



PATIENT PRESENTING CLINICAL SIGNS

Stoney Waffle

History: Adopted 4 months ago as rescue. Had MCT on L perineum removed (complete excision with margins achieved) Neutered at that time (2 months ago) Prostate was suggestive of prostatitis on previous U/S

SPECIES

Abnormal PE/Chem/CBC/UA Results: Severe periodontal disease (needs full mouth extractions) Lyme + (quant C6 suggestive of current infection)

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Staffordshire Terrier

Urinary System

SEX

The **urinary bladder** was mildly thickened with slight, micropolypoid changes. Anechoic urine was noted along with minor wall hypertrophy. Urinalysis is warranted to assess for any evidence of UTI.

Neutered male

Iliac lymph nodes were reactive and measured 1.9 cm as a grouping.

AGE

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 6.29 cm. The left kidney measured 6.61 cm.

7 years

WEIGHT

Adrenal Glands

45 lbs

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 1.94 x 0.46 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 2.23 x 0.45 cm at the cranial pole and 0.37 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Waffle

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

Torch Lake VC

REFERRING VET

Dr. Waffle

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.

INVOICE

45891

DATE

7/4/23



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Staffordshire Terrier

SEX

Neutered male

AGE

7 years

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45 lbs

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.

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.

ULTRASONOGRAPHIC FINDINGS

Minor bladder thickening and reactive iliac lymph nodes.

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of mast cell or other pathology. Urinary work-up is warranted if not already performed.

