



PATIENT PRESENTING CLINICAL SIGNS

JJ Masker History: Elevated liver, kidney and pancreatic values

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN 43, CREAT 2.1, SDMA 24.3, PHOS 7.2, CALCIUM 12.1, PSL 24304, WBC 26.5

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Cocker Spaniel

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Occasional cortical cysts were noted. The right kidney measured 6.28 cm. The left kidney measured 6.53 cm. A hypoechoic cortical. Nodule was noted in the dorsal cortex of the left kidney.

AGE

11 Years

WEIGHT

47

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 2.85 cm x 0.75 cm. The left adrenal gland measured 2.51 cm x 0.74 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a hypoechoic 2.4 cm mixed hypoechoic mass with capsular expansion and disruption of architecture. Heterogenous parenchymal changes were noted elsewhere in the spleen. A separate nodule was noted at the cranial pole, measuring 1.0 cm.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

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.

REFERRING VET

Dr. Denheyer

Gastrointestinal

INVOICE

22119

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.

DATE

4/21/23

Pancreas



PATIENT

Minor heterogenous parenchymal changes (region of approximately 4.0 cm) were noted in the right limb of the **pancreas**- suspect concurrent pancreatitis.

JJ Masker

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Splenic mass and separate nodule with micronodular splenic changes
- Left renal nodule, moderate degenerative renal changes otherwise
- Vacuolar hepatopathy
- Partially full stomach
- Suspect concurrent pancreatitis

Canine

BREED

Cocker Spaniel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

25-gauge FNA of the splenic mass, general parenchyma and left renal nodule is warranted for staging purposes. Chest radiographs and echocardiogram are also warranted for screening purposes. Depending upon FNA results, direct splenectomy/exploratory surgery is indicated. 72 hour IV fluid support, to correct the azotemia, is warranted prior to any surgical intervention. Treatment for pancreatitis is indicated. There is mild potential for pancreatic carcinoma.

Neutered Male

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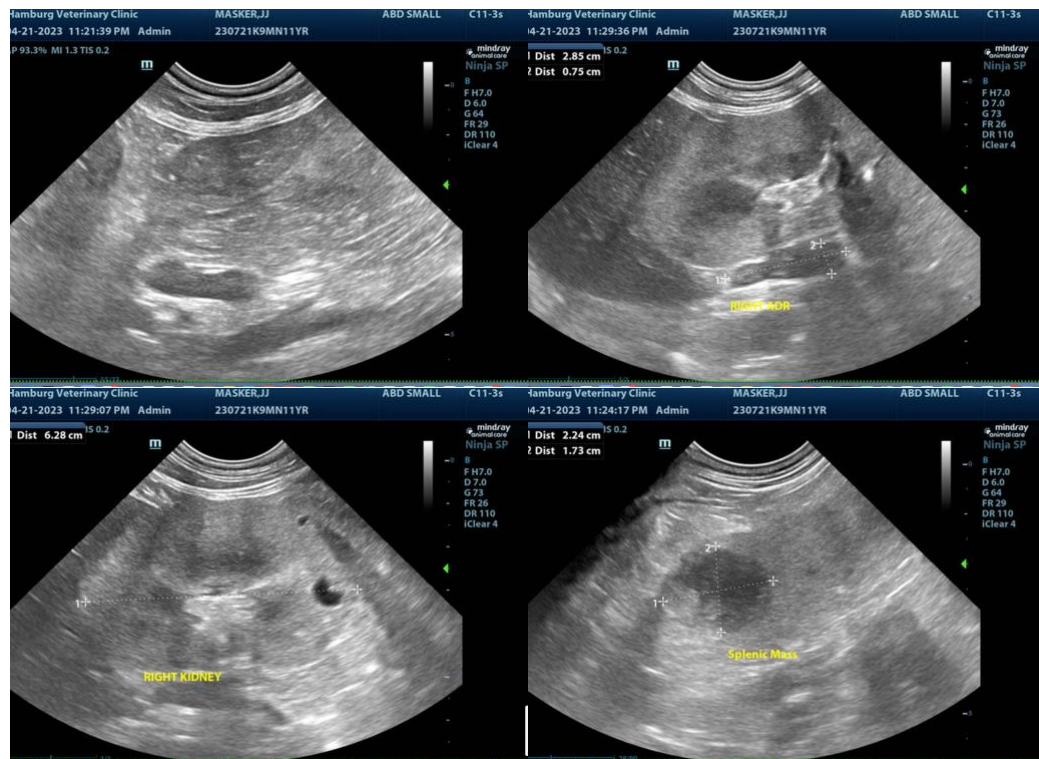
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SPECIES

