



PATIENT

Chewee Grons

PRESENTING CLINICAL SIGNS

Follow up abdominal ultrasound. Marked ALP elevation.
Abnormal PE/Chem/CBC/UA Results: Superchem: BUN 48, ALT 1341, ALP 10,205.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed Breed

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Small bladder calculus noted, which is a new development, measuring 0.35 cm, non-obstructive. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform at 0.91 cm.

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 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. Mild mineralization noted. The right kidney measured 5.63 cm. The left kidney measured 4.86 cm.

AGE

13 Years

Adrenal Glands

WEIGHT

24.4 Pounds

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 1.87 cm x 0.80 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

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

IMAGING PERFORMED BY

Kelly Vazquez

Liver

The **liver** mass has further expanded to approximately 10 cm, occupying the majority of the left liver. The right liver appeared largely unremarkable other than minor heterogeneous changes. The gallbladder was unremarkable.

HOSPITAL NAME

Animal Paradise Hospital

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.

REFERRING VET

Dr. ElShafie

Pancreas

INVOICE

37231

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted. The pancreas measured 1.52 cm.

DATE

4/27/22



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ULTRASONOGRAPHIC FINDINGS

- Pedunculated, progressive left-sided liver mass with separate nodular changes – potentially resectable
- Bladder calculus, non-obstructive
- Age related renal changes with slight mineralization
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left liver mass appears pedunculated and growing compared to the prior sonogram. CT evaluation warranted to assess for potential resection. The patient may be passing calculi from the kidneys to the bladder periodically.

