

**PATIENT PRESENTING CLINICAL SIGNS**

Abbey Argenta

Previous history of FNA of 3 skin masses on abdomen, came back as Lymphocytic inflammation and adipose tissue. In for annual wellness and noted a 10kg weight loss as well as mild enlargement of popliteal and mandibular lymph nodes. Has been eating raw dog food. Normal energy, drinks less on raw diet than did on previous food.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork normal other than low retics. FNA of lymph nodes were inconclusive.

**BREED**

Cane Corso

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

10 Years

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 5.97 cm. The right kidney measured 6.27 cm.

**WEIGHT**

30 kg

**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 1.42 cm at the cranial pole and 0.80 cm at the caudal pole. The left adrenal gland measured 1.9 cm x 0.7 cm at the cranial pole and 0.57 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 were noted.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Chippawa AH

**Liver**

The **liver** revealed mild increased portal markings. Occasional hyperechoic lipogranulomatous change noted. No evidence of significant disease. The gallbladder was unremarkable.

**REFERRING VET**

Dr. Dowell

**Gastrointestinal**

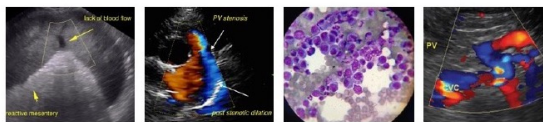
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**INVOICE**

36733

**DATE**

4/5/22



**PATIENT**

Abbey Argenta

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Cane Corso

**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatic remodeling, normal abdomen otherwise

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

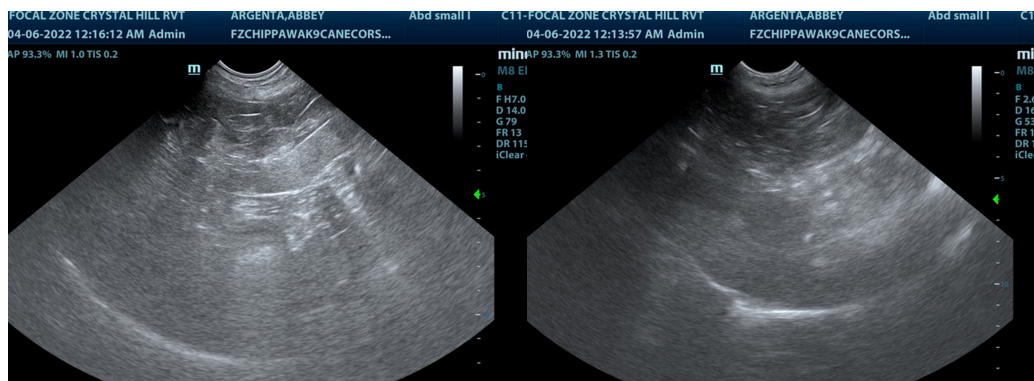
No evidence of significant disease.

**AGE**

10 Years

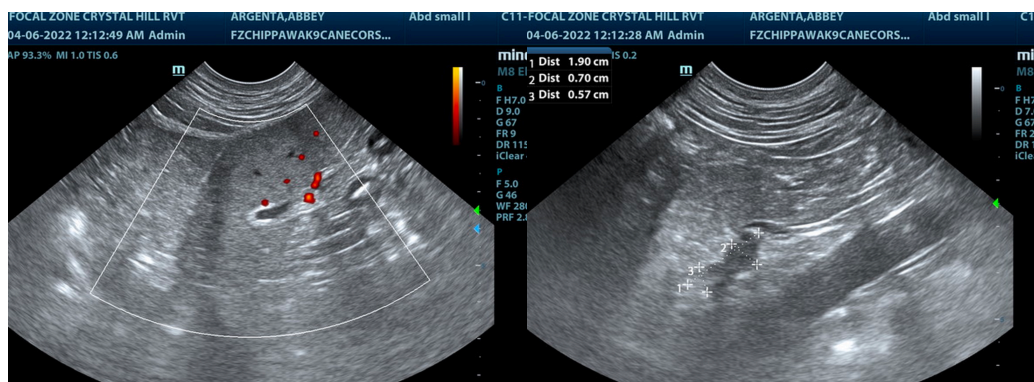
**WEIGHT**

30 kg



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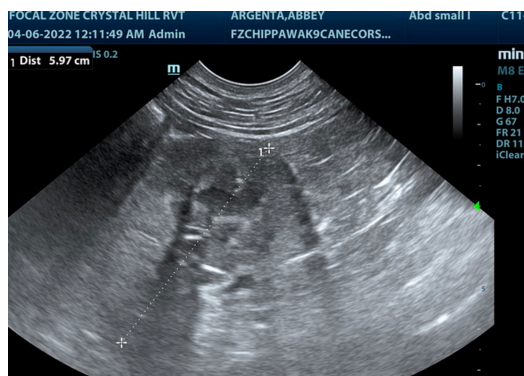


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**REFERRING VET**

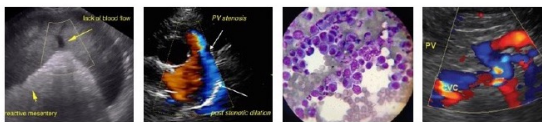
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**PATIENT**

Abbey Argenta

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.

**SPECIES**

Canine

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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**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

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