



PATIENT

Sparky Good Karma

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

9 years

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abadia

HOSPITAL NAME

Surfside Pet Hospital

REFERRING VET

Dr. Abadia

INVOICE

32433

DATE

8/19/22

PRESENTING CLINICAL SIGNS

History: History of Pu/PD. Pet currently on Vetmedin (rx by rescue vet), owner does not report any issues with coughing or respiratory issues and pet is stable on his heart issue. pet was treated for possible UTi twice but Pu/Pd still happening.

Abnormal PE/Chem/CBC/UA Results: Bw performed on June of 2022 showed ALT- 141, ALP- 169, GGT-19, chol- 429 and t4- 0.6. CBC showed only abnormalities reticulocytes 132. (thyroid panel was recommended but not done). U/A- march 2022- sgr - 1.016 with protein 1+, blood 1+, moderate amounts of rods. July 2022- an urine culture was sent (don't have results) but supposedly was negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **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. The left kidney measured 4.6 cm with pelvic and corticomedullary mineralization. Pyelectasia was noted in the right kidney.

Adrenal Glands

The left **adrenal gland** was mildly enlarged and uniform and measuring 2.7 x 0.85 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland was slightly nodular, slightly irregular measuring 1.9 x 1.0 cm at maximum width.

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.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris,



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yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Gastrointestinal

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The **gastric** fundus revealed a focal mineralizing mass measuring 1.8 x 2.4 cm with slightly enhanced surrounding mesentery. The mass was in cardia in the region of the gastroesophageal inlet. This appears to be potentially resectable.

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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. 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.

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ULTRASONOGRAPHIC FINDINGS

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Prominent nodular adrenal glands.

Pancreatic remodeling.

Age related renal changes with calculi, non-obstructive. Minor pyelectasia of the right kidney.

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Mural gastric mass in a position where gastrinoma is formed.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mass is potentially resectable; however, it approaches into the gastroesophageal inlet. Endoscopy would likely miss this mass as it is intramural and not mucosal. Ultrasound guided FNA could be considered, but may be challenging. Surgical approach could be considered, but closure without effecting the gastroesophageal junction would likely be difficult, yet surgical biopsies would be obtainable. Serum gastrin levels are warranted.

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