



PATIENT

Angus Cowham

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 years

WEIGHT

32.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abadia

HOSPITAL NAME

Surfside PH

REFERRING VET

Dr. Abadia

INVOICE

44129

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: History of hypothyroid under treatment, proteinuria and previously had an apocrine gland adenocarcinoma of the rectal area previously resected by surgeon and a splenectomy performed with stromal cell carcinoma. Pet presented for yearly exam. Noted cranial abdomen to feel mildly firm, but no palpable mass at the time. 2/16/21 had an ultrasound with us and was sent to sonopath as well.
Abnormal PE/Chem/CBC/UA Results: Pet physical exam shows mild firm cranial abdomen, a mass can be palpated when pet sedated. BW results performed on HCT- 31%, neutrophils 2.9, ALT -210 and ALP- 608. normal thyroid. Sgr- 1.040. inactive sediment. 2+ protein, no blood and high microalbuminuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 right kidney measured 6.08 cm. The left kidney measured 5.96 cm.

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 2.26 x 0.5 cm. The left adrenal gland measured 1.93 x 0.6 cm.

Spleen

The region of the **splenic** fossa was unremarkable. There was no return of prior pathology.

Liver

The **liver** revealed an isoechoic swelling in the left liver measuring 4.6 x 7.7 cm. The remainder of the liver was minor with coarse architecture. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

AGE

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Irregular hepatic swelling and nodules likely hepatoma, possibility of stromal tumor or carcinoma. FNA is indicated for further assessment. Gallbladder sludge.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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The cause of the abdominal discomfort is not overtly evident in the abdomen. There was no evidence of active inflammation. Ursodiol therapy can be considered in this patient. Assessment for referred back pain as cause of abdominal tension would be warranted. Consideration to the removal of the hepatoma type liver mass would be warranted especially if the patient presents focal discomfort on this lesion as it is pedunculated and at risk for torsion. However, there was no overt evidence of inflammation present.

IMAGING PERFORMED BY

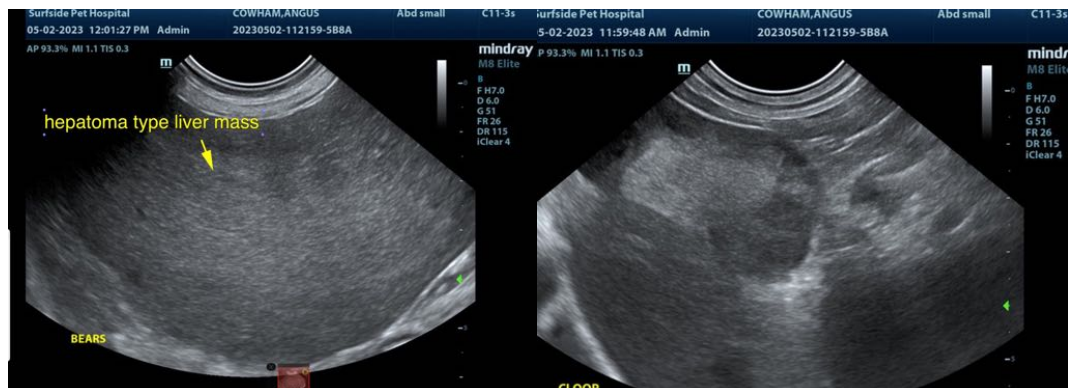
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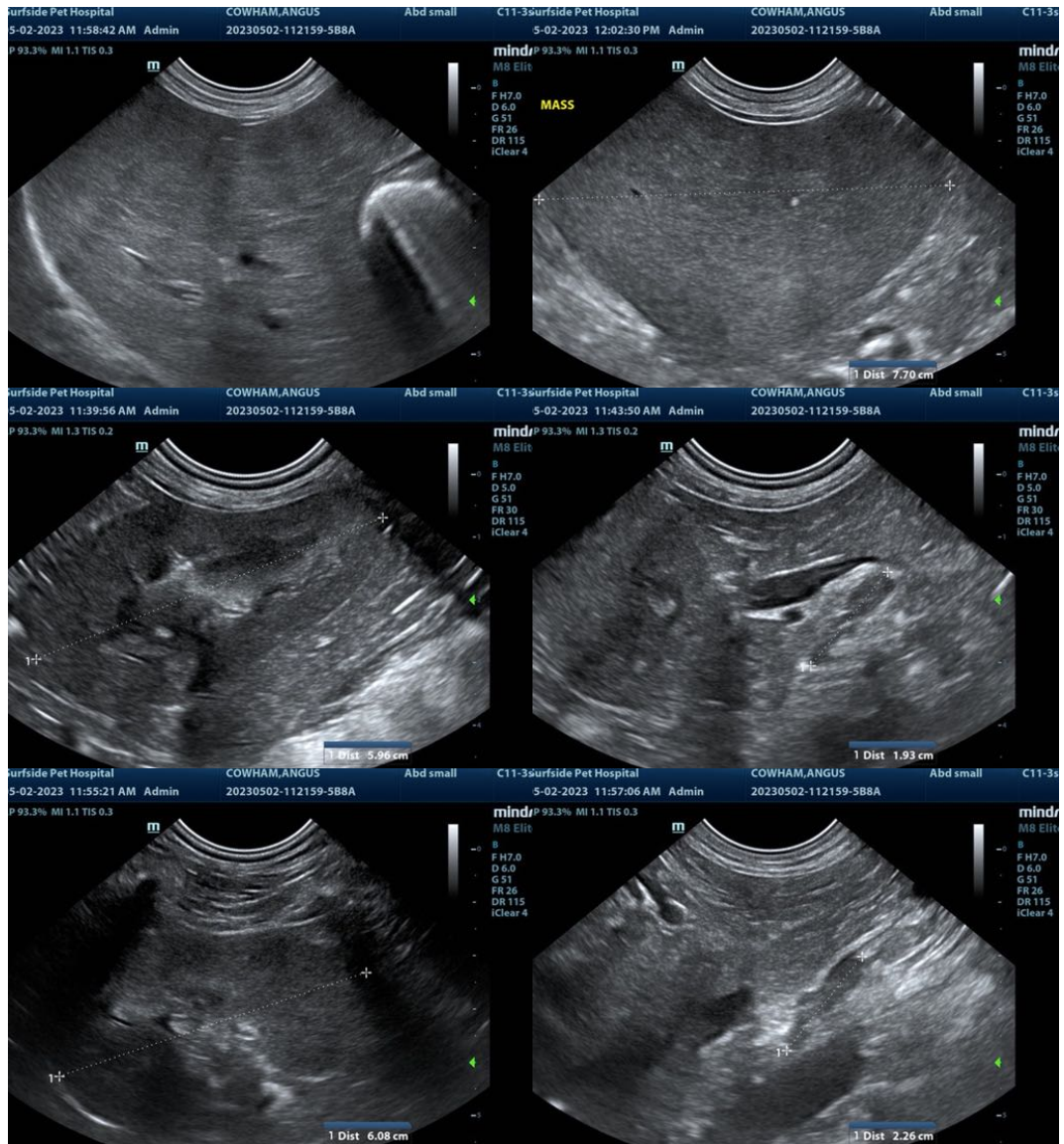
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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