



PATIENT

Honey Burns

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

DATE

4/22/22

PRESENTING CLINICAL SIGNS

History: went to another vet last week for drinking and peeing alot , distended abdomen . blood work done which was normal and xray shows abdominal mass eating and drinking normally no vomiting or diarrhea

Abnormal PE/Chem/CBC/UA Results: cranial abdominal pain , distended abdomen grade 3 heart murmur cbc,chem : wnl xray : abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** in this patient and urethra revealed a polypoid mass with mineralization. The mass measured up to 2.0 cm in width and is non-resectable. The bladder was mildly over distended.

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. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney revealed mild to moderate pyelectasia/early hydronephrosis owing to obstructive ureters. The right kidney measured 5.61 cm. The left kidney was hydronephrosed and measured approximately 4.5 cm with 3.5 cm of dilated renal pelvis.

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.

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 was noted.

Liver

The left **liver** revealed expansive, irregular, left lobe with hypoechoic nodules that measured up to 0.7 cm. Nodular hepatoma type left-sided liver mass. The entire swelling measured approximately 4.0 cm with a hyperechoic center. This is consistent with lipogranulomas. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT *Gastrointestinal*

Honey Burns Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. 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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BREED *Pancreas*

Chihuahua 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

AGE Left-sided liver mass. Hepatoma nodular hyperplasia versus granuloma.

13 years Severe hydronephrosis left kidney, mild on the right.

Urethral and cystourethral junction masses, consistent with transitional cell carcinoma.

WEIGHT

9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncology referral for stent placement or ultrasound-guided ablation.

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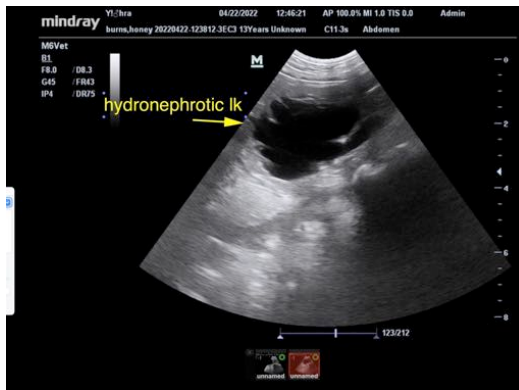
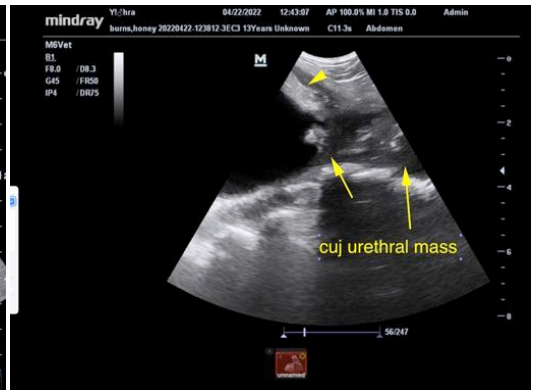
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Chihuahua

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

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