



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Charlie Garcia

SPECIES
Canine

Patient has been declining since about a week ago. His appetite was decreasing considerably as well as his drinking. He was given some wet food earlier in the week and he started vomiting and having diarrhea. Patient was recumbent at presentation. Injected/tacky MM.

Abnormal PE/Chem/CBC/UA Results: cPL Snap test: Abnormal CBC: WBC: 56.04 K/uL NEU: 19.96 K/uL MONO: 19.04 K/uL EOS: 13.22 K/uL PLT: 173 K/uL Chemistry: BUN: 34mg/dL GLOB: 5 g/dL ALKP: 426 U/L

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Cocker Spaniel

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

AGE

14 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.0 cm.

WEIGHT

34.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was normal in size and contour; however, the near field approach to the left adrenal a hypoechoic 2+ cm, ill-defined mass was noted. I suspect that this is deriving from the spleen given the separate nodule noted in the spleen. However, further imaging of this structure is necessary for further definition. The left adrenal gland measured 2.2 x 0.65 cm. The right adrenal was uniform and measured 2.18 x 0.7 cm.

IMAGING PERFORMED BY

Dr. Kim

Spleen

HOSPITAL NAME

Ridgefield Park AH

The **spleen** revealed a focal, hypoechoic 1.5 cm mass/nodule at the caudal pole.

REFERRING VET

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was echogenic and thickened.

INVOICE

30344

Gastrointestinal

DATE

5/12/22

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Charlie Garcia

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Pancreas

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Cocker Spaniel

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Splenic nodule and mass.

AGE

Age related renal, hepatic and pancreatic changes.

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Exploratory surgery is indicated after chest radiographs and echocardiogram.

34.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

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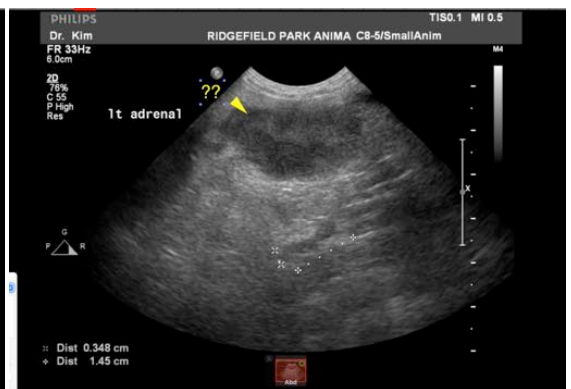
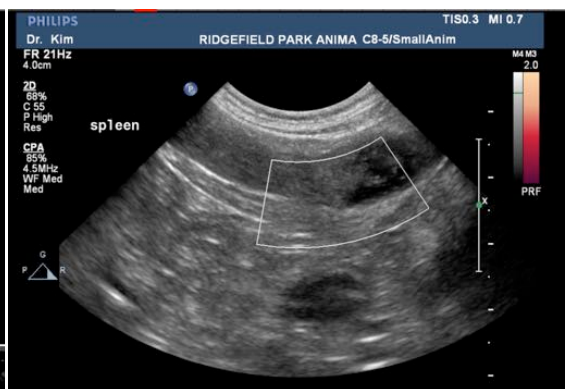
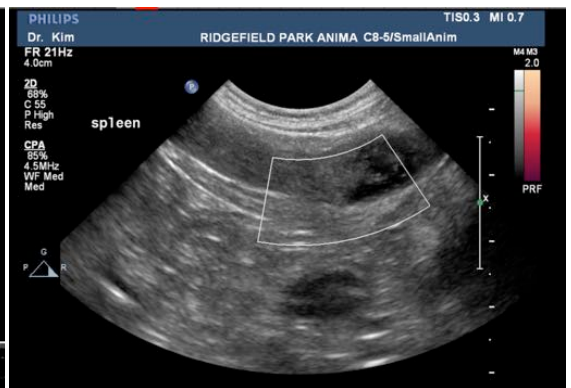
Dr. Kim

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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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