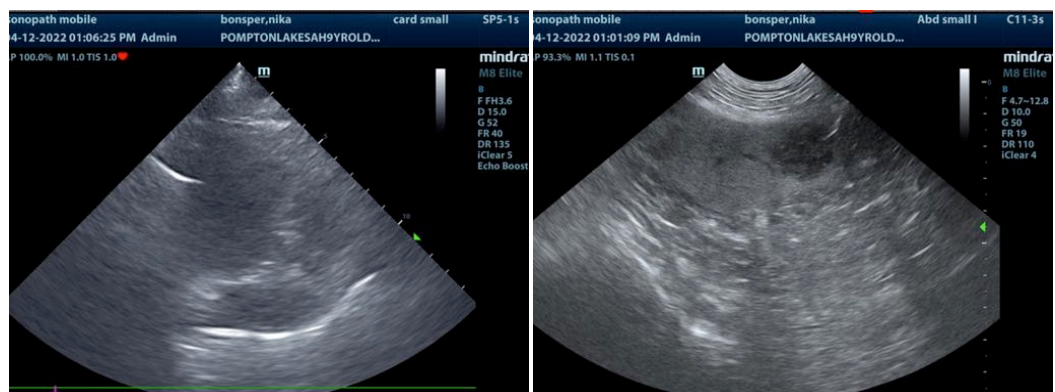
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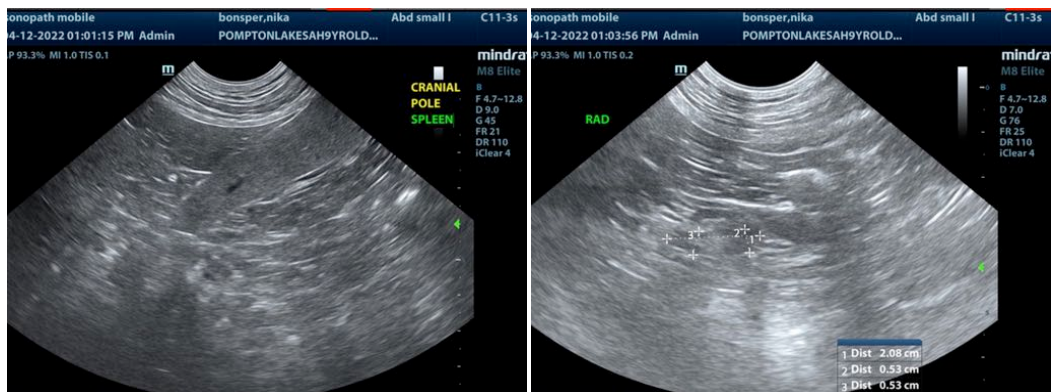
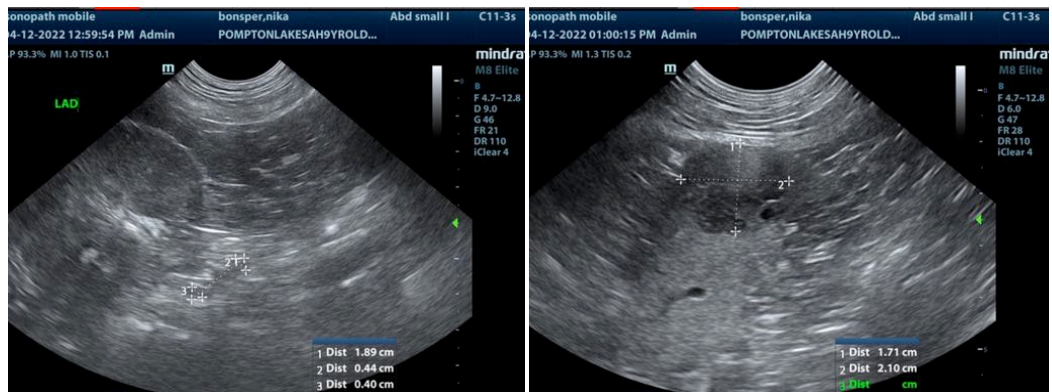
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com



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