



**PATIENT**

Sisipoo McCart

**PRESENTING CLINICAL SIGNS**

Blood in urine started last night. P posturing to urinate. P has hx of seizures and heart murmur. P on KBro and Vetmedin  
Abnormal PE/Chem/CBC/UA Results: See attached rads: mass effect cranial abdomen

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Chihuahua Mix

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**SEX**

Neutered male

The residual prostate was at the upper limits of normal for a neutered male with slight heterogenous changes. The prostate measured 1.05 cm.

**AGE**

10 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 and no evidence of pelvic dilation was present. Occasional anechoic cortical cysts were noted.

**WEIGHT**

9 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jasmine Palacios SDEP  
Attendee

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. It is possible that the spleen is involved in the suspected hepatic mass.

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**Liver**

**REFERRING VET**

Dr. Grey

An 8.2 cm, undifferentiated mixed echogenic mass was noted in the mid abdomen. The mass appears to be deriving from the **liver** and occupies areas of the pancreas. Enhanced surrounding omentum was noted. There were some heterogenous hepatic changes noted elsewhere. The gallbladder and common bile duct were unremarkable.

**INVOICE**

31706

**Gastrointestinal**

**DATE**

7/15/22

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**Free Abdomen**

A slight amount of free fluid was noted in the abdomen.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Hepatic mass appears to be deriving from the caudate process with regional inflammation and free fluid. Regional lymphadenopathy.

