



PATIENT

Pedro Lutz

SPECIES

Canine

BREED

Canine

SEX

Neutered male

AGE

10 years

WEIGHT

10 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

10419ag

DATE

04/19/2022

PRESENTING CLINICAL SIGNS

History: Recheck, persistent V/D, last US on 4/13/22. Current meds: prednisone, unasyn
Abnormal PE/Chem/CBC/UA Results: ^WBC, ^nets, ^mono, Chem WNL. baseline cort normal, 4sx neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolyloid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some mildly 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 left kidney measured 4.54 cm in length. The right kidney measured 4.19 cm in length.

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 1.74 cm in length by 0.73 cm caudal pole width by 0.54 cm cranial pole width. The right adrenal gland measured 1.43 cm in length by 0.49 cm caudal pole width by 1.47 cm cranial pole width.

Liver

The liver images submitted revealed a hypoechoic irregular nodule in the cranial medial liver adjacent to the diaphragm measuring 1.86 cm x 1.29 cm. 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

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

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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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ULTRASONOGRAPHIC FINDINGS

BREED

- Geriatric abdomen.
- Liver nodule-hyperplasia vs abscessation or possible metastatic disease.

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The liver nodule should be monitored. This is a difficult area to sample for this patient. If the nodule grows further an ultrasound guided FNA may be possible.

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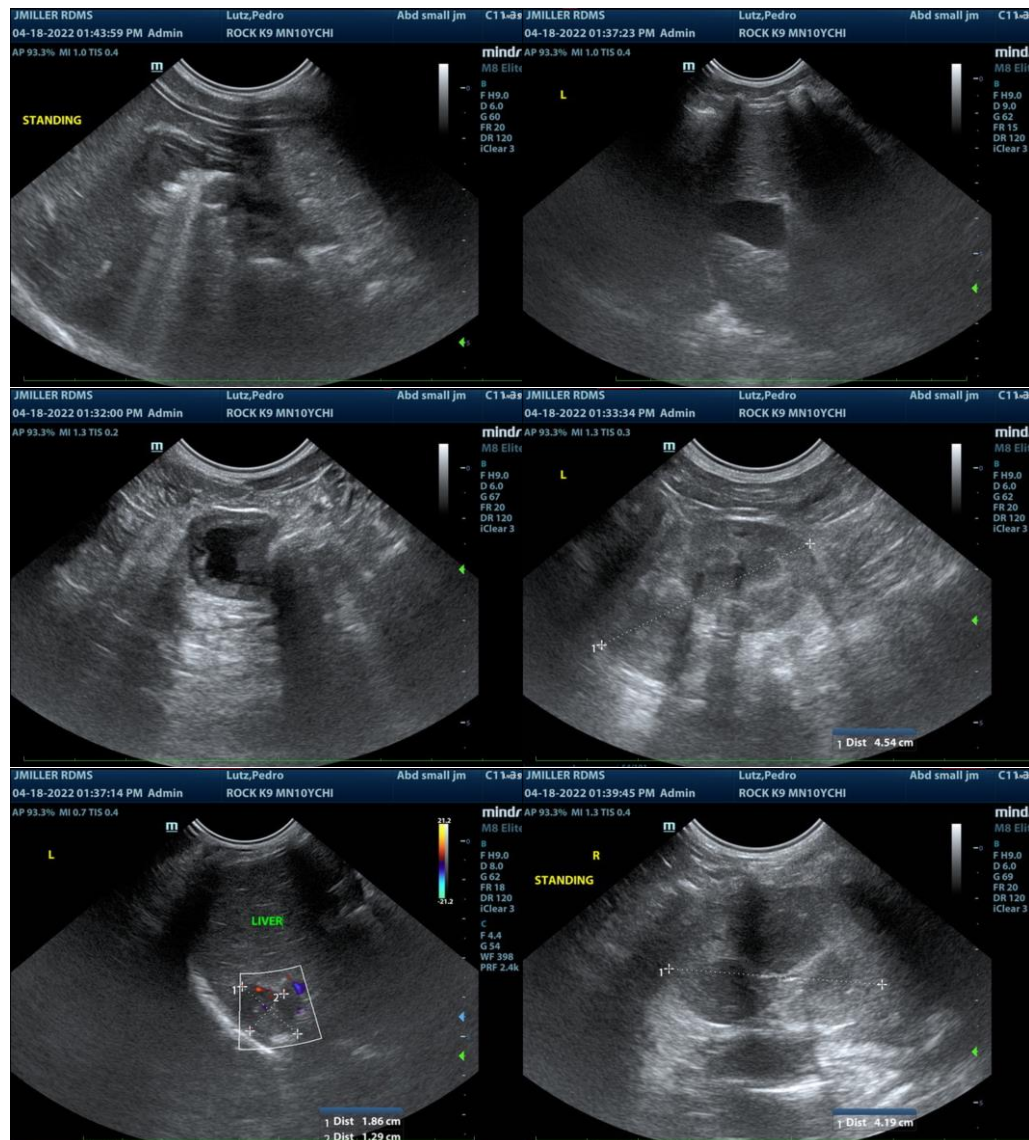
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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