



PATIENT PRESENTING CLINICAL SIGNS

Kali Lily Nelson

History: Recent diagnosis of MCT on underside of the paw where removal with margins would be difficult. While O is trying to decide about referral to oncologist they opted to pursue abdominal ultrasound to rule out any obvious internal abdominal masses.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pit

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. A blood clot or polyp was noted at the cystourethral junction and measured approximately 0.3 cm. The ureters were not visible which is normal. A mild amount of dependent and suspended debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed female

AGE

11 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. Slight pyelectasia was noted in the right kidney. The right kidney measured 7.6 cm. The left kidney measured 6.5 cm.

WEIGHT

73.3 lbs

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 0.58 cm. The right adrenal gland measured 0.75 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jagger

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

VCA Parkway AH

Liver

REFERRING VET

Dr. Jagger

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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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Gastrointestinal

The **gastrointestinal tract** was largely unremarkable. However, areas of mucosal striations were noted. This is indicative of lymphangectasia.

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.

ULTRASONOGRAPHIC FINDINGS

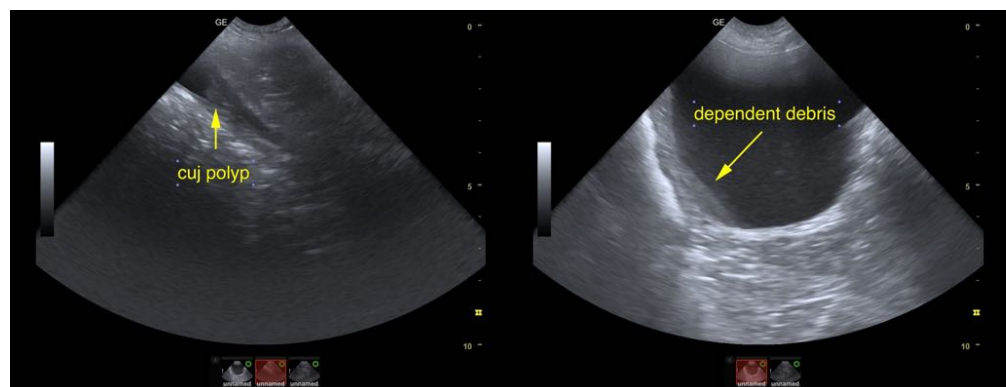
Mucosal striations in the GI tract, indicative of lymphangectasia.

Dependent and suspended bladder debris.

Blood polyp or attached blood clot at the cystourethral junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI signs and albumin levels should be monitored carefully. Full urinary work-up is indicated to assess for any evidence of UTI. The clot/polyp should be monitored carefully. If any straining to urinate is an issue then cystoscopy is indicated. Full urinary work-up is indicated.





