



PATIENT PRESENTING CLINICAL SIGNS

Mister Wick Schuler

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

7 years

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. de Cordon

INVOICE

43692

DATE

4/4/23

History: -6 episodes of diarrhea, bloody, this morning semi solid stool but as the day has progressed its become liquid -owner has been traveling recently, normally lives in Charleston, SC, owner says there was a giardia outbreak where she lived-was tested recently negative in march and negative pancreatitis, but at that time he did not have a change in his energy levels -owner notates he has a deeper vocalization -vomited around 4 pm, mucous bile -lethargy started today -uncomfortable when he is having a bowel movement -has not been urinating as often, did drink a little today at 5 pm -not eating today, typically strong appetite -recently transitioned his GI diet two days ago to the hills science diet adult sensitive stomach turkey and rice wet food, has been on it for years before he was on the special prescription ID food which was scripted out in March -owner was in an air bnb recently, but did not have any contact with the dogs but shared the same yard

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine present at the time of the sonogram with minor wall thickening. There was no evidence of calculi.

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. The left kidney measured 3.38 cm. The right kidney measured 3.98 cm.

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 left adrenal gland measured 1.4 x 0.38 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 0.64 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule at the cranial pole measuring 0.77 cm. There was loss of detail noted. FNA is indicated.

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.



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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.

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.

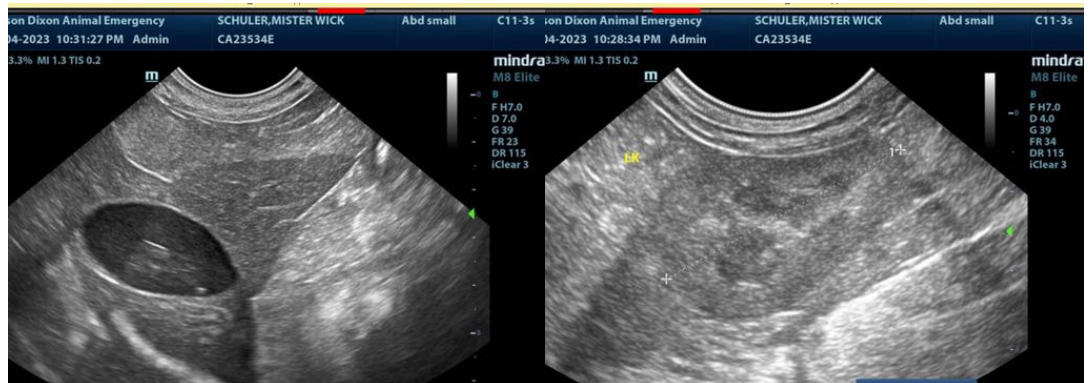
ULTRASONOGRAPHIC FINDINGS

Splenic nodule. Hyperplasia, round cell neoplasia, emerging hemangiosarcoma are all possible.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotoxins, occult parasitism, dietary intolerance and dietary indiscretion are all potentials in this case. I recommend monitoring the splenic nodule for progression. A recheck sonogram is recommended in a month and/or FNA.





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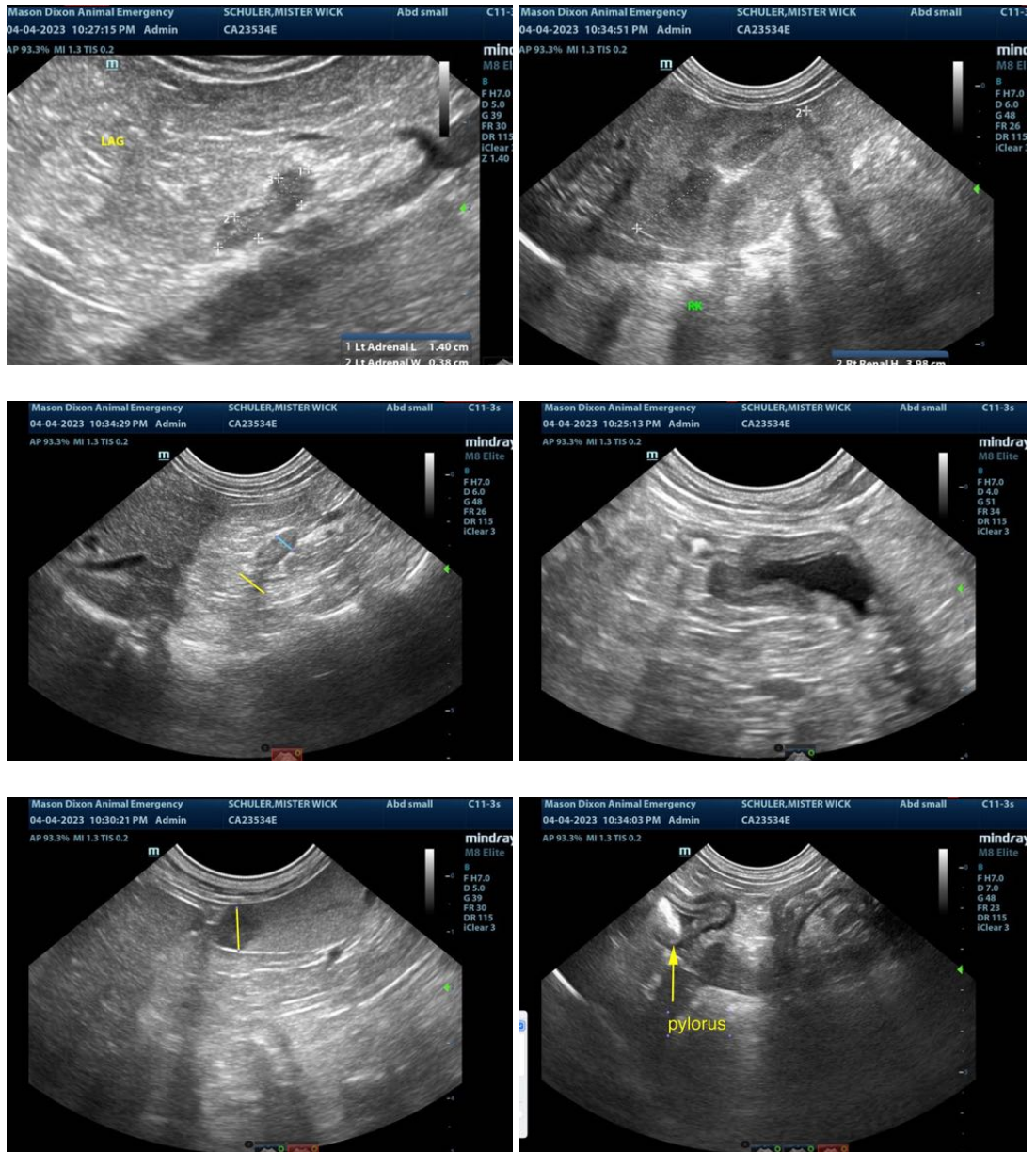
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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