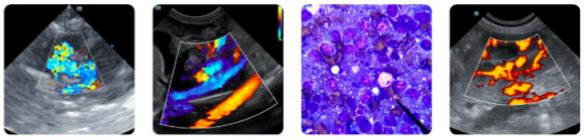


PATIENT

Pebbles Szczepanski

SPECIES

Canine

BREED

Welsh Corgi

SEX

Spayed Female

AGE

8 Years

WEIGHT

40 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Tracy Nyberg

INVOICE

15089

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Head tilt twitch / elevated third eyelid, adr not eating - was fine last night had been out of town and she was normal when owner got home - likes to chew on and roll in rose bushes - was drinking strange this morning and not eating. BAR, mm pink, tacky, right eye WNL - left eye: exophthalmos, and pain when trying to open her mouth: pupils symmetrical - normal PLR - heart and lungs WNL on auscultation, abdomen: full cranial abdomen on palpation non-painful. suspect retrobulbar abscess: discussed trial of abx to start vs sedation for oral exam today

CBC: NSF - slightly low lymphocytes and eos - Chem: azotemia - BUN 83 Creatinine 2.1 - suspect partial renal - mild dehydration /pre-renal - and r/o additional component for elevated BUN gastric ulceration / gi bleed high protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra to a depth of 2.0 cm were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **iliac trifurcation** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/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. The left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length. Slight pinpoint mineralizations were noted along with a 1.4 cm anechoic cyst in the caudal pole of the right kidney.

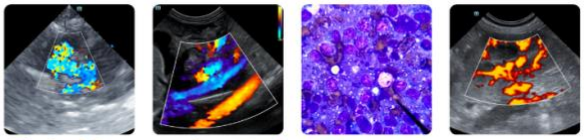
Adrenal Glands

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 0.38 cm width. The right adrenal gland measured 0.90 cm width.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 mild 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Cystic mesenteric lymph nodes were present and appear not overtly pathological measuring up to 1.5 cm.

Other

Ten video clips of which I presume is the left eye revealed a 2.8 cm x 1.7 cm hypoechoic mass which appears to be adjacent to the left eye, however based on the video clips, could not distinguish medial from lateral. The optic nerve appears to be impinged upon by the mass as was the posterior chamber was somewhat deviated.

ULTRASONOGRAPHIC FINDINGS

- Right kidney anechoic cyst.
- Urinary bladder debris.
- Mesenteric lymphadenopathy.
- Structurally unremarkable geriatric abdomen otherwise.
- Retrobulbar mass with mild regional edema around the eye.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA indicated as well as skull CT to assess the extent of the mass. The internal chamber of the eye did not appear affected, this appears to be a retrobulbar process.

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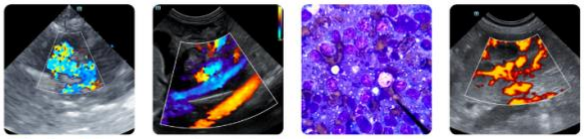