**WEIGHT**

9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery could be considered in this patient; however, clean resection may be difficult. CT evaluation for surgical planning would be ideal.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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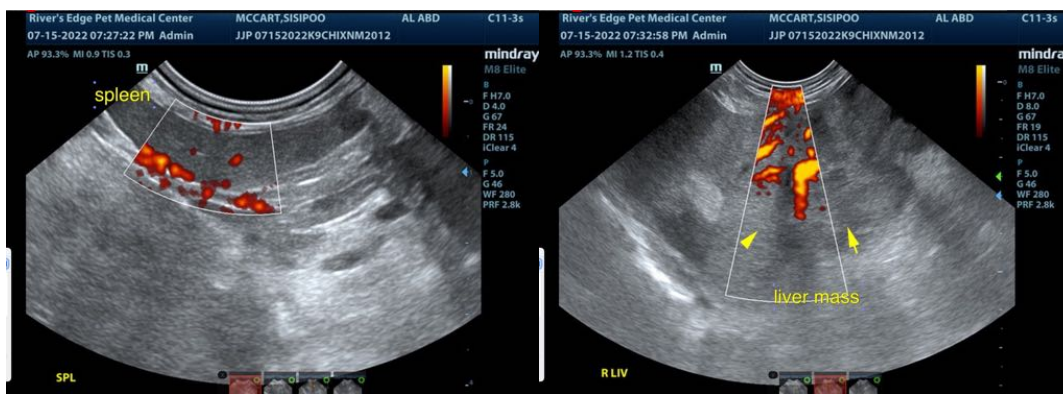
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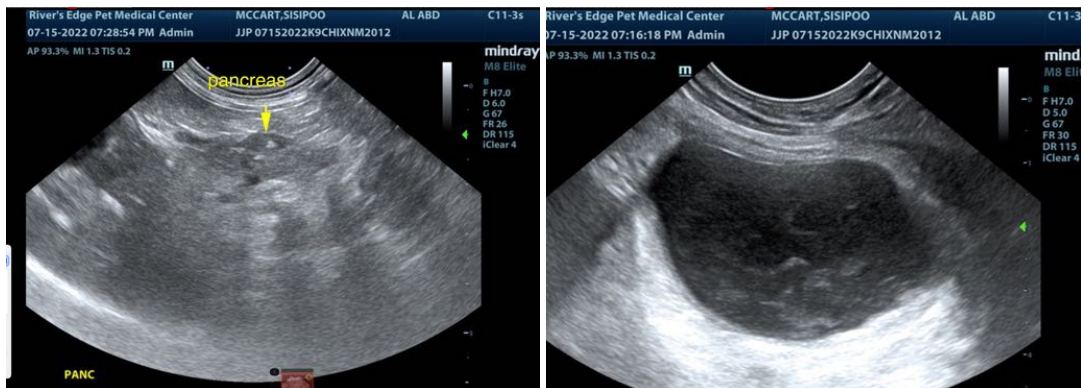
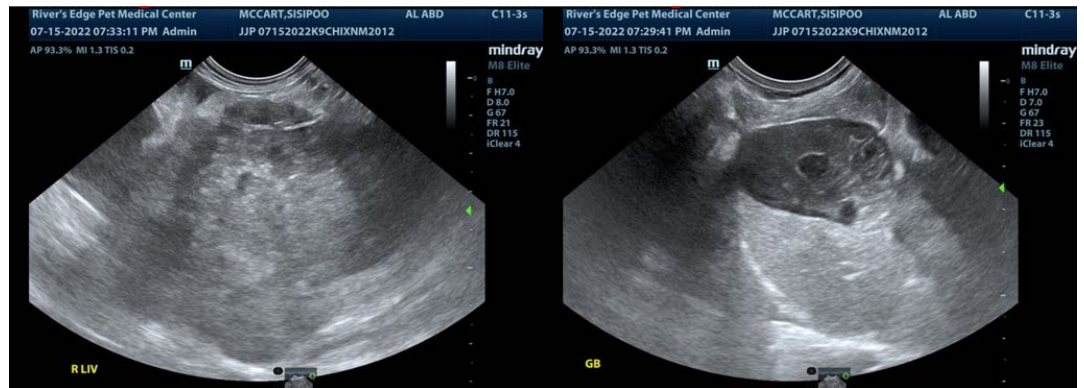
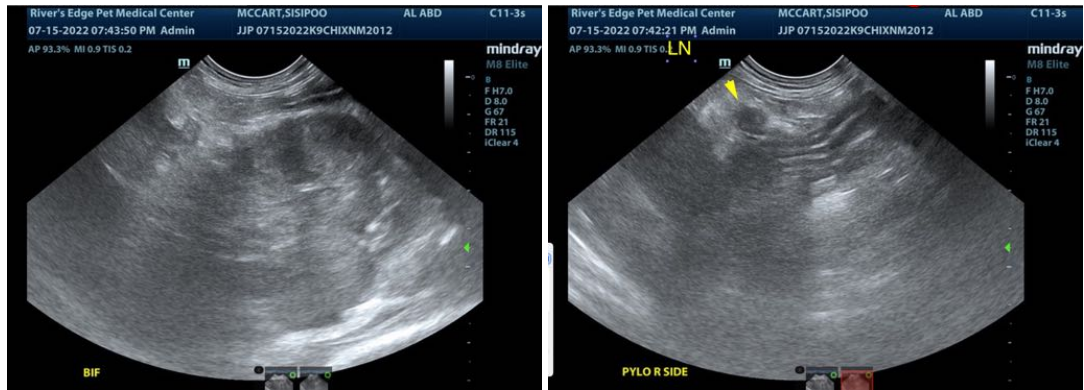
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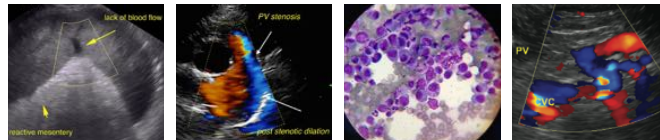
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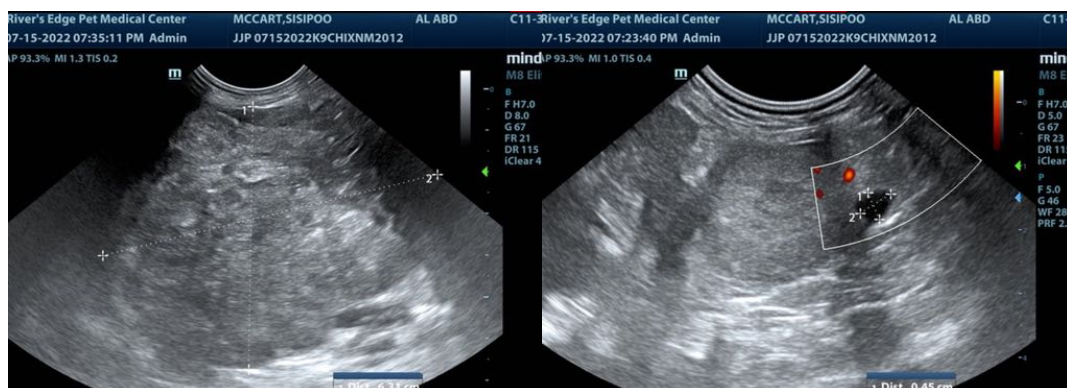
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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