

PATIENT

Petra Fasrisser

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

8 years

WEIGHT

108 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Shiffman

INVOICE

99230

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Suspect CHF - R/O cardiac disease. Possible mass / abnormal structure in abdomen (possibly near left kidney). Current meds: Salix 50 mgs 1.5 tabs BID, Pimo 10mgs I PO BID.
Abnormal PE/Chem/CBC/UA Results: ALP 1001, T4 o.7. U/A: 1.017, 2+ protein, USG 1.017.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 **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 and no evidence of pelvic dilation was present. The left kidney measured 7.6 cm. The right kidney measured 6.84 cm.

Adrenal Glands

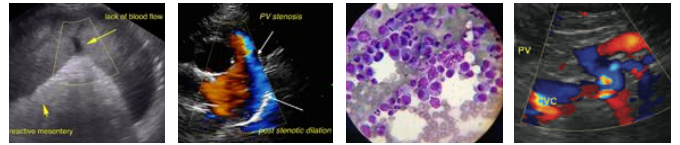
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.06 x 0.76 cm at the caudal pole and 0.85 cm at the cranial pole. The right adrenal gland measured 3.24 x 0.82 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** presented mild enlargement and irregular contour with multi-focal coalescing, hyperechoic nodular changes that are consistent with lipogranuloma. However, other neoplasia is possible.

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. Pleural effusion was noted through the diaphragm.



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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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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.

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Thorax

Pleural effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Undefined nodular splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the spleen is indicated or direct splenectomy. However, pleural effusion was also noted. Thoracic work-up, pleurocentesis and cytospin is indicated.

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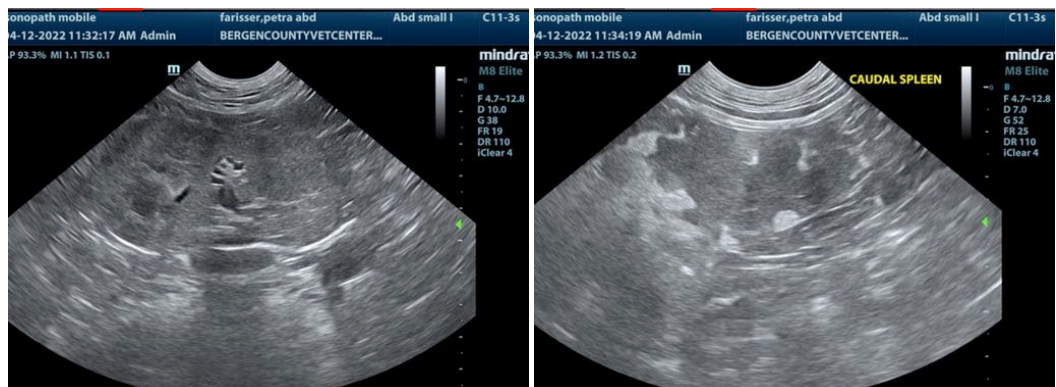
Dr. Shiffman

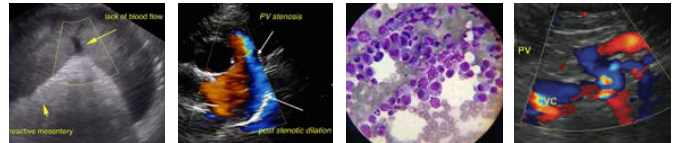
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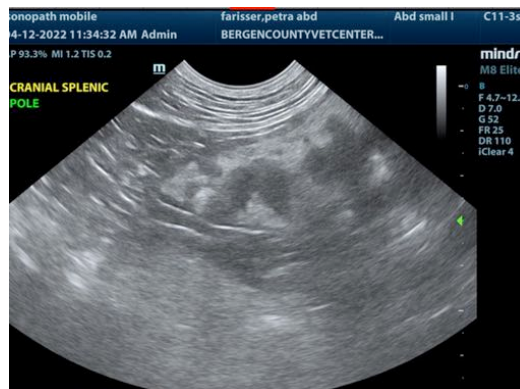
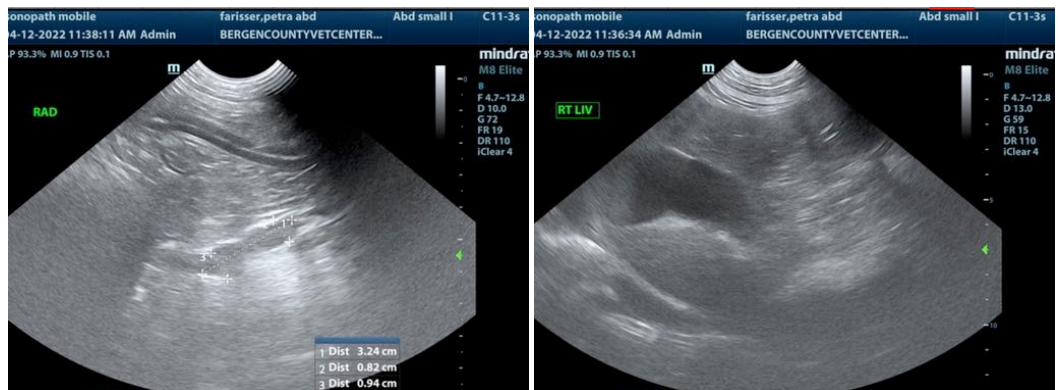
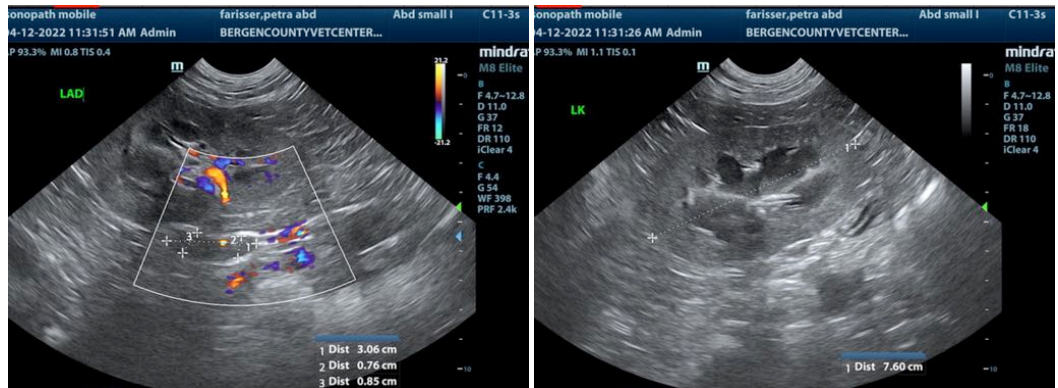
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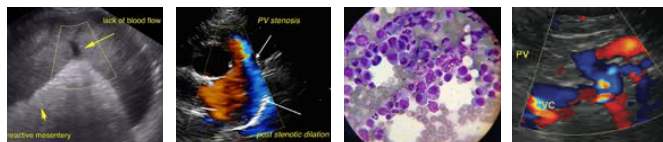


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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