

**PATIENT**

Connor Simpson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6 Years

WEIGHT

65 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Road Vet
Clinic - Dr. Lee**INVOICE**

39127

DATE

6/29/22

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, decreased appetite, weight loss.

Abnormal PE/Chem/CBC/UA Results: Low BUN (3, previously 7), remainder of bloodwork WNL. Radiographs revealed microhepatia and a possible mass effect in the cranial to mid abdomen.

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 was uniform at 0.95 cm.

Reactive iliac lymph nodes noted up to 2.79 cm x 0.80 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 6.38 cm. The left kidney measured 7.19 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 1.06 cm at the cranial pole and 0.72 cm at the caudal pole. The left adrenal gland measured 0.75 cm at the caudal pole and 0.63 cm at the cranial pole.

Spleen

The **spleen** was slightly enlarged, yet uniform. Folded upon itself caudally, a normal variant for this breed.

Liver

The **liver** was subnormal in size with normal 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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Reactive mesenteric lymph nodes noted, measuring up to 1.58 cm x 0.82 cm.

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Pancreas

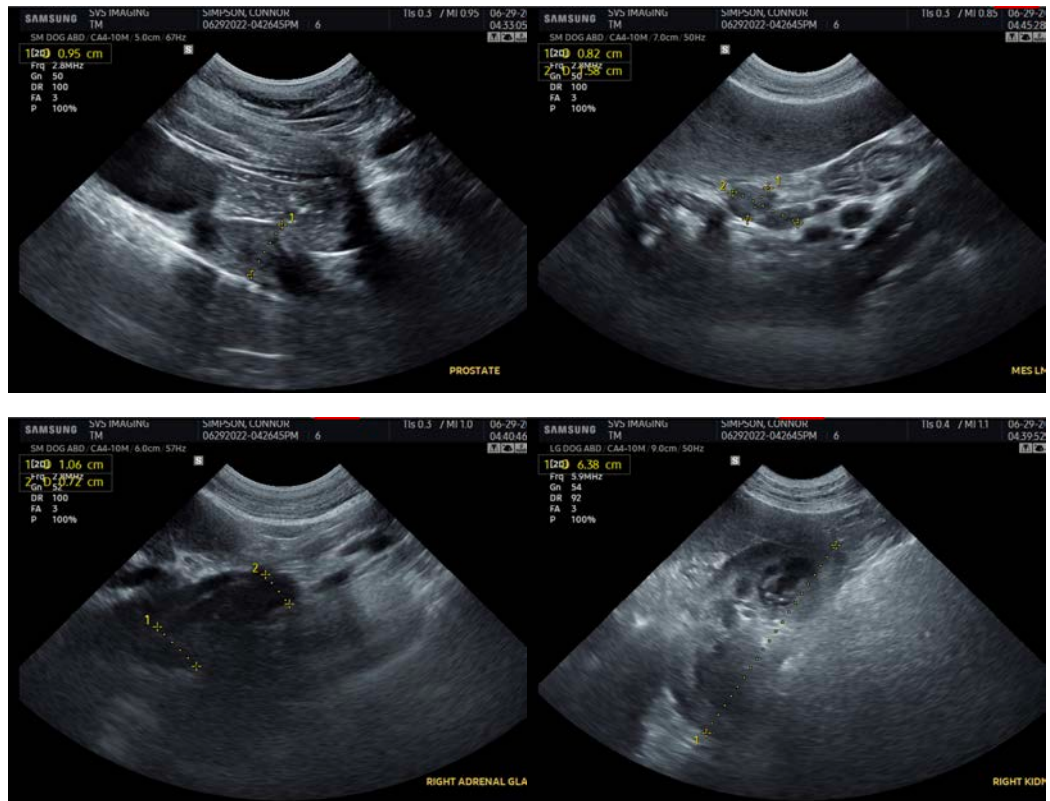
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

PRIMARY FINDINGS

- Slightly reactive mesenteric and iliac lymph nodes
- Mild splenomegaly - normal variant for this patient.
- Subnormal liver size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is not evident. Bile acid profile warranted. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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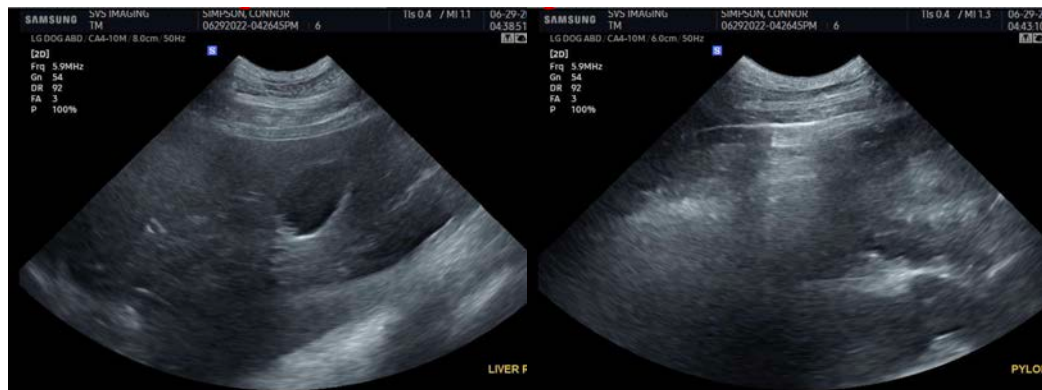
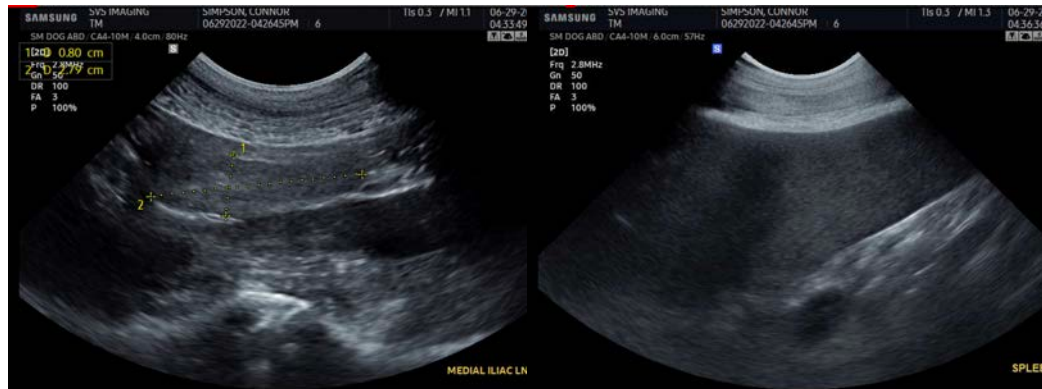
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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