



PATIENT PRESENTING CLINICAL SIGNS

Nicky Prevatt
PERTINENT CLINICAL HISTORY: Not eating for 4 weeks. Drinking occasionally, no vomiting or diarrhea. Retained Testicle. Dental Disease. LEADING DIFFERENTIAL/DIAGNOSIS: Parasites vs neoplasia.

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

4 Years

WEIGHT

2.36 kg

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 prostate was uniform at 1.6 cm without deviation of the descending colon.

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 3.22 cm. The left kidney measured 3.51 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 0.50 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 0.46 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

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 were noted.

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.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Megan Spatz

HOSPITAL NAME

Boren Vet Medical
Teaching Hospital

REFERRING VET

Dr. Lara Sypniewski

INVOICE

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PATIENT

Pancreas

Nicky Prevatt

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.

SPECIES

Canine

Other

BREED

Mixed

The right testicle was uniform, no evident pathology. The retained testicle measured approximately 2.0 cm and appeared to be in the subcutaneous space distal from the abdominal cavity and the inguinal canal. The retained testicle was present at the level of the caudal urinary bladder and cystourethral junction in the extraabdominal space.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

- Extraabdominal left cryptorchid

AGE

4 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease responsible for the anorexia. I cannot rule out low-grade gastritis in this patient, yet structurally the GI tract appears unremarkable. Chest radiographs, full CNS examination, orthopedic examination for pain related anorexia should all be considered.

