



**PATIENT**

Xander Marcinek

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

9 Years 2 Months

**WEIGHT**

Not Given

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Lake Hopatcong AH

**REFERRING VET**

Dr. Batta

**INVOICE**

37369

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

Frequent urination, excessive water drinking. Mass palpated L lateral caudal sheath. R/O Abdominal mass vs other

Abnormal PE/Chem/CBC/UA Results: SDMA 14, Glob 6.3 g/dl, U/A-USG 1.041, Prot 3+, Bili 1+

**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 were noted. Ureteral papillae were normal. The residual prostate was uniform at 1.13 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Microcystic cortical changes noted. The left kidney measured 6.5 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 2.67 cm x 0.72 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 2.03 cm x 0.57 cm at the cranial pole and 0.48 cm at the caudal pole.

**Spleen**

The **spleen** revealed an nodule with target type appearance, measuring 1.47 cm at the cranial pole. Minor heterogeneous changes noted in the remainder of the spleen.

**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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**Pancreas**



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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**

- Age related abdominal changes with splenic nodule

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

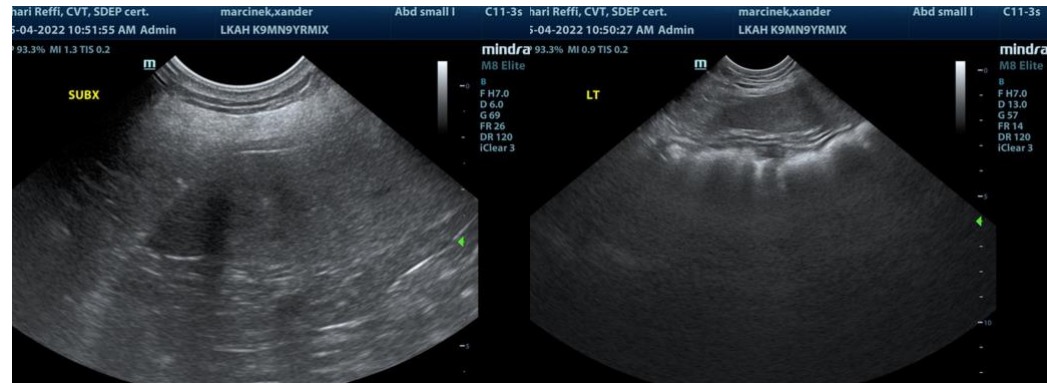
**BREED**

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Splenectomy or ultrasound guided FNA warranted. Otherwise, recheck sonogram in 3-4 weeks to assess for any progression. No evidence of structural urinary disease. The palpable area appears to be fat accumulation, not evidence of pathology.

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**AGE**

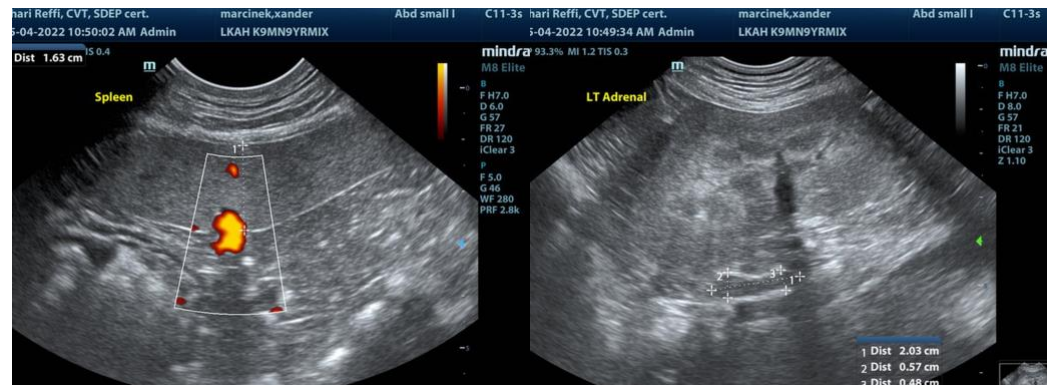
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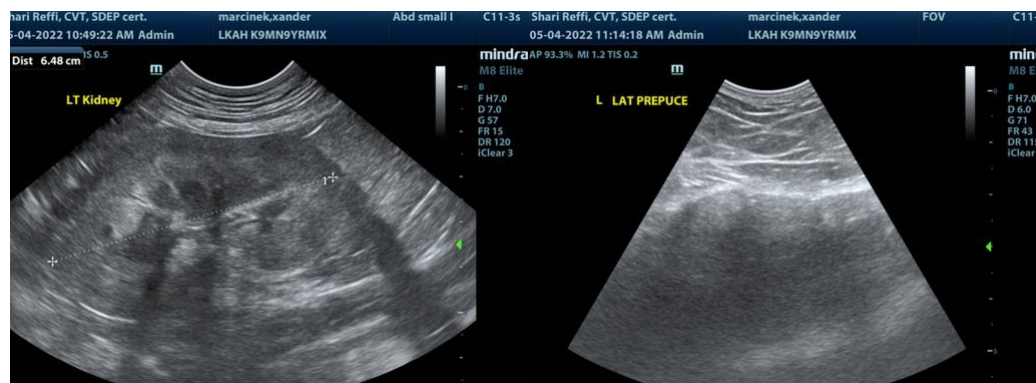
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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