



**PATIENT PRESENTING CLINICAL SIGNS**

Cash Delaquila Mild regenerative anemia. Sarcoma is suspected. Hepatomegaly noted on radiographs.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**SEX**  
Neutered male

**AGE** 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 8.54 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.4 x 0.9 cm. The right adrenal gland measured 3.3 x 2.1 cm at the cranial pole and 1.38 cm at the caudal pole.

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**Spleen**

The region of the **splenic fossa** was unremarkable.

**REFERRING VET**

Dr. Ward

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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**Gastrointestinal**

The **stomach** was filled with shadowing material up to 4.25 cm and 3.0 cm of ingesta. This is consistent with hard foreign bodies. The small intestines and colon were unremarkable.



**PATIENT**

**Pancreas**

Cash Delaquila

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**

Gastric foreign bodies with ingesta.

Labrdor Cross

Benign hepatopathy.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male

There was no overt cause of anemia in this patient; however GI blood loss may be an issue with the GI foreign bodies. Gastrotomy or endoscopy is indicated. h

**AGE**

12 years

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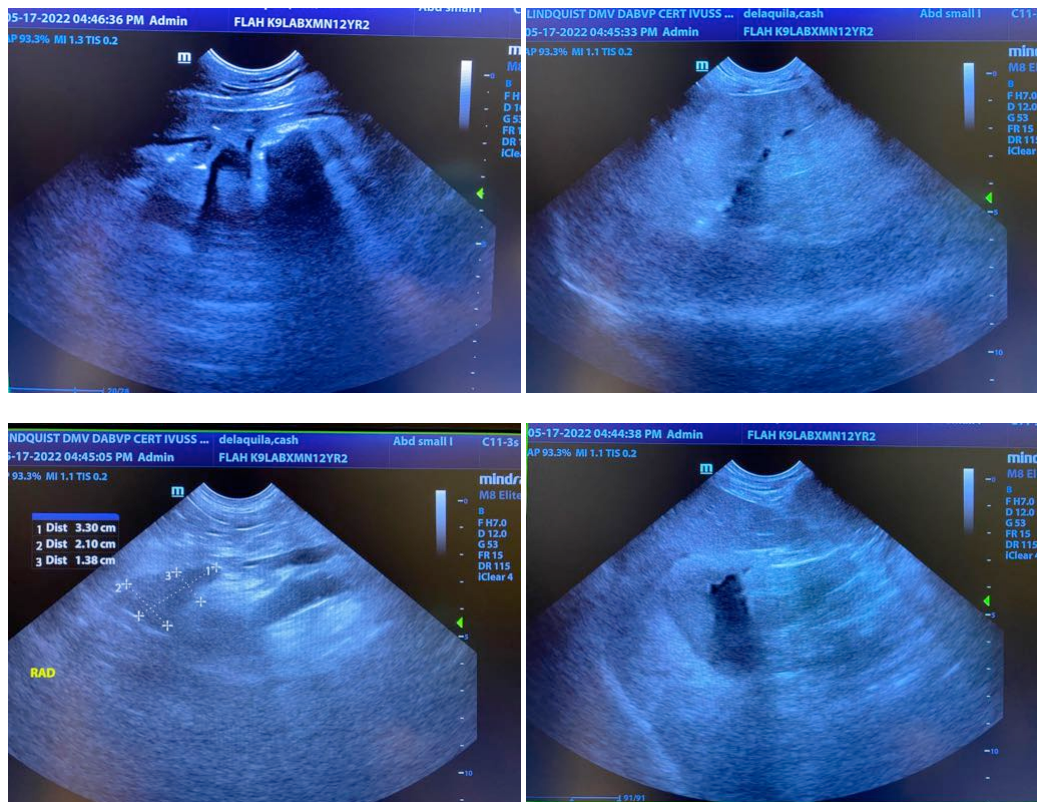
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**PATIENT**

Cash Delaquila

**SPECIES**

Canine

**BREED**

Labrdor Cross

**SEX**

Neutered male

**AGE**

12 years

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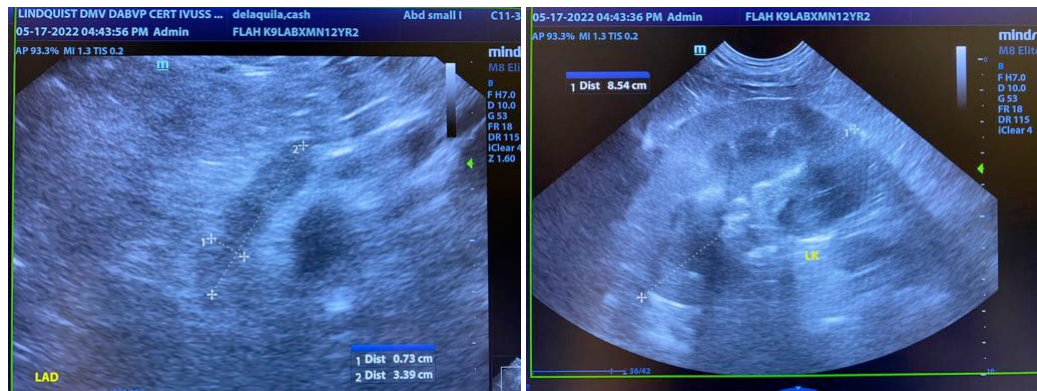
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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