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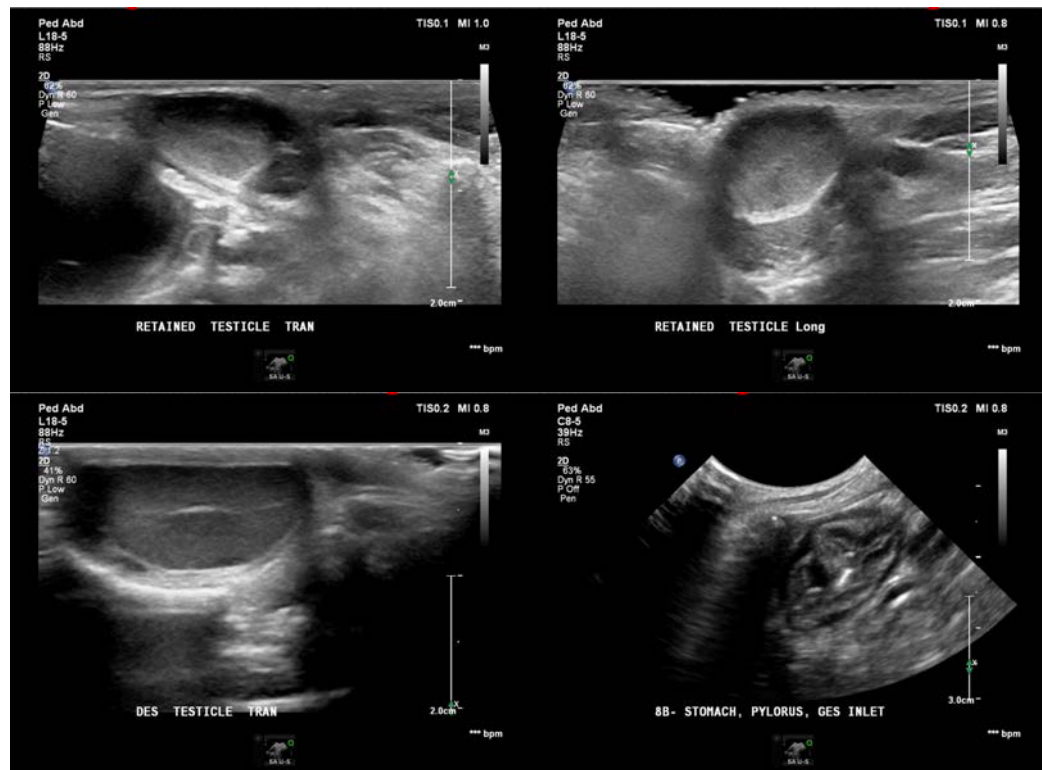
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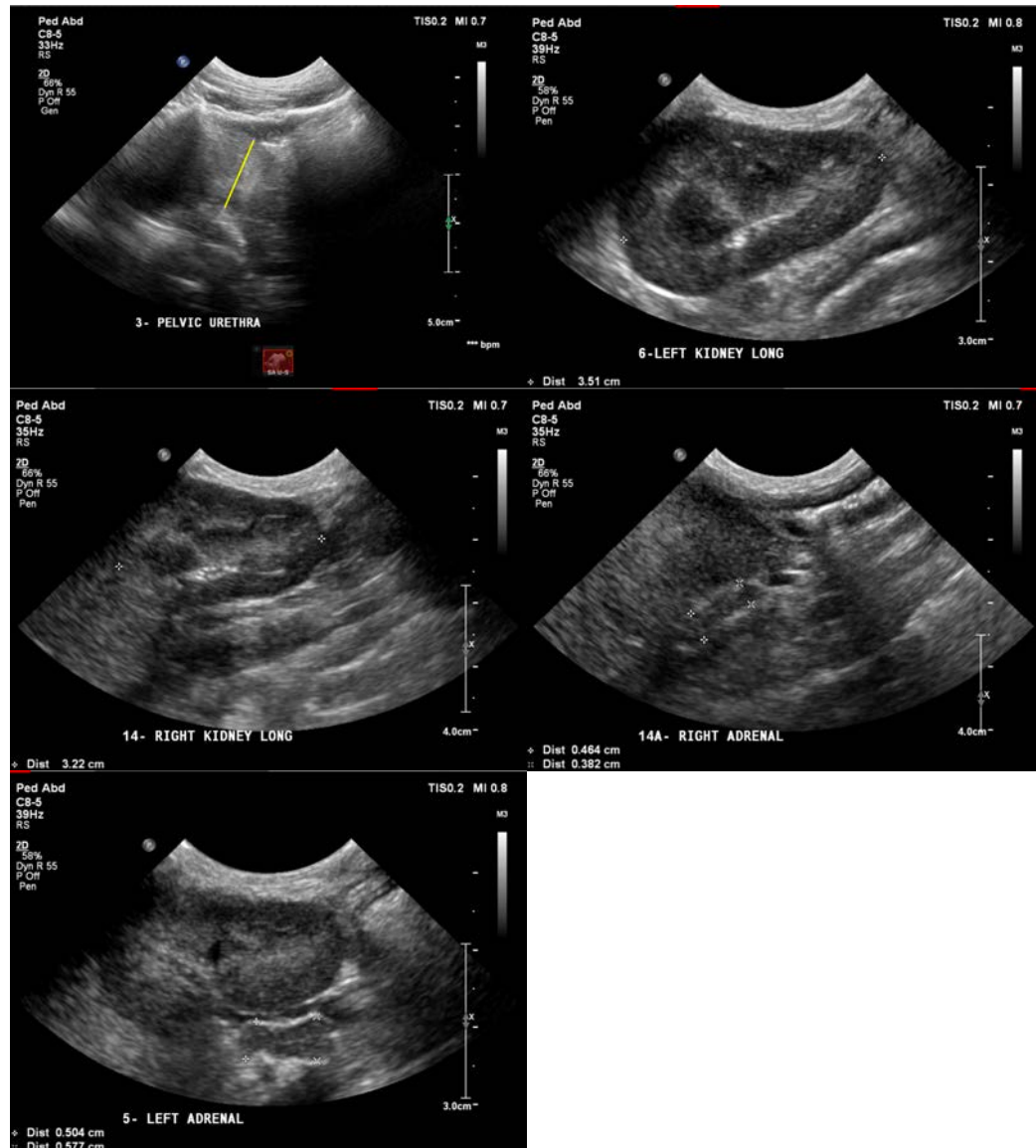
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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