



PATIENT

Nikko Fuster

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dra. Enid Mendoza
Rosado

INVOICE

22906

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Pt presented as a referral for thoracic ultrasound and abdominal ultrasound. Pt has a history of cutaneous hemangiosarcoma that was biopsied but currently, pt has multiple growths of small hematoma masses on the caudal ventral abdomen around/on the prepuce and a perianal hernia. O noticed the growth of 2 small masses on the caudal ventral thorax that has not increased in size. Also, P has a gingival mass on the labial aspect of the left maxillary region.

Abnormal PE/Chem/CBC/UA Results: BW: Increased ALT, TP, ALB, GLOB, TBILI Radiographs performed in the hospital were sent for radiologist consult and dx with pulmonary soft tissue mass and suspect solitary pulmonary nodule and Branching mineralization hepatic parenchyma. Rads added for supporting information.

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 measured 1.55 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.78 cm. The left kidney measured 6.33 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 2.2 cm x 0.6 cm. The left adrenal gland measured 2.71 cm x 0.53 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. This is a moderate change. Occasional hyperechoic lipid plaques were noted, measuring up to 0.64 cm. Caudal folding of the spleen was noted, may be creating a mass effect.

Liver

The **liver** was mildly swollen, uniform. The gallbladder wall was significantly thickened (1.3 cm) and echogenic, measuring up to 0.22 cm with mild suspended debris and striating bile. Slight free fluid was noted around the gallbladder. Regional inflammation was present. This change is consistent with chronic cholangitis.



PATIENT

Nikko Fuster

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dra. Enid Mendoza
Rosado

INVOICE

22906

DATE

6/14/23

Gastrointestinal

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.

Pancreas

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.

Free Abdomen

The mesenteric **lymph nodes** (up to 1.04 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Folded spleen with minor heterogenous changes, likely benign. Minor splenic nodules.
- Chronic cholangitis with regional inflammation, potential history of gallbladder leakage/rupture
- Reactive mesenteric lymph nodes
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate cholecystectomy in this patient. This is atypical mucocele +/- cholangitis regardless of what we call this gallbladder, it is likely leaking and is significantly inflamed. Direct splenectomy could be considered as well, yet not likely neoplastic. However, the gallbladder presentation is a surgical emergency.