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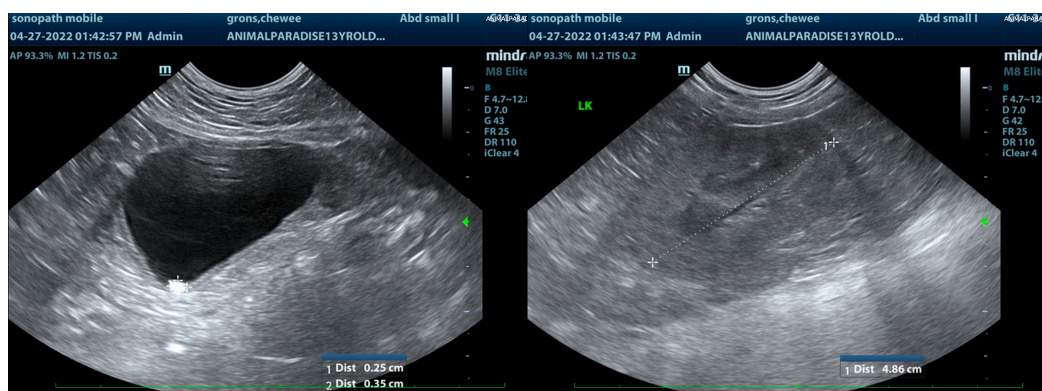
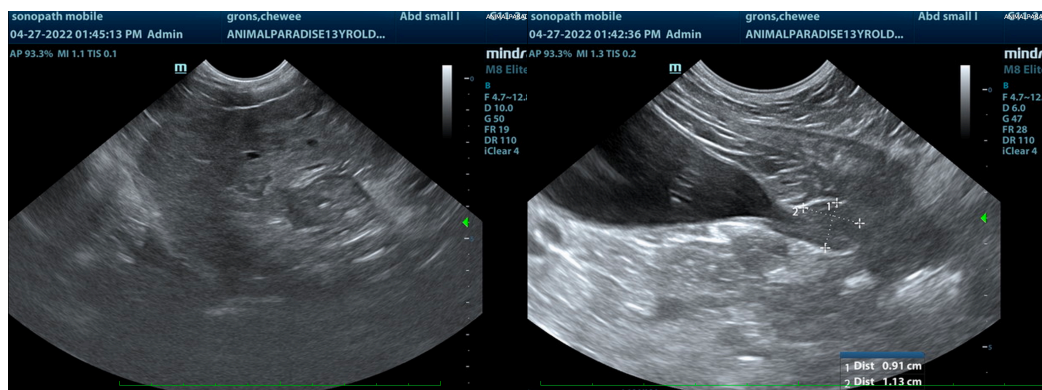
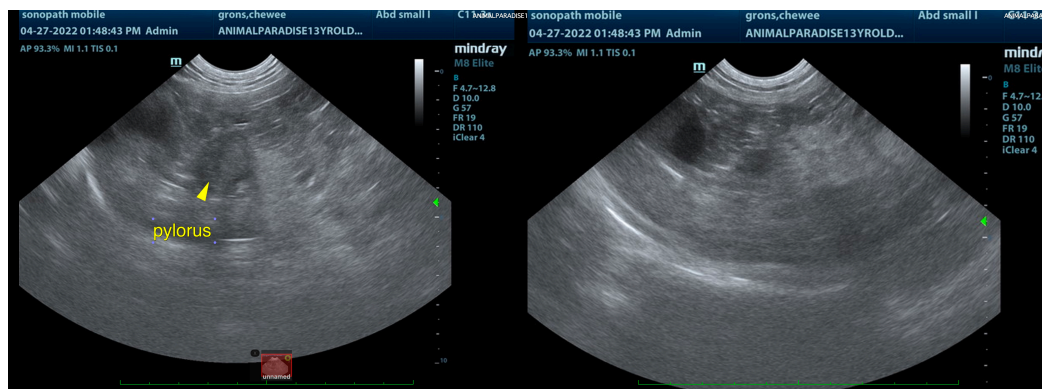
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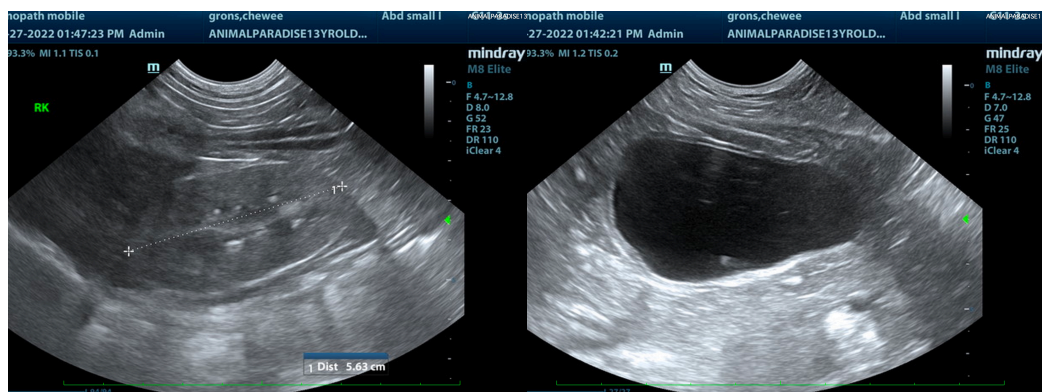
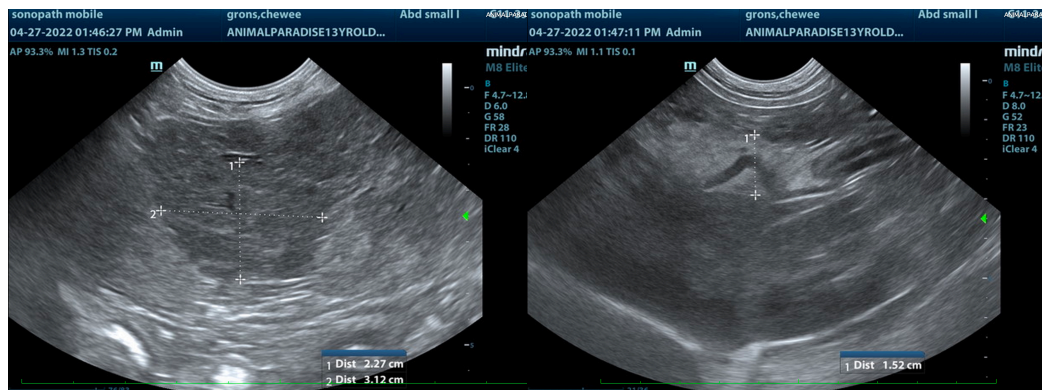
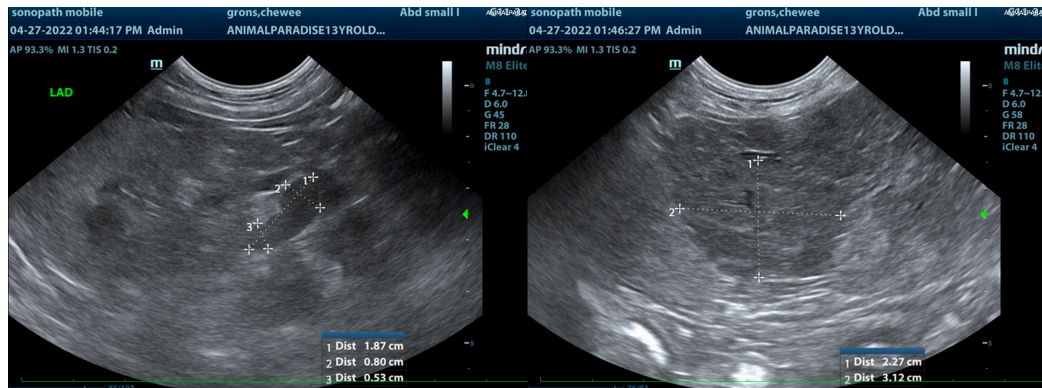
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com