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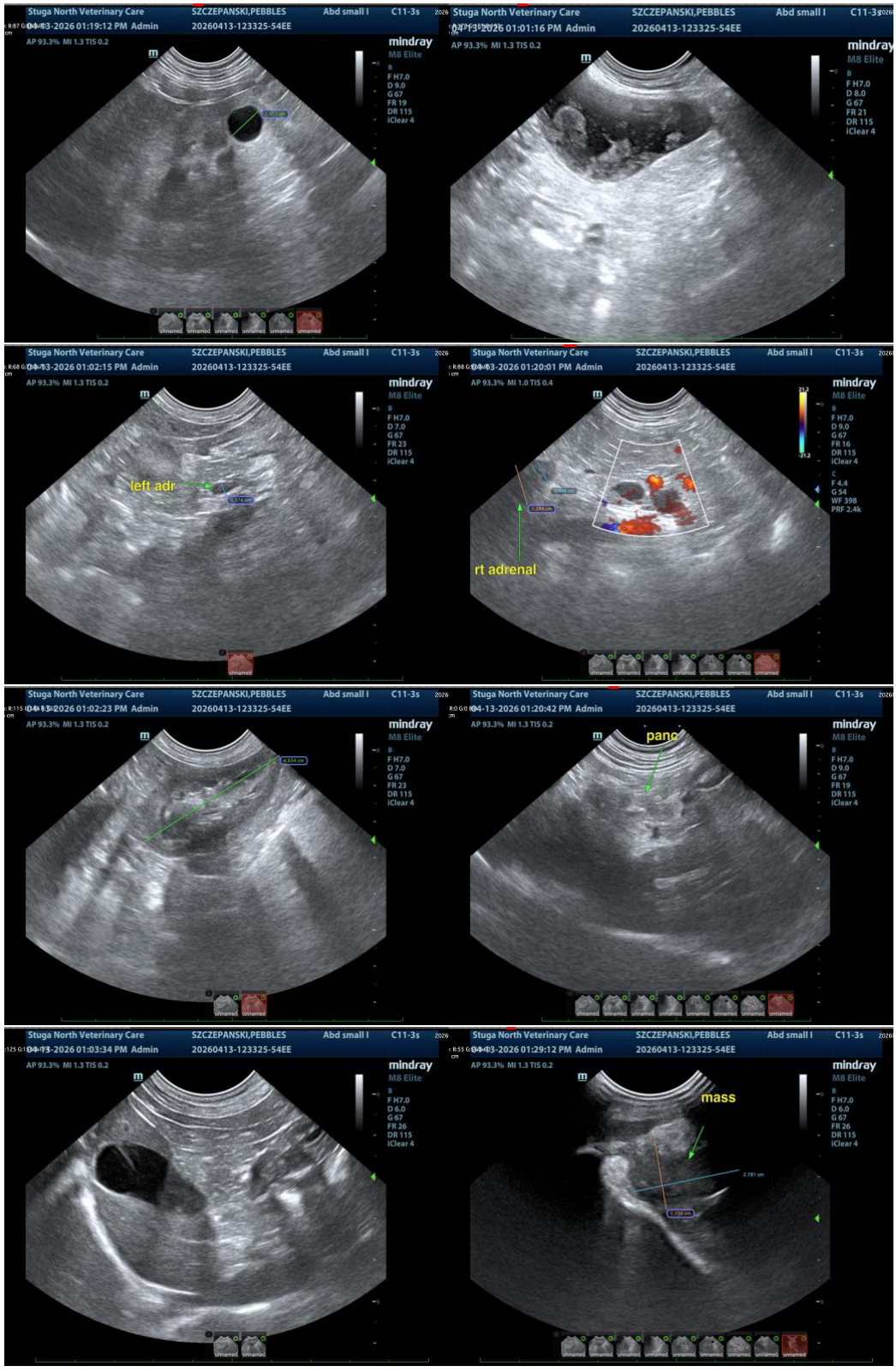

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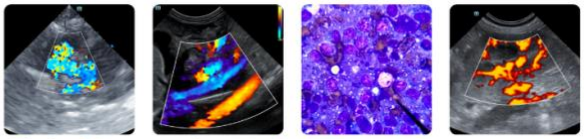

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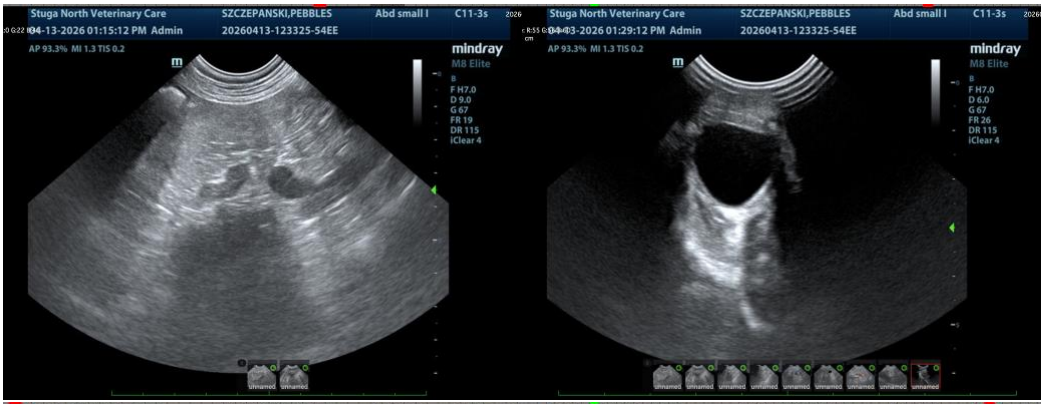

