



PATIENT

Champion Rehrig

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered male

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Freedman

INVOICE

91331

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck abdomen. Patient has history of SQ hemangiosarcoma, monitoring abdomen for any signs of infiltrative disease. Previous U/S findings re spleen: "The spleen revealed subtle, slightly hypoechoic nodular changes that measured up to 0.81 x 0.55 cm. The remainder of the spleen was unremarkable."

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.

The residual prostate was uniform and measured 1.74 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 6.22 cm. The left kidney measured 6.36 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 2.05 x 0.54 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland measured 2.39 x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The **spleen** revealed nodular splenic changes that measured up to 0.81 cm. The spleen revealed essentially normal uniform parenchyma. The prior nodular changes were not evident. This is likely hyperplasia, which can change over time. Only, mild, subtle, heterogenous parenchymal changes present, which subjectively appear benign.

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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

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Pancreas

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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

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Essentially normalized spleen. Minor, heterogenous parenchymal changes, not pathological.

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

There was no evidence of splenic capsular expansion or architectural disruption present. No therapy is recommended at this time.

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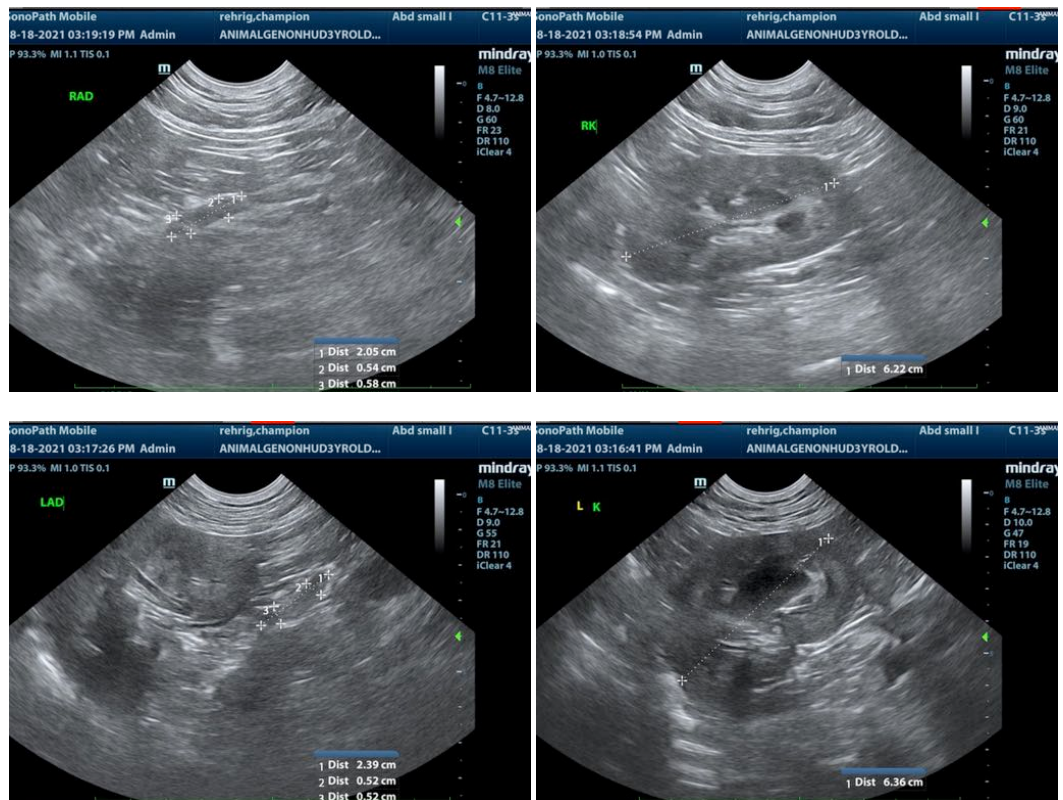
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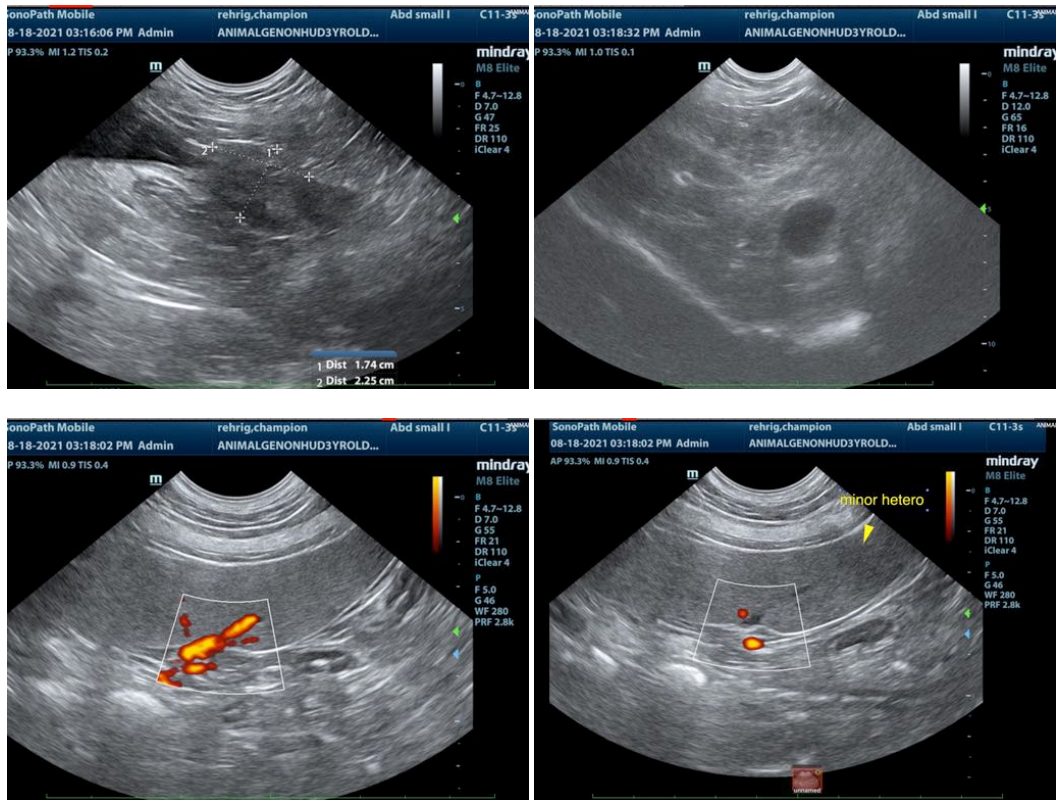
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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