



PATIENT

Bandit Sorenson

PRESENTING CLINICAL SIGNS

History: hx of mildly high hepatic enzymes at geriatric screening....looking for hepatic pathology

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lhasa Apso

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 was noted. Ureteral papillae were normal.

SEX

Canine

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. Slight hyperechoic medullary rim sign. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.58 cm. The right kidney measured 3.89 cm.

AGE

10 years

WEIGHT

15 lbs

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 0.81 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 0.48 cm at the caudal pole and 0.4 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

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 was noted.

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

Liver

The **liver** revealed a 1.39 cm medial nodule. FNA is warranted. There was mild disruption of architecture. The remainder of the liver was unremarkable with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

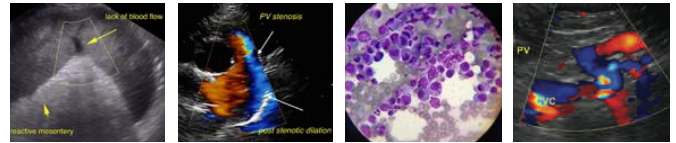
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98135

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Gastrointestinal



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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.

SPECIES

Canine

Pancreas

BREED

Lhasa Apso

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.

SEX

Canine

ULTRASONOGRAPHIC FINDINGS

Undefined hepatic nodule. Hyperplasia, carcinoma and abscessation is less likely.

AGE

10 years

Medullary rim sign noted in the kidneys, idiopathic finding. Assessment for proteinuria is indicated.

WEIGHT

15 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the nodule is recommended of the general parenchyma and nodule for further definition. Subjectively this is benign.