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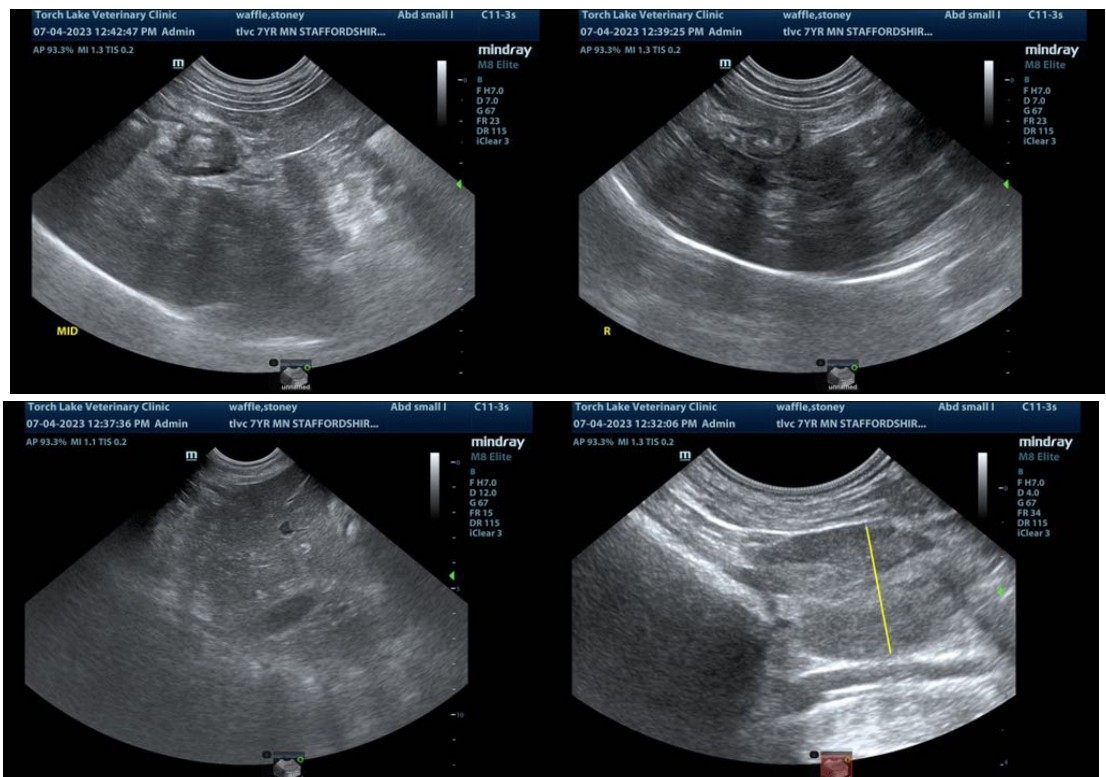
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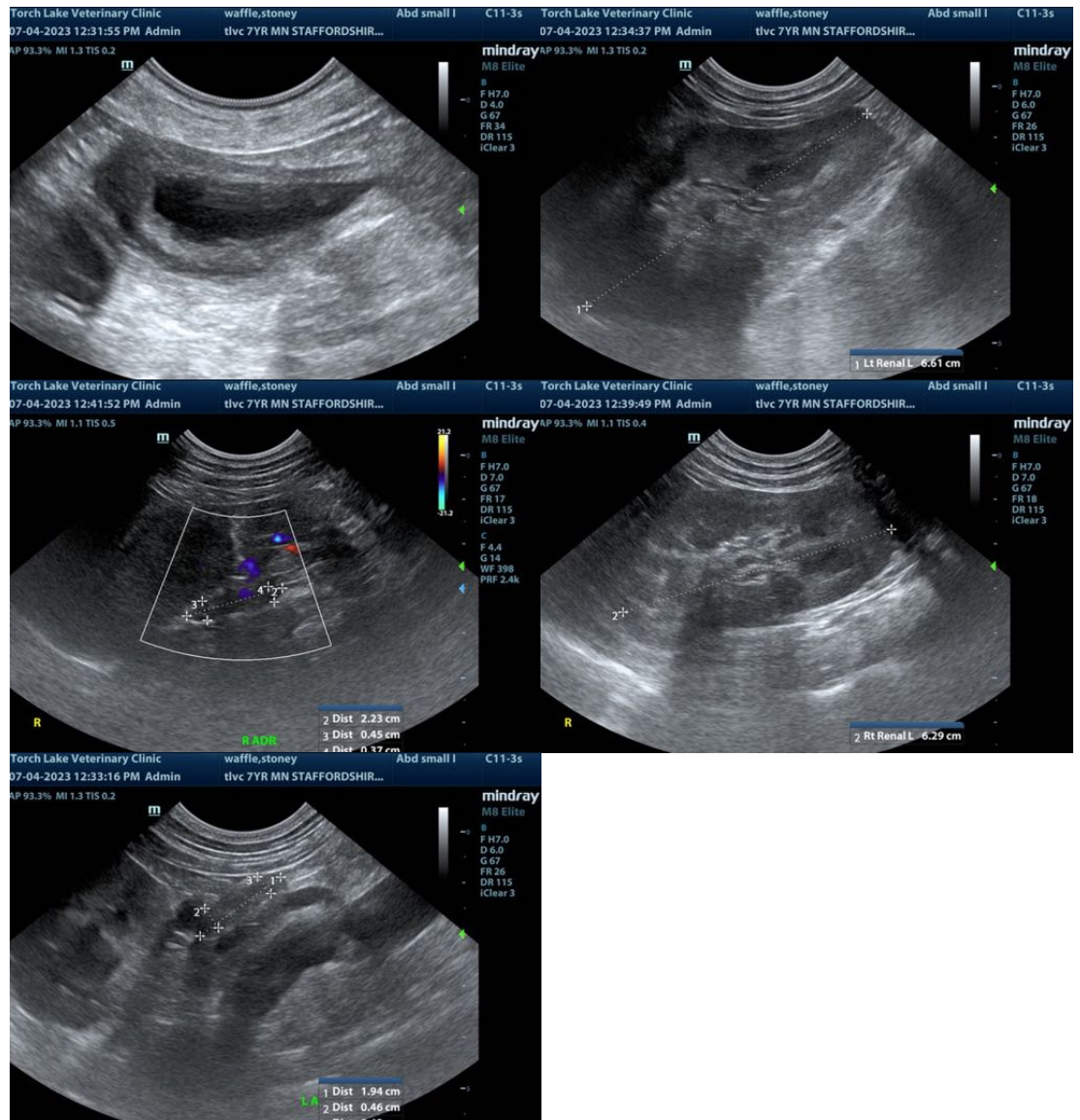
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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