



PATIENT

Duncan Rooney

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

10.5

WEIGHT

55

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

22170

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: consumed a tampon traveling through ?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. The right kidney measured 6.42 cm. The left kidney measured 6.93 cm. Cortical mineralization was noted in both kidneys.

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 3.07 cm x 1.29 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 2.4 cm x 0.83 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with minor multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

A mineralizing left cranial **liver** mass (6.8 cm) was noted in this patient, impinging upon the gallbladder. Microcystic changes were noted with mineralization. Concurrent lobar left liver swelling was noted. The gallbladder itself appeared unremarkable.

Gastrointestinal

The **stomach** was filled with shadowing material, consistent with foreign matter, measuring 4.0 cm. Minor gastric wall thickening was present. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

- Left cranial liver mass with concurrent lobar left liver swelling



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- Gastric foreign matter, nonobstructive and fluid absorptive
- Minor splenic mineralization
- Age-related renal changes with mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend CT evaluation with potential surgical liver lobectomy, as well as gastrotomy. Hepatocellular carcinoma of the liver is suspected. Granulomatous nonneoplastic disease is possible. Hepatoma or benign hepatopathy is suspected elsewhere.

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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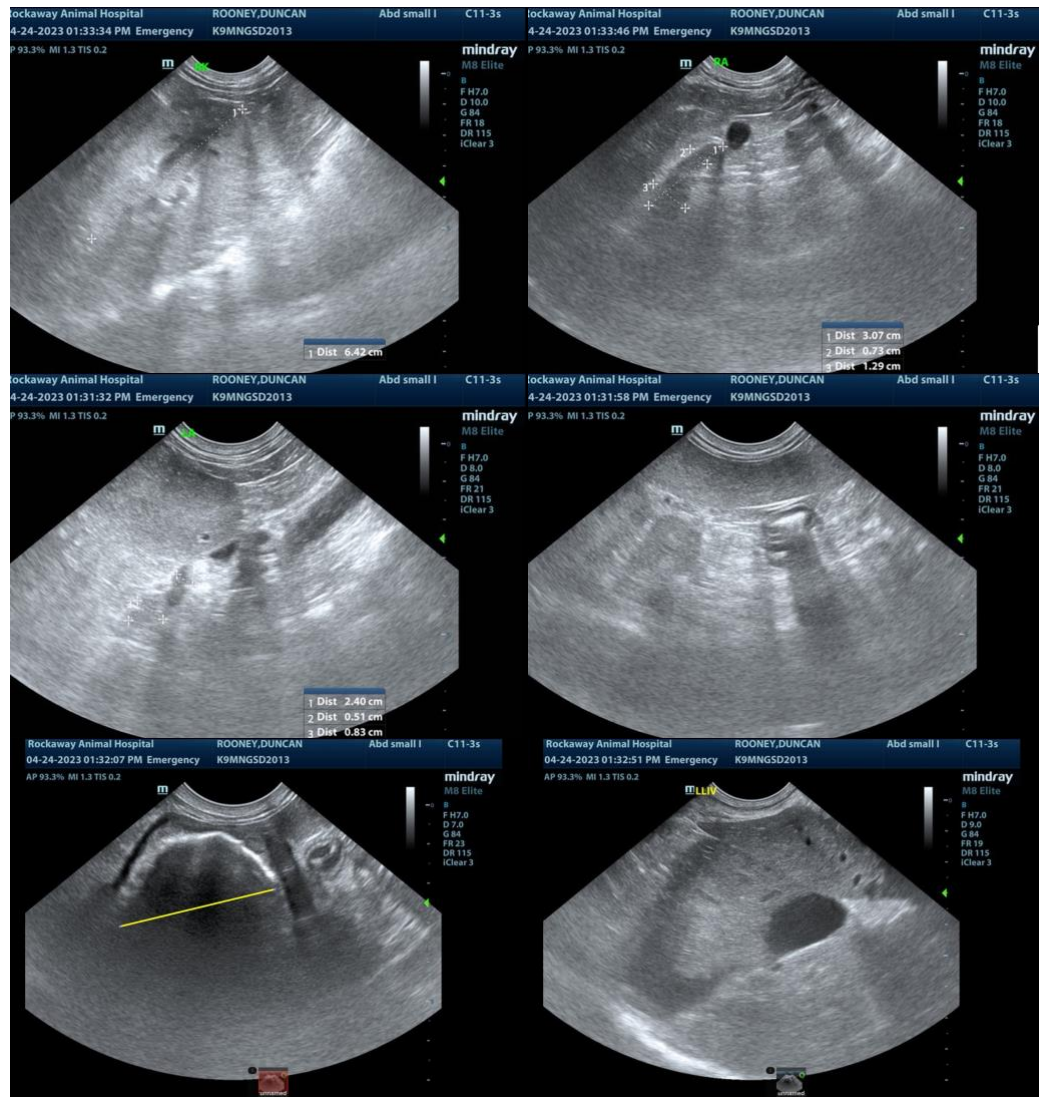
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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