

**PATIENT**

Ranger Kaminski

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

54.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line VC

**REFERRING VET**

Dr. Dorris

**INVOICE**

47889

**DATE**

6/22/23

**PRESENTING CLINICAL SIGNS**

History: Ranger is an 8 year old male neutered Pitbull who presented on 5/24 for lethargy and not wanting to eat. At that time, his physical exam was rather normal but weight loss was noted. He also had grade 3 periodontal disease. His bloodwork was WNL and his abdominal radiographs were rather unremarkable and read out by a radiologist. Since then, he has been picky about what he is eating and also continuing to lose weight. A dental was performed on 6/6 with extractions but Ranger continues to lose weight and not eat despite dental procedure.

**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 was noted. Ureteral papillae were normal.

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 left kidney measured 5.4 cm. The right kidney measured 5.8 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

**Spleen**

The **spleen** was not visualized in this patient as it was previously removed.

**Liver**

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 upper gastrointestinal tract was unremarkable with embedded ingesta or bony type material . A mass that appears to be intestinal in origin was noted. The mass measured approximately 6.0 cm. Reactive surrounding mesentery 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.

**ULTRASONOGRAPHIC FINDINGS**

Ill-defined mass, embedded luminal material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The exact position of the mass cannot be completely ascertained and appears to be distal small intestine to colon. Exploratory surgery is indicated.





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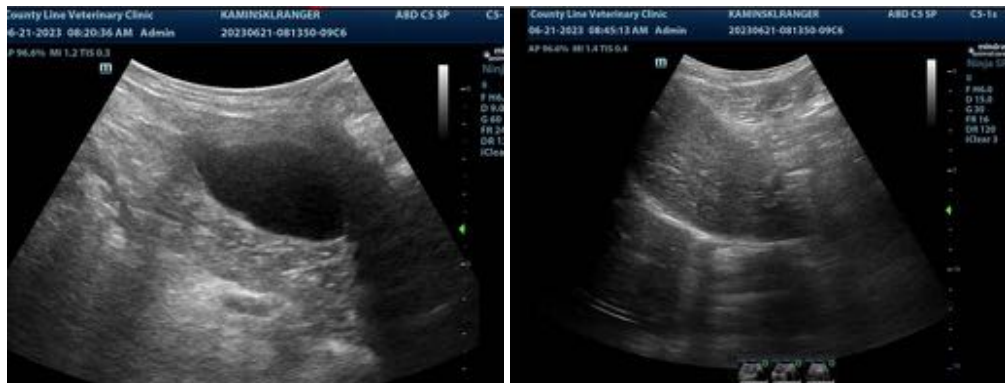
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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