



PATIENT PRESENTING CLINICAL SIGNS

Toca Strickland
History: Acute regurgitation (vs vomiting) and hematochezia. Radiographs showed soft tissue opacity caudal to the head of the spleen and lateral to the left kidney, and suspected mild hepatomegaly. Previous abdominal ultrasound 2yrs ago was unremarkable.

SPECIES
Abnormal PE/Chem/CBC/UA Results: Mild thrombocytosis (606), elevated BUN (39), elevated ALP (264) Gr IV/VI systolic murmur (progressive), lip-licking on abdominal palpation, small 2mm stoma dorsal to vulva (chronic), MPL (chronic), absent CP RH (chronic), mydriasis OU (chronic)

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua

Urinary System

SEX
Spayed female
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.

AGE
15 years
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. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 3.6 cm. The left kidney measured 3.17 cm.

WEIGHT

9.1 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.76 x 0.63 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.61 x 0.5 cm at the caudal pole and 0.53 cm at the cranial pole.

IMAGING PERFORMED BY

Graham Sugar
Gellerman

Spleen

HOSPITAL NAME

Back Bay VC

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Carey

Liver

INVOICE

44763

The cranial **liver** was unremarkable with uniform parenchyma. The caudal liver revealed a complex cystic mass that appeared to be deriving from the right medial liver adjacent to the diaphragm. This is likely non-neoplastic and most likely a complex cyst. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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6/15/23



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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. 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.

Free Abdomen

A moderately complex cystic mass was noted and measured 4.22 cm.

ULTRASONOGRAPHIC FINDINGS

Cystic hepatic mass, likely benign and space occupying.

Unremarkable geriatric abdomen otherwise.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palliative drainage of the cyst with ultrasound-guidance can be considered for further definition. There is no evidence of pathology owing to thrombocytosis. IV fluid support is recommended to correct azotemia.

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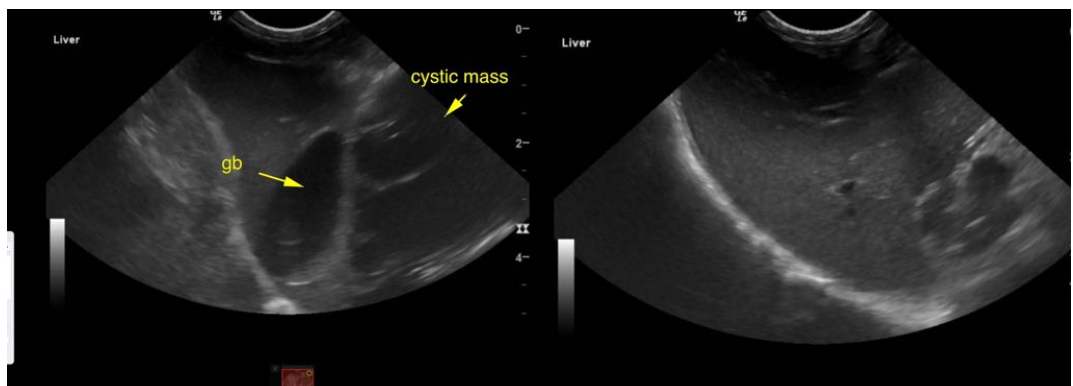
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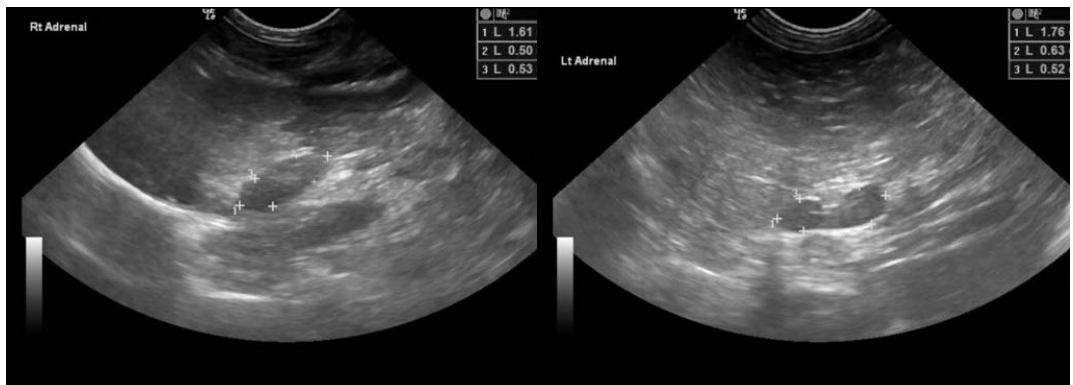
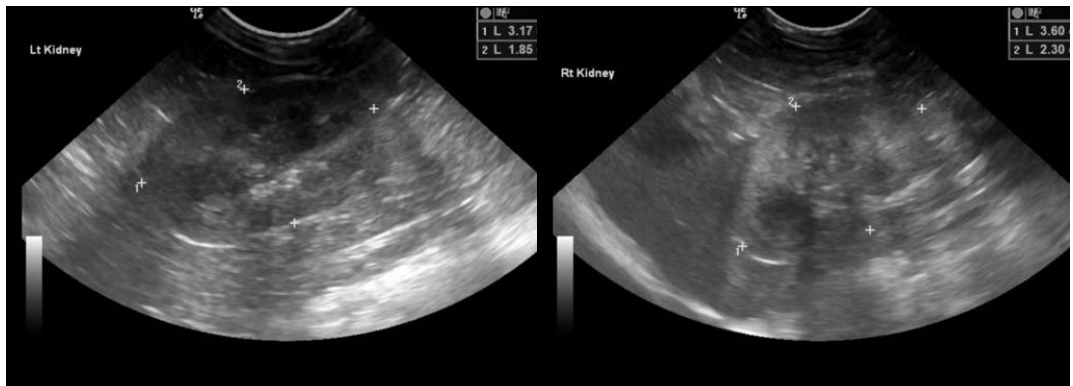
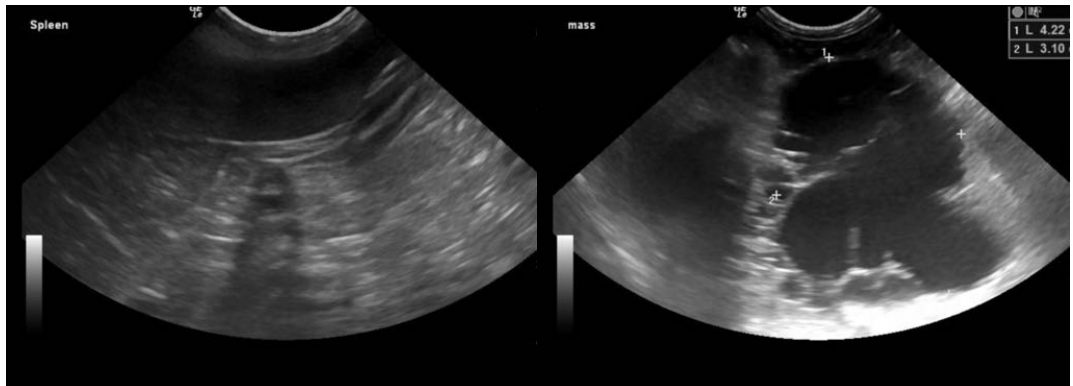
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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