



PATIENT

Binky Dunn

PRESENTING CLINICAL SIGNS

History: lethargy vomiting suspect fluid in abd hx of t4 dz cushings
Abnormal PE/Chem/CBC/UA Results: increased ALT ALP GGT

SPECIES

Canine

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.

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

14 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. The right kidney measured 5.45 cm.

WEIGHT

21 lbs

Adrenal Glands

The right **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 right adrenal gland measured 1.33 x 0.52 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland was enlarged, irregular and hypoechoic measuring 1.83 x 1.04 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

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 was noted.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Liver

The **liver** revealed multiple, expansive hepatic masses. The masses are non-resectable with significantly disrupted architecture that impinged upon the diaphragm and deviating the gallbladder. Regional inflammation was also noted. Hemorrhage may be the cause of the underlying free fluid or paraneoplastic effusion.

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PATIENT

Gastrointestinal

Binky Dunn

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.

SPECIES

Canine

BREED

Jack Russell Terrier

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.

SEX

Spayed female

Free Abdomen

Free fluid was noted in the abdomen with echogenic debris.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

21 lbs

Diffuse hepatic neoplasia.

Irregular left adrenal gland.

INTERPRETED BY

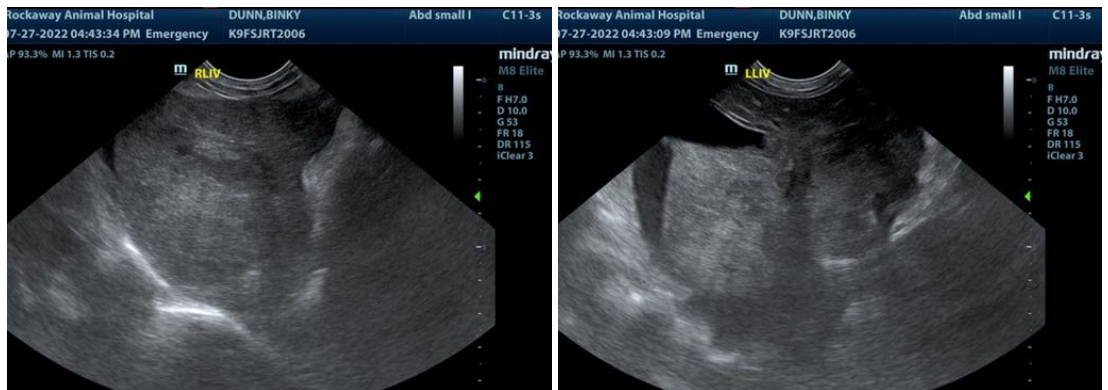
Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered in this patient or management for quality of life purposes. Hepatic pathology is non-resectable. FNA can be considered for further definition.

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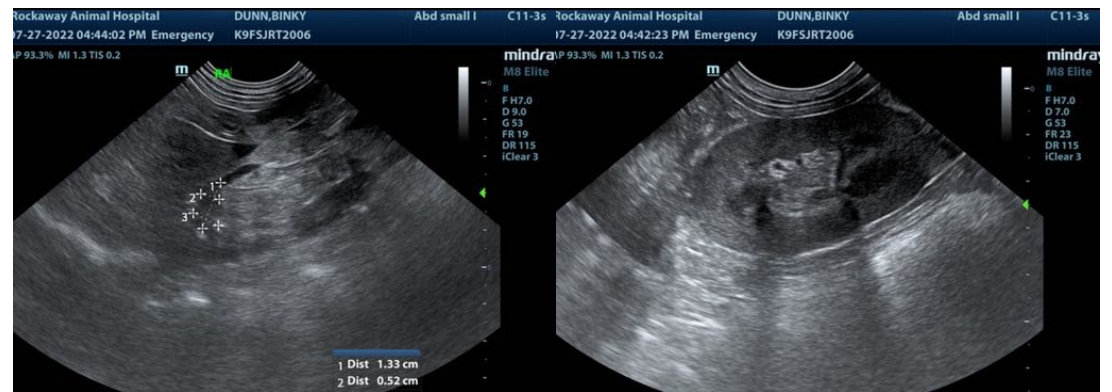
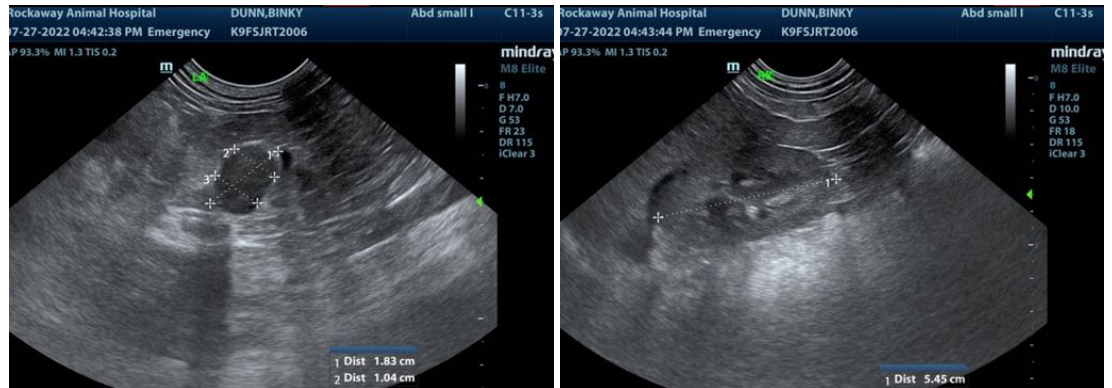
Spayed female

AGE

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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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