



PATIENT

Maxwell Tweedell

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

15

WEIGHT

42

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Andrew Beachy

HOSPITAL NAME

Linn Vet Hospital

REFERRING VET

Dr. Katie Stern

INVOICE

43662

DATE

6/30/23

PRESENTING CLINICAL SIGNS

April 2022 ddx with cholelithiasis. Treatment with cerenia as needed and ursodiol (chronic). Soft stool more recent.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem25/T4/UA/Fecal all WNL

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 **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. The left kidney measured 4.7 cm with slight pinpoint mineralizations. The right kidney measured 5.3 cm.

Adrenal Glands

The **adrenal glands** were not visualized. Images were excessively dark.

Spleen

The **spleen** revealed an expansive mass measuring 3.35 cm deriving from the caudal pole. No evidence of rupture or cavitation.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Lobar biliary mineralization noted, non-obstructive. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was filled with shadowing material. If the patient was NPO, soft foreign matter should be considered, given the necessity for splenectomy. Gastric inspection indicated. The small intestine and colon were unremarkable.

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.



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Other

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Rapid view of the heart revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Age related hepatic changes with minor lobar biliary mineralization, not a clinical issue
- Age related renal changes
- Shadowing gastric material

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Chest radiographs recommended followed by splenectomy with possible gastric inspection. Liver inspection and biopsy would be appropriate yet no evidence of significant lesions. I cannot rule out lesions in the deep cranial liver, given the lack of acoustic penetration.

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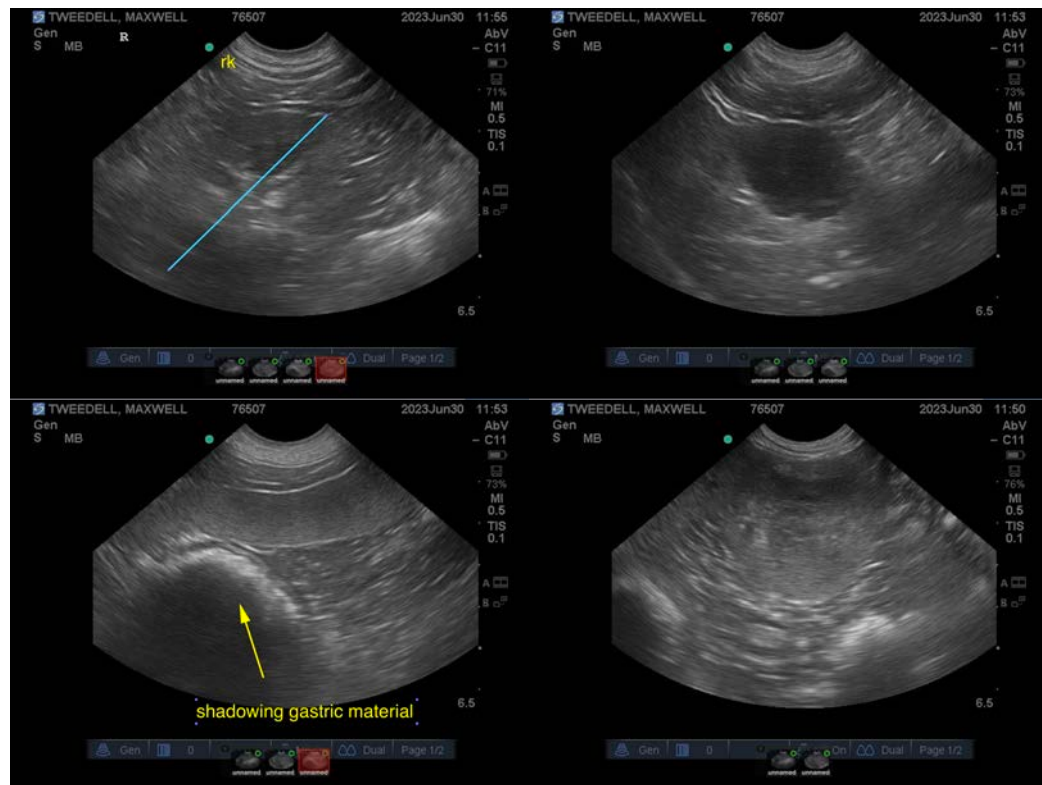
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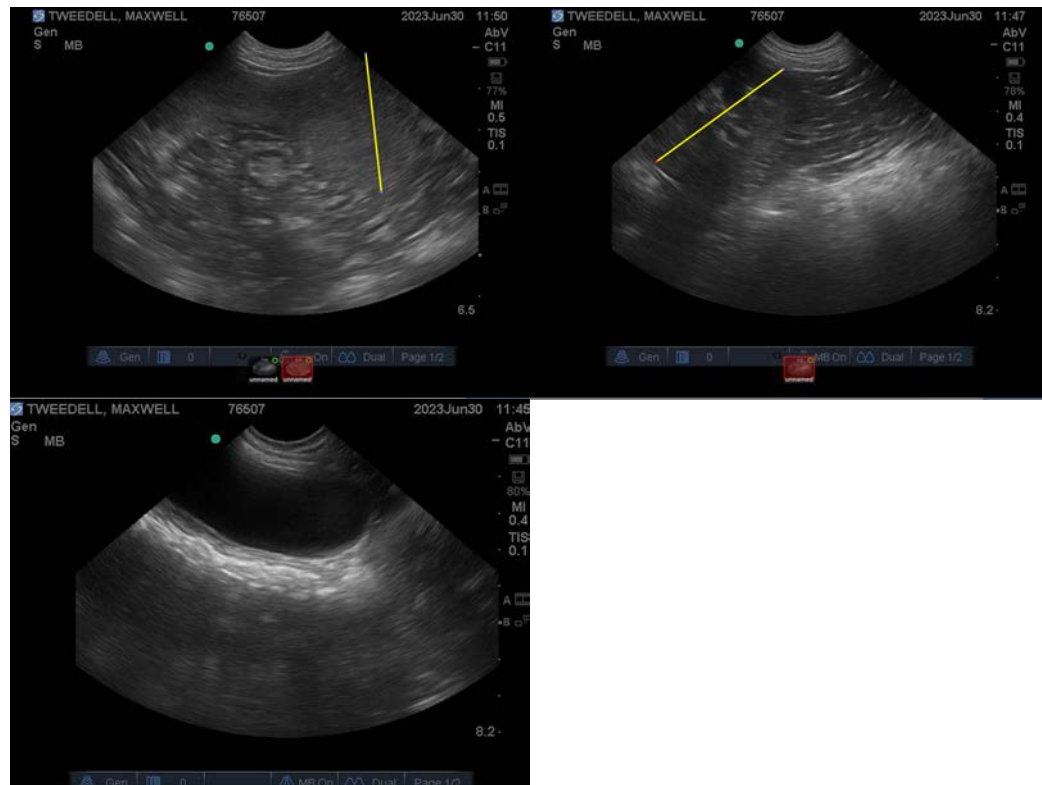
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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