



PATIENT

Finley Bonner

SPECIES

Canine

BREED

Min Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Callihan

INVOICE

14988

DATE

4/30/22

PRESENTING CLINICAL SIGNS

History: Presented for progressive loss of appetite this week, which is highly unusual for him. He has had a couple bouts of vomiting. This morning very lethargic and not wanting to get out of bed.

Abnormal PE/Chem/CBC/UA Results: CBC/full chem/UA all unremarkable On PE he is a little thin, quiet, guards with abdominal palpation, otherwise unremarkable

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 residual prostate was uniform, measuring 1.2 cm.

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 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 5.45 cm. The right kidney measured 5.45 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.41 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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



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The **upper gastrointestinal tract** was empty and unremarkable. A 3.4 cm mid abdominal intestinal mass was noted with regional inflammation/peritonitis. The intestinal mass was undifferentiated and appears isolated, appears to be ileocecal. Areas of mineralization noted and gas penetration within the wall.

SPECIES

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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.

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Min Schnauzer

ULTRASONOGRAPHIC FINDINGS

SEX

- Ileocecal mass, carcinoma, lymphoma, non-neoplastic granulomatous disease all possible
- Age-related abdominal changes otherwise

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Chest radiographs, followed by surgical intervention, resection anastomosis or ultrasound guided FNA to assess diagnosis and prognosis, based on cytology results.

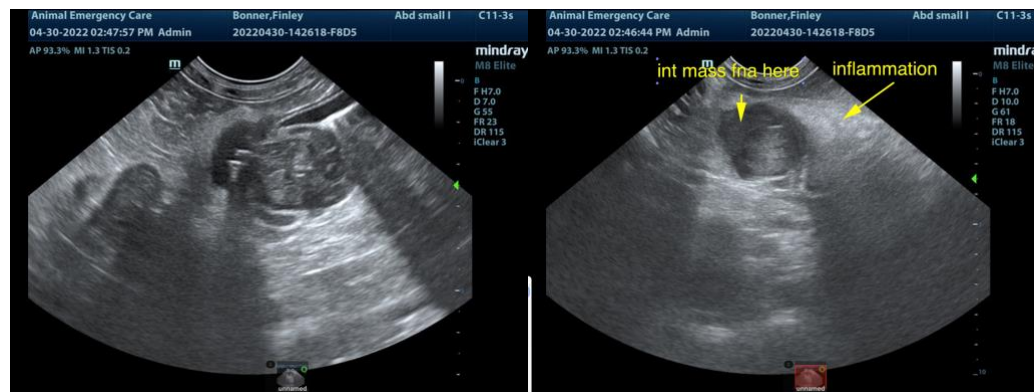
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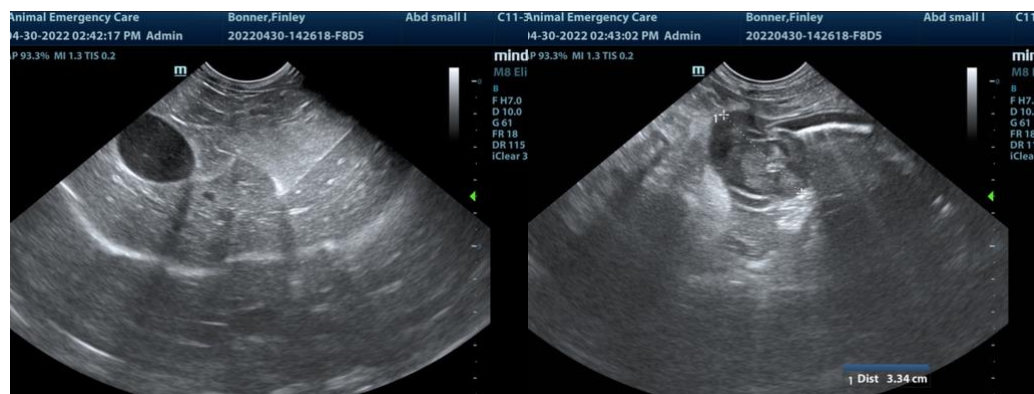


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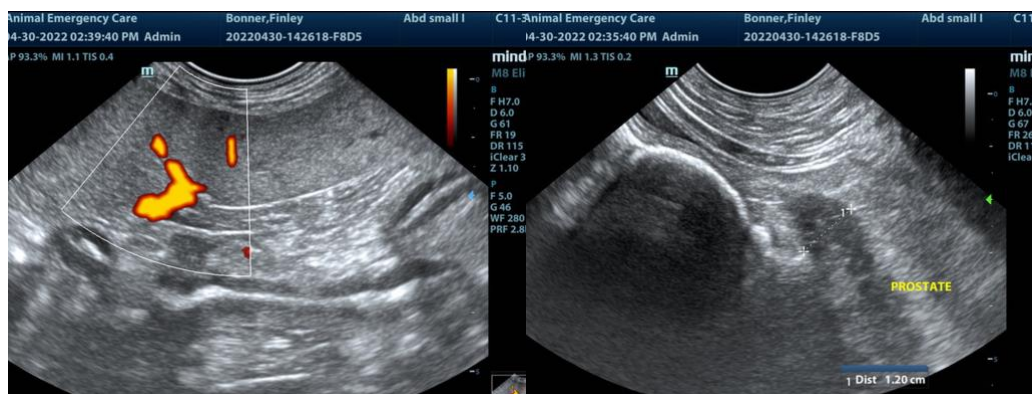
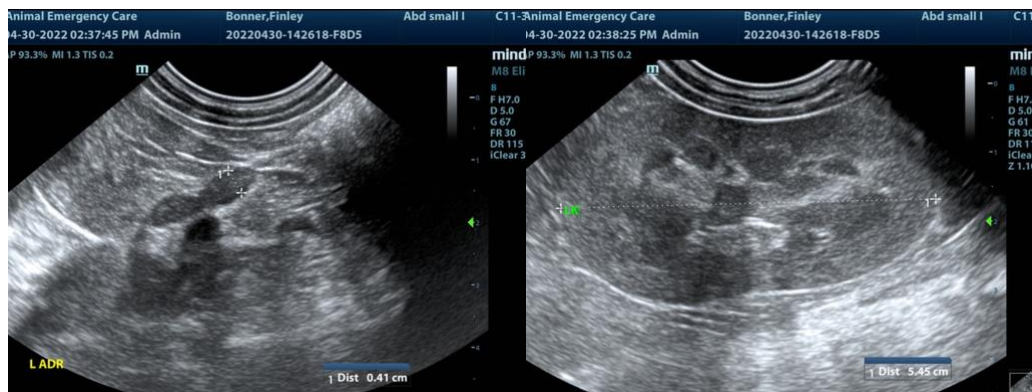
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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