



PATIENT

Sparky Atanda

PRESENTING CLINICAL SIGNS

BW 4/22----low t4 and elevated wbc 22,000 „chronic valve dz, on pimobenden ,chronic dental dz cc-- seizures today , bw --alt 452 all else wnl concern about liver images for neoplasia will do FNA in am

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Toy Poodle

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

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.2 cm.

AGE

10 years

WEIGHT

7.8 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 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Tenaflly VC

Liver

The **liver** was moderately disorganized parenchymal changes with increased portal markings and hypoechoic ill-defined nodular changes. Irregular contour was noted to the liver. There is a potential of underlying neoplasia. The gallbladder was unremarkable.

REFERRING VET

Dr. Barnea

INVOICE

30294

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.

DATE

5/11/22



PATIENT

Pancreas

Sparky Atanda

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Toy Poodle

Chronic inflammatory hepatopathy with nodular hyperplasia is likely. Underlying neoplasia is possible.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the liver is essential in this case. Ultrasound-guided FNA of the variable parenchymal changes is indicated. Leptospirosis titers are warranted. Core liver biopsy would be ideal. Bile acid profile is indicated.

AGE

10 years

WEIGHT

7.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

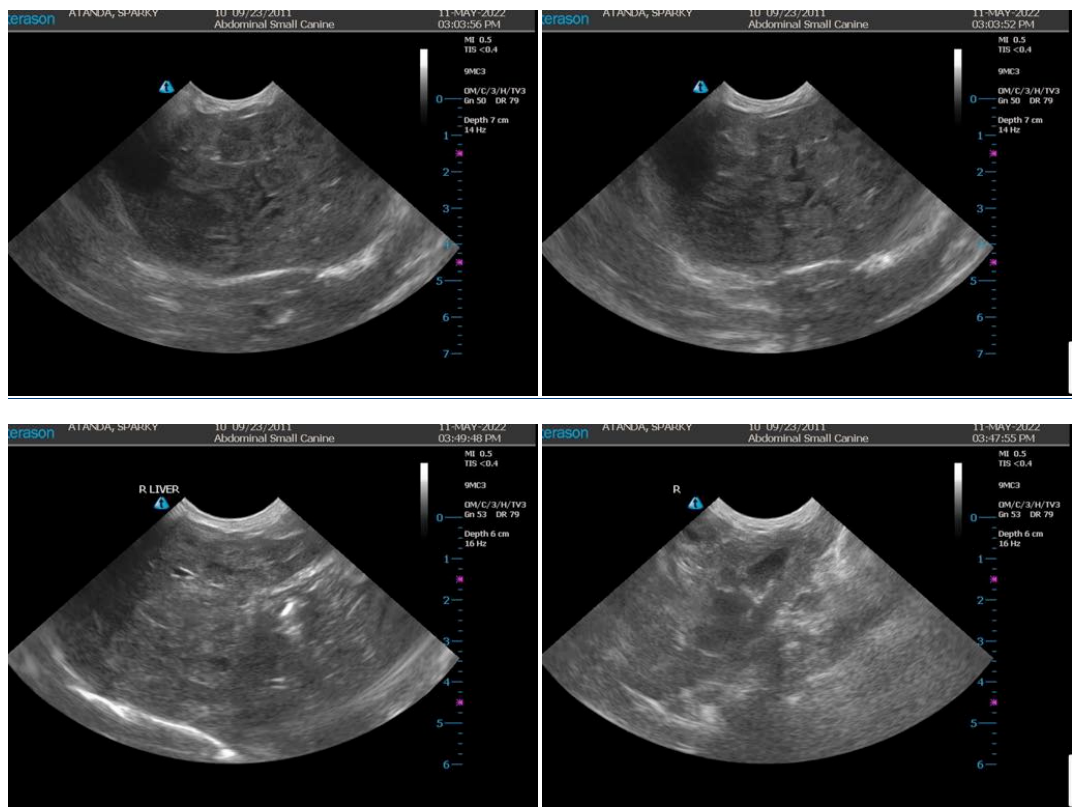
Dr. Barnea

INVOICE

30294

DATE

5/11/22





PATIENT

Sparky Atanda

SPECIES

Canine

BREED

Toy Poodle

SEX

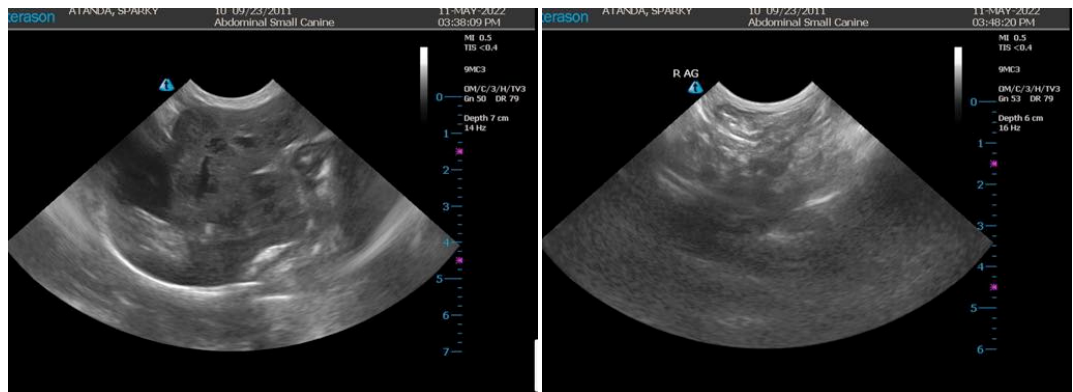
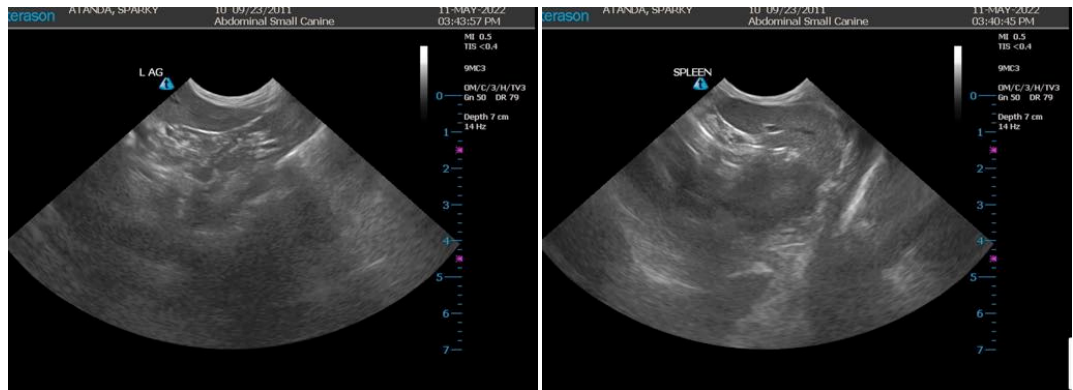
Neutered male

AGE

10 years

WEIGHT

7.8 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

30294

DATE

5/11/22

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