PATIENT

Nikko Fuster

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

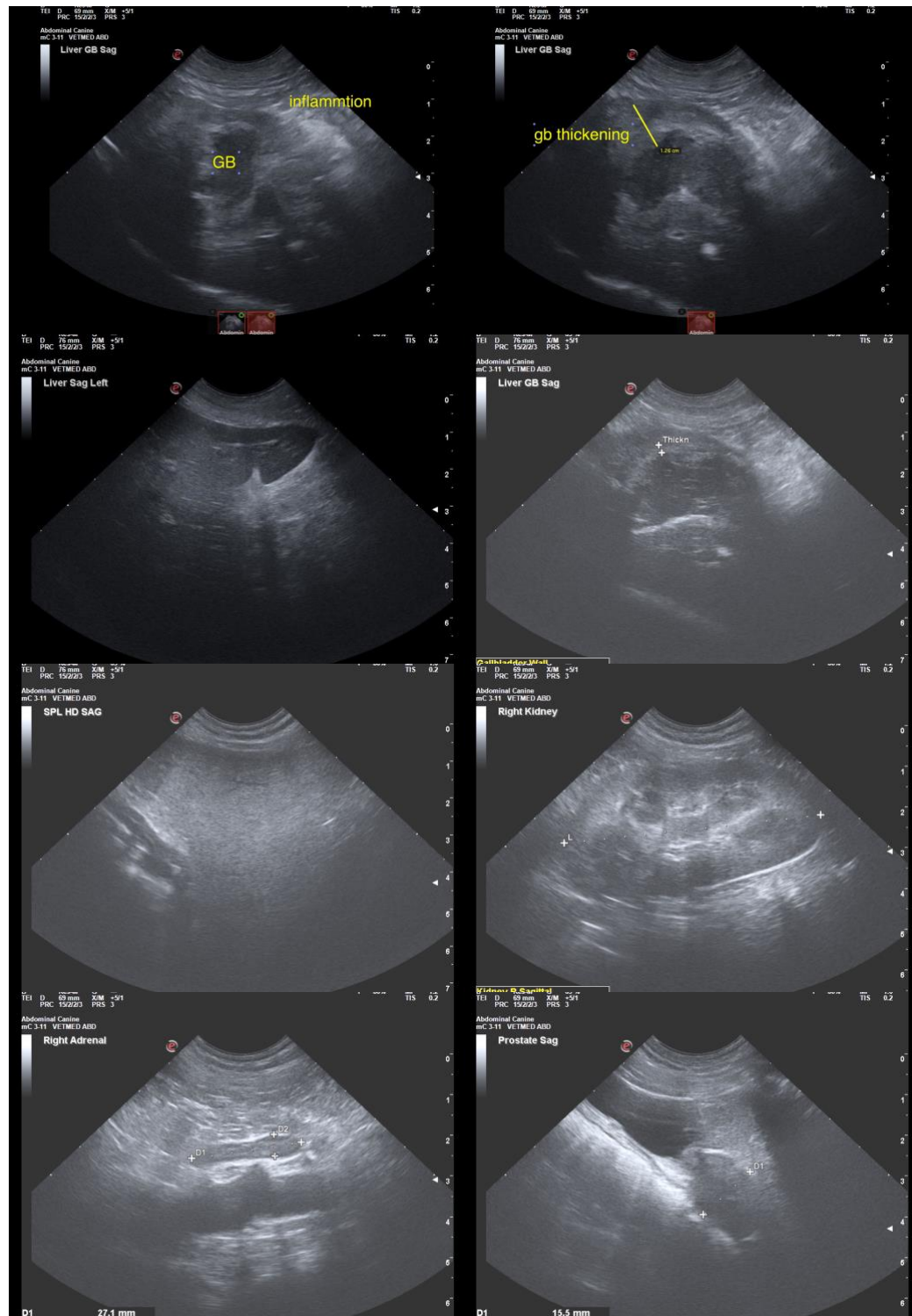
Dra. Enid Mendoza
Rosado

INVOICE

22906

DATE

6/14/23





PATIENT

Nikko Fuster

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

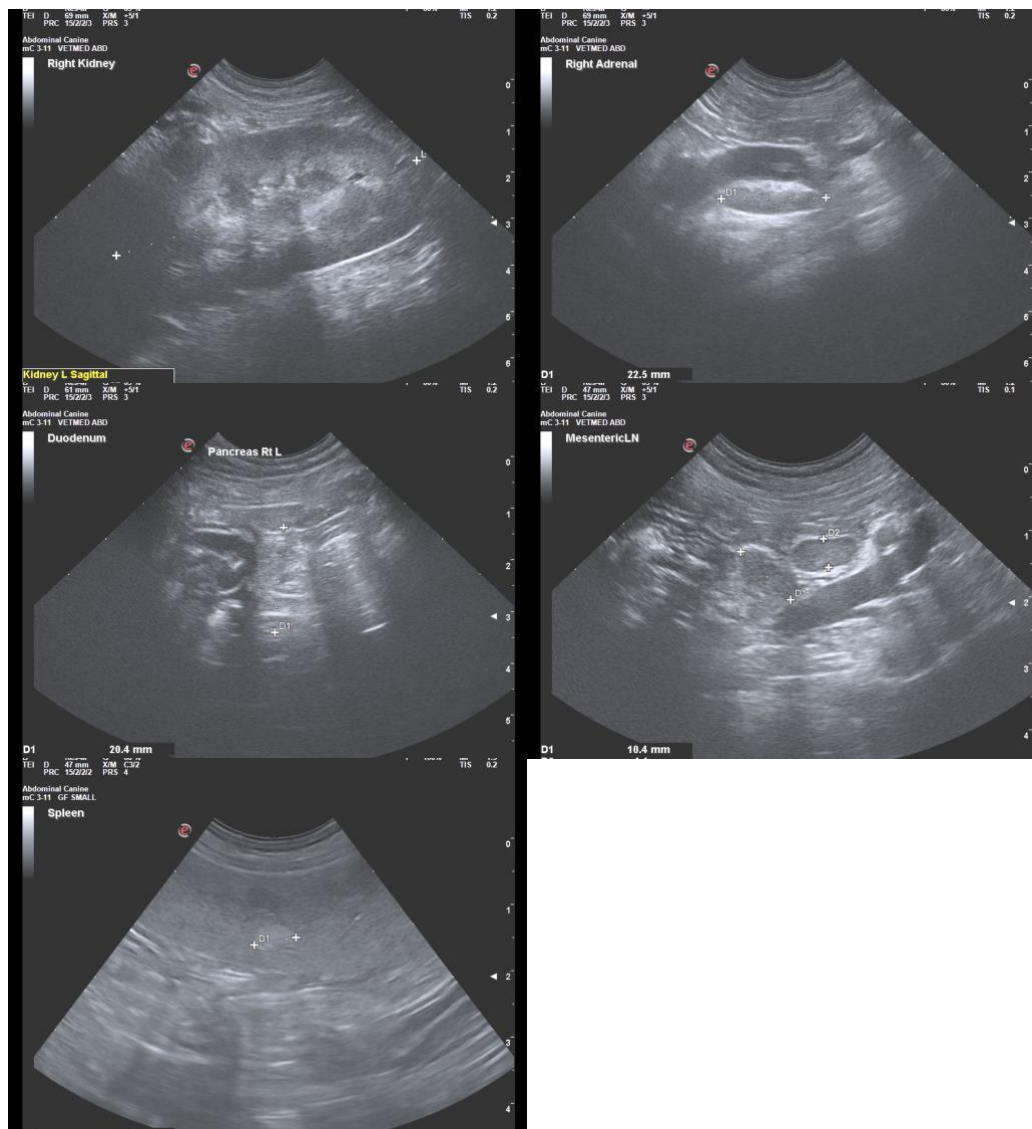
Dra. Enid Mendoza
Rosado

INVOICE

22906

DATE

6/14/23



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