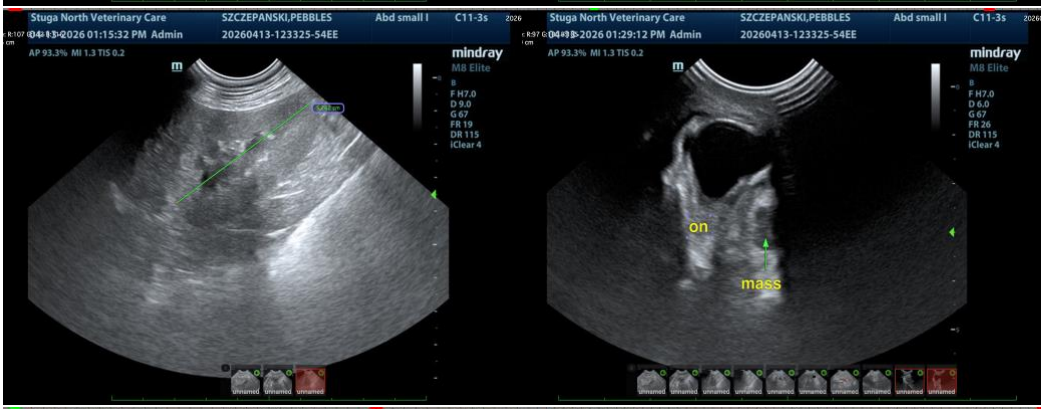

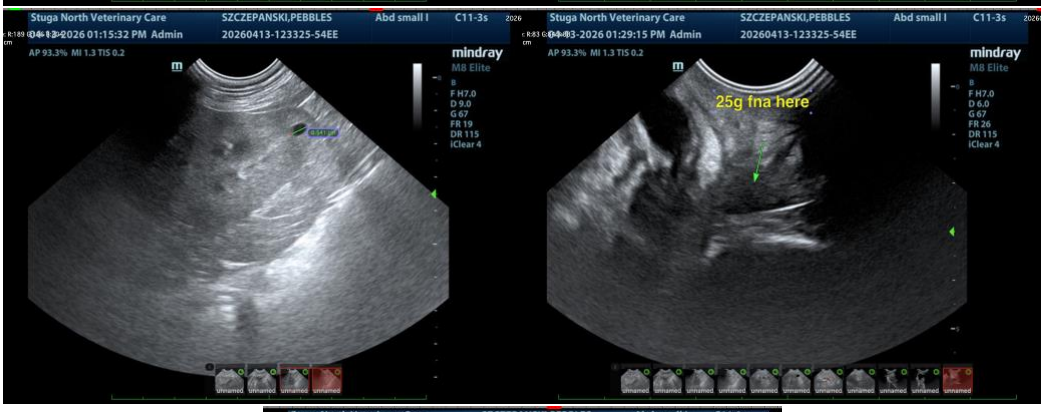

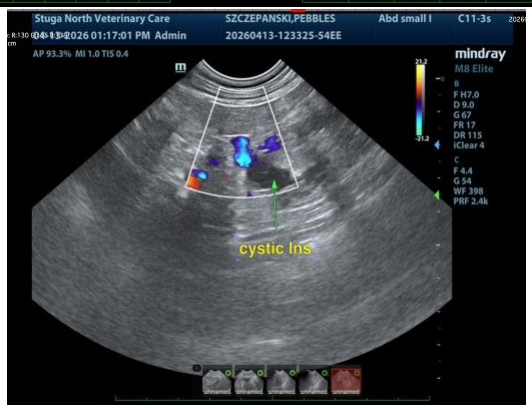

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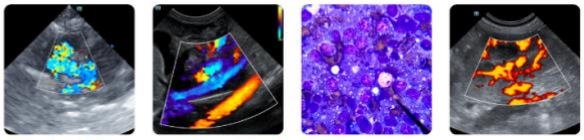

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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