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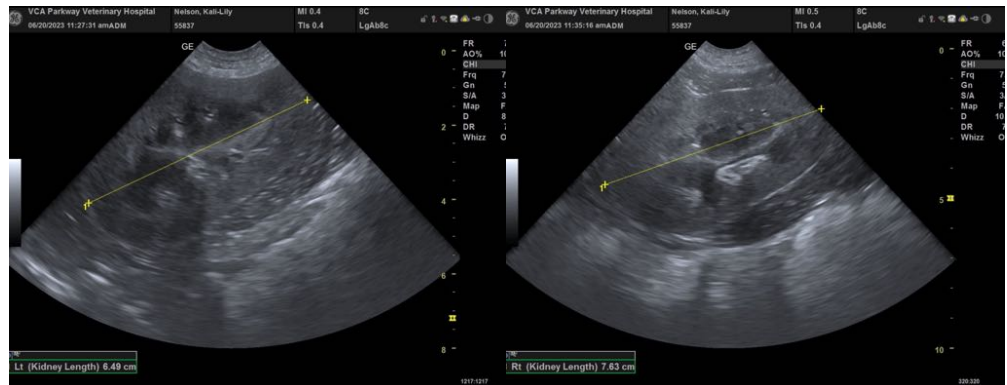
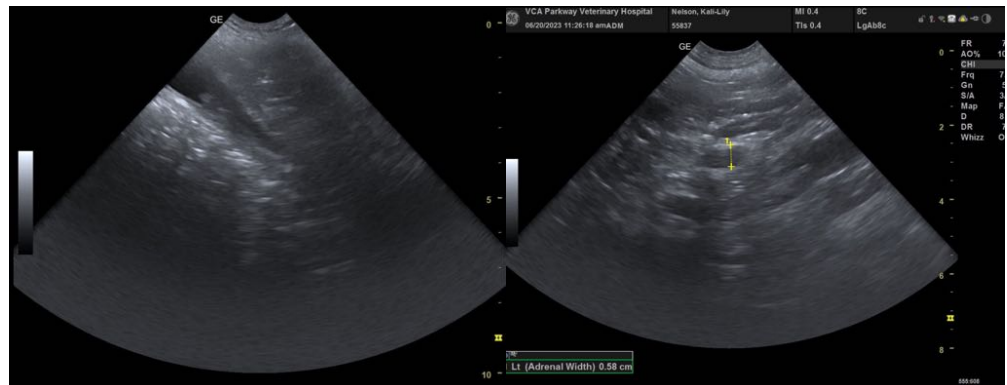
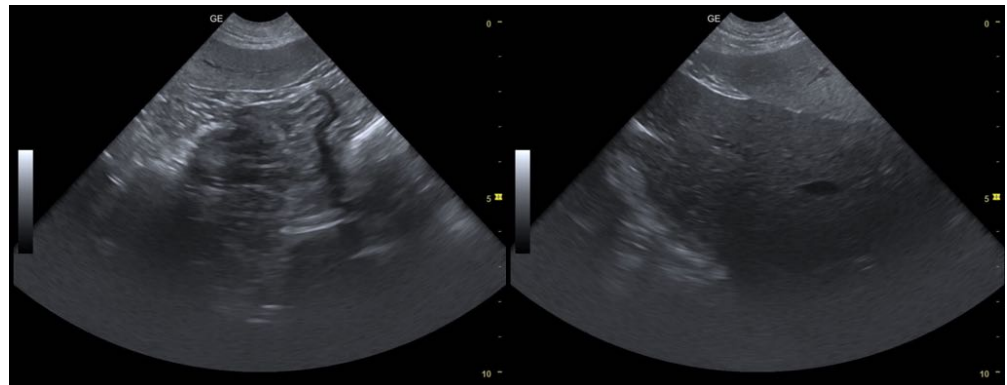
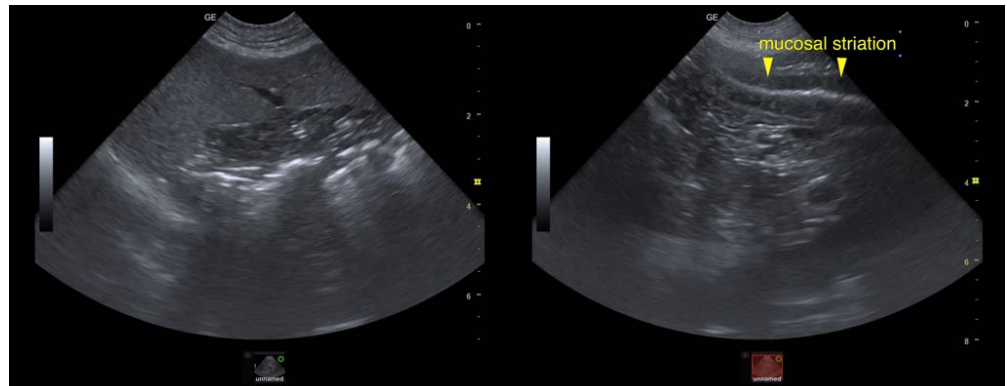
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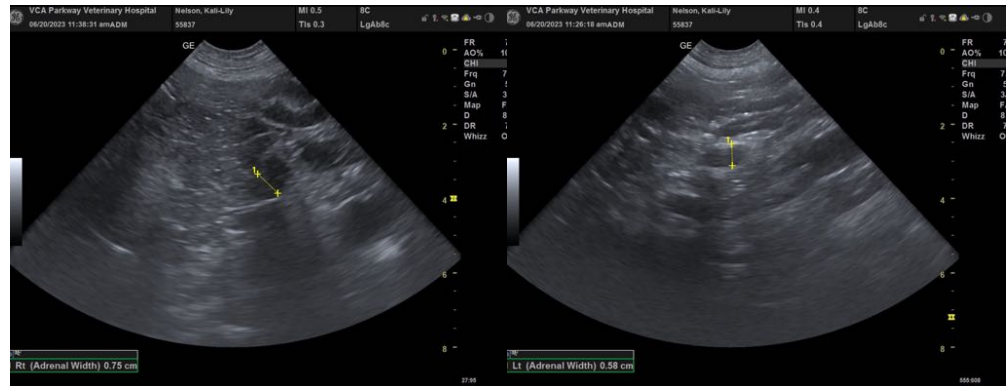
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com