



PATIENT PRESENTING CLINICAL SIGNS

Patient: Bailey Fearick
History: Increasing liver values. Had previous ultrasound 7/15/21. Liver nodules noted. Recheck
Abnormal PE/Chem/CBC/UA Results: Blood ALT164, ALK PHOS 994

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED: Mix
 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 progressive cortical remodeling compared to the prior sonogram. An anechoic cyst was noted in the caudal pole of the left kidney measuring 2.5 cm. The right kidney measured 5.13 cm.

AGE

12 years

Adrenal Glands

WEIGHT

20 lbs

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 left adrenal gland measured 2.65 x 0.6 cm. The right adrenal gland measured 2.54 x 0.83 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a 2.0 cm cystic mass with nodular changes. The splenic cystic mass was deriving from the cranial pole and presented capsular expansion. This is same as the prior report, yet persistently precarious and at risk for rupture.

IMAGING PERFORMED BY

JK

Liver

HOSPITAL NAME

Hamburg VC

The **liver** revealed persistent coalescing nodular changes. The largest of which measured 1.81 cm. The nodular changes were similar to the prior sonogram, yet appear to have progressed. The gallbladder revealed a minor polyp.

REFERRING VET

Dr. Martens

Gastrointestinal

INVOICE

30724

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

5/25/22



PATIENT

Bailey Fearick

Pancreas

SPECIES

Canine

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.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

Progressive, degenerative renal changes with possibly infected cyst in the left kidney.

SEX

Neutered male

Cystic splenic mass, same as prior exam, yet persistently precarious and at risk for rupture.

Hemangiosarcoma versus benign cystic change or a minor potential for splenic abscess.

Nodular changes noted in the liver, appear to have progressed.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend three view chest radiographs and echocardiogram followed by splenectomy, liver inspection and biopsy. Splenectomy is recommended even though it appears similar compared to the prior sonogram due to risk of rupture. Liver inspection, biopsy and bile acid profile is recommended. Drainage and culture of the left renal cyst could also be considered at the time of the surgery.

