



PATIENT

Coco Parekh

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

13 Years

WEIGHT

80.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

22407

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Pancreatitis, HGE

Abnormal PE/Chem/CBC/UA Results: CPL Abn

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 pelvic urethra was imaged 2.0 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 moderate 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. Cortical mineralization was present in the kidneys. The right kidney measured 7.2 cm. The left kidney measured 8.53 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 left adrenal gland measured 3.31 cm x 0.79 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 2.98 cm x 1.5 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 mildly mineralized. 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

The **stomach** revealed some shadowing gastric material, measuring approximately 3.0 cm. A focal hypoechoic mass was noted, measuring 2.6 cm in the pyloric outflow with regional inflammation and regional lymphadenopathy. The lymph node was enlarged, measuring up to 1.5 cm. The small intestine and colon were unremarkable.



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Pancreas

Coco Parekh

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

Other **lymph nodes** were also enlarged, rounded and irregular adjacent to the upper GI tract.

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- Gastric pyloric mass with regional lymphadenopathy, strong concern for gastric lymphoma or carcinoma. Concurrent minor nonobstructive foreign matter.

AGE

13 Years

- Age-related hepatic changes with mineralized gallbladder
- Mineralized spleen

WEIGHT

80.5 Pounds

- Age-related renal changes with cortical mineralization
- Chronic pancreatic changes

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or surgical intervention is recommended to obtain pyloric and lymph node biopsies.

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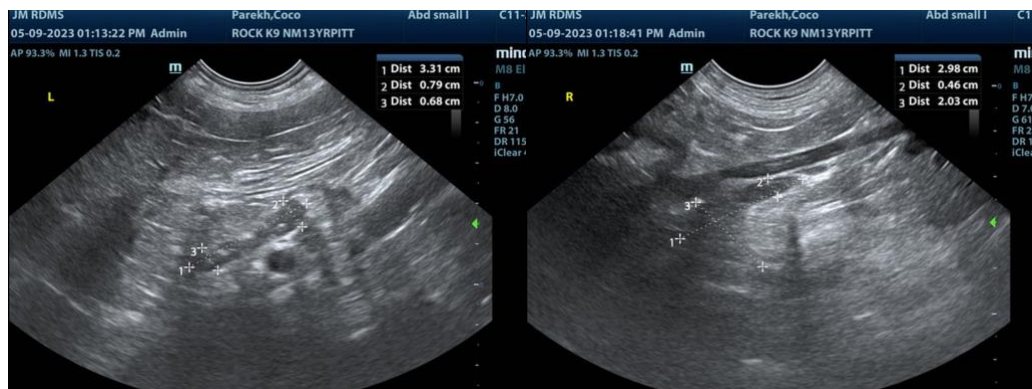
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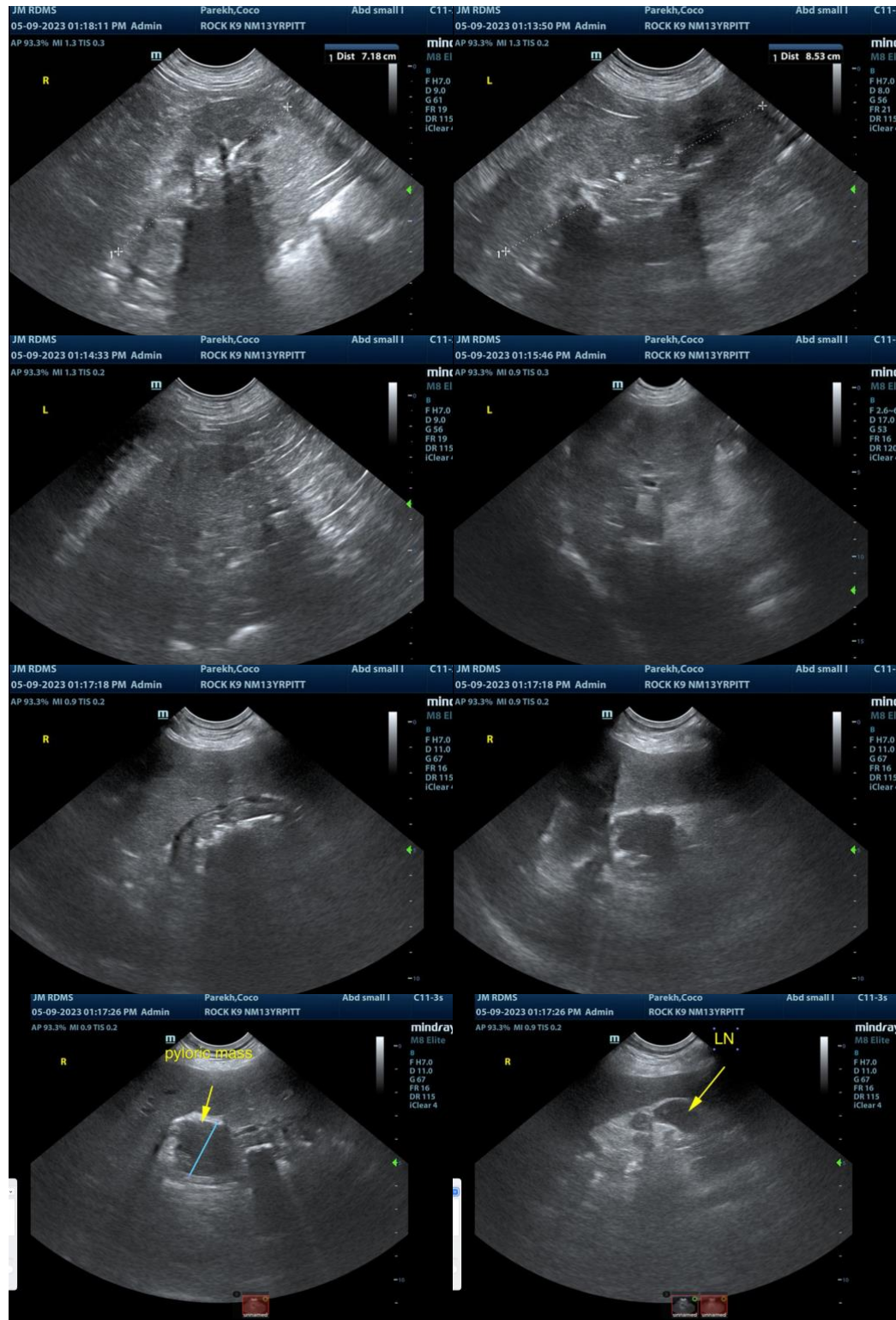
Dr. Maniar

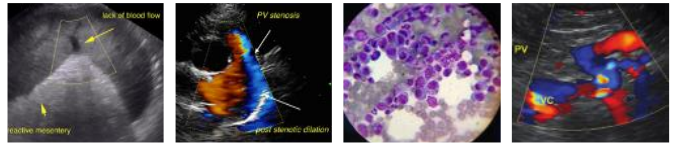
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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