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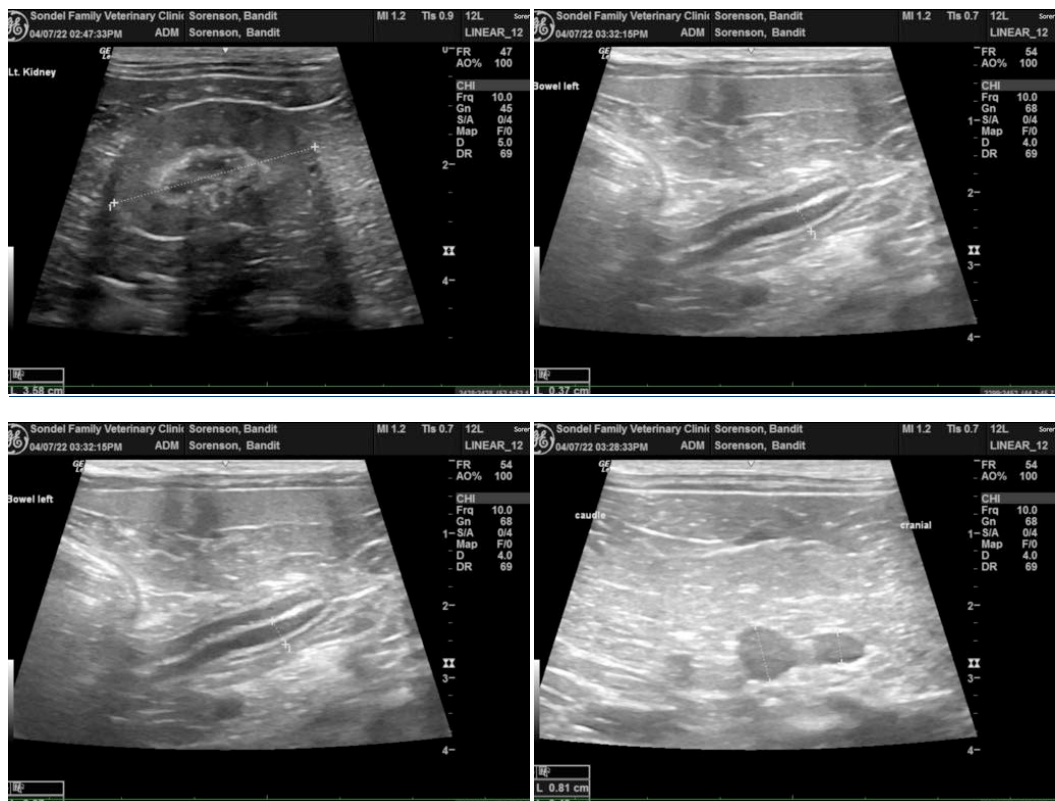
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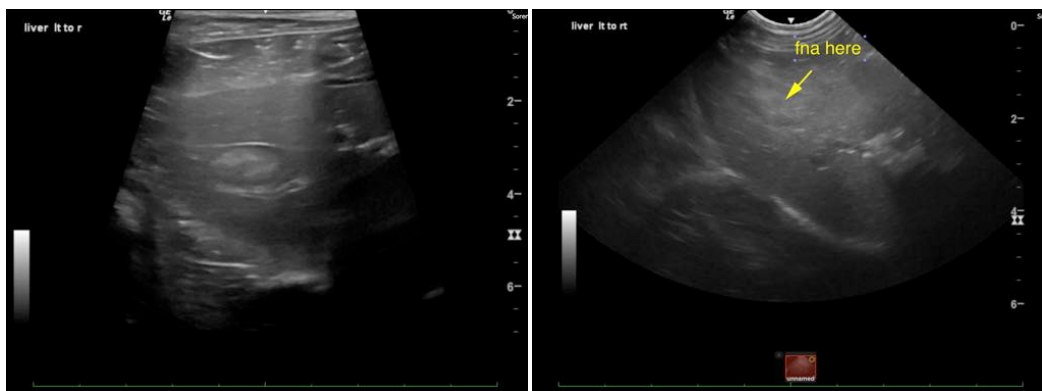
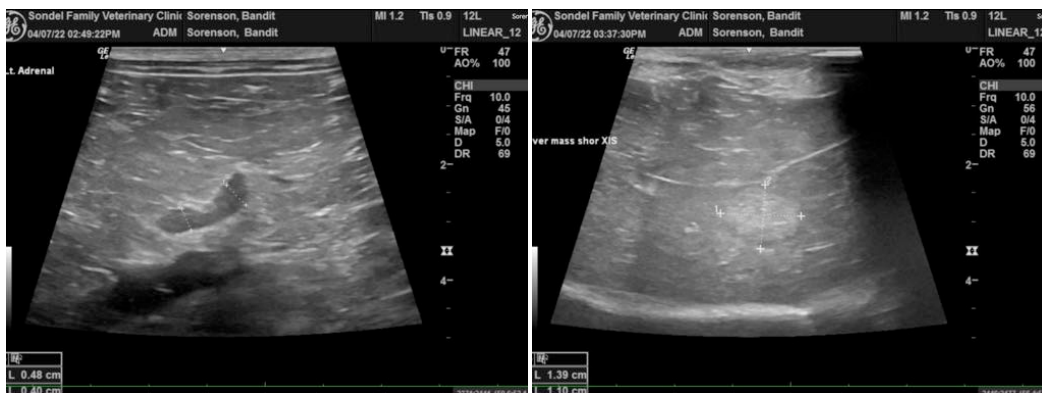
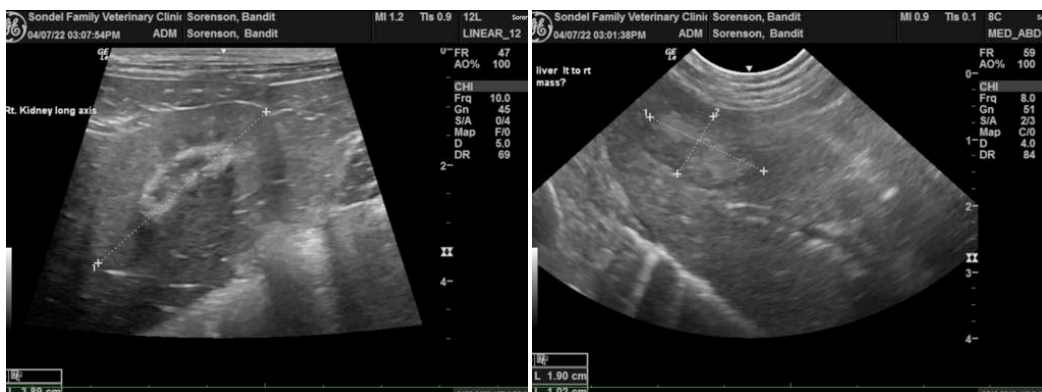
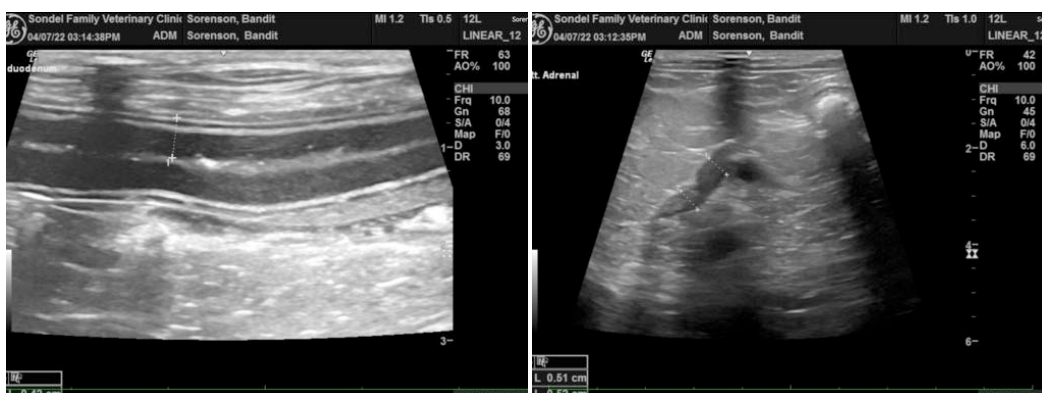
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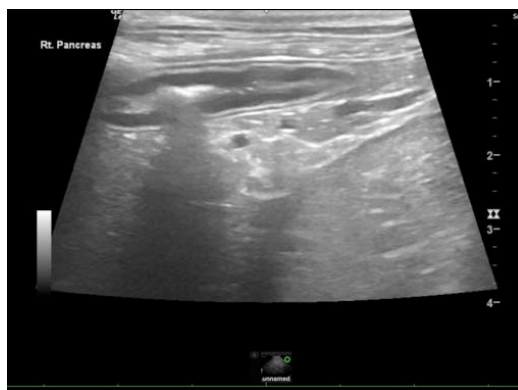
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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