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

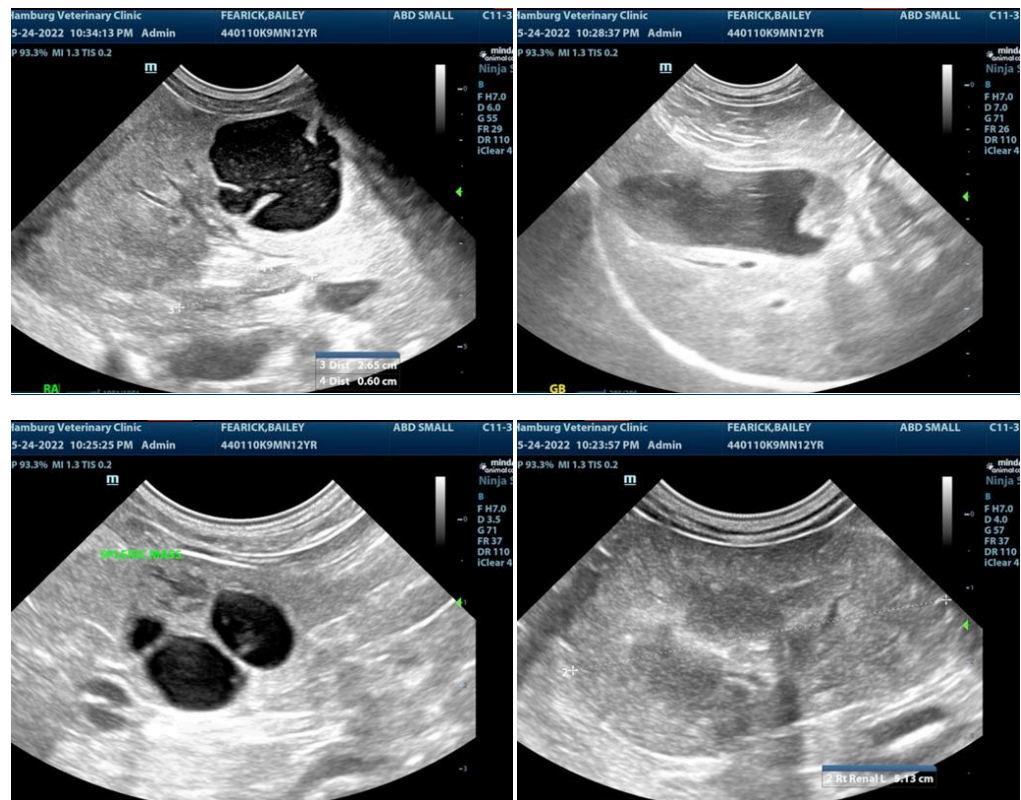
Dr. Martens

INVOICE

30724

DATE

5/25/22





PATIENT

Bailey Fearick

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

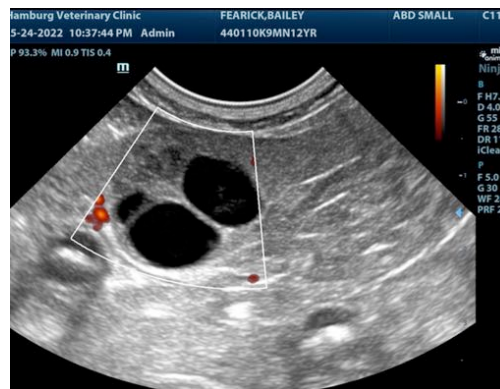
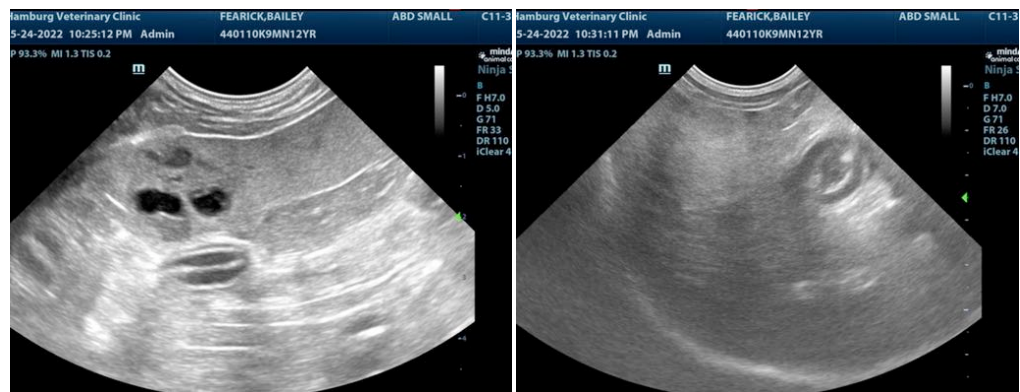
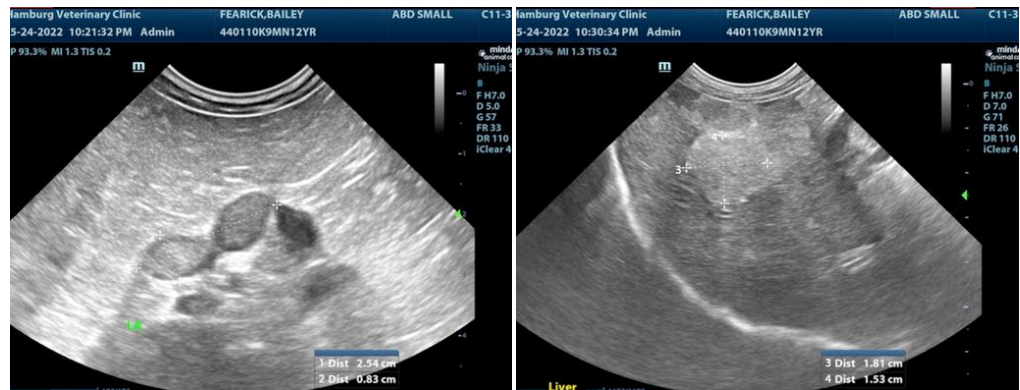
Dr. Martens

INVOICE

30724

DATE

5/25/22



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