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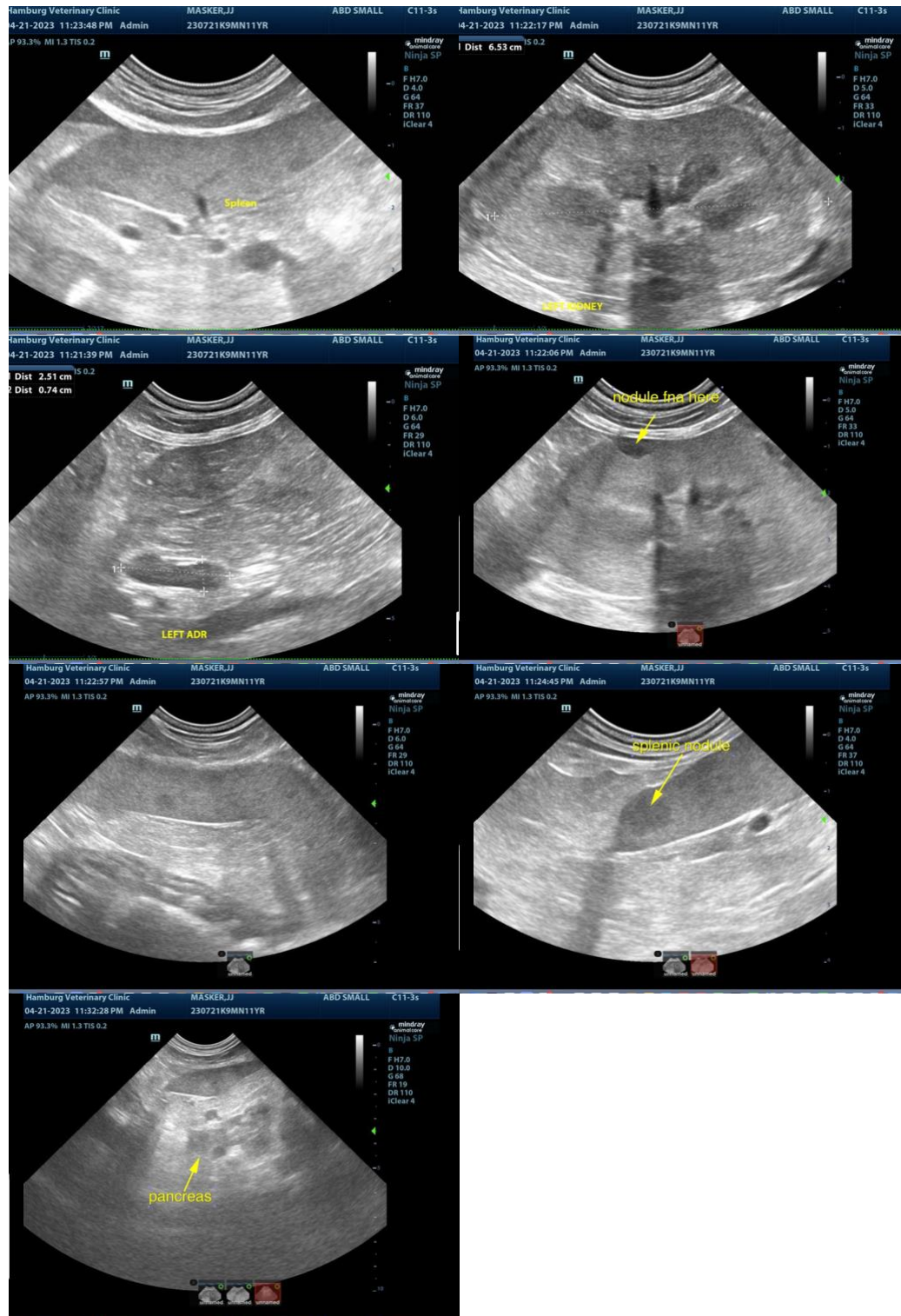
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

JJ Masker

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.

SPECIES

Canine

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BREED

Cocker Spaniel

SEX

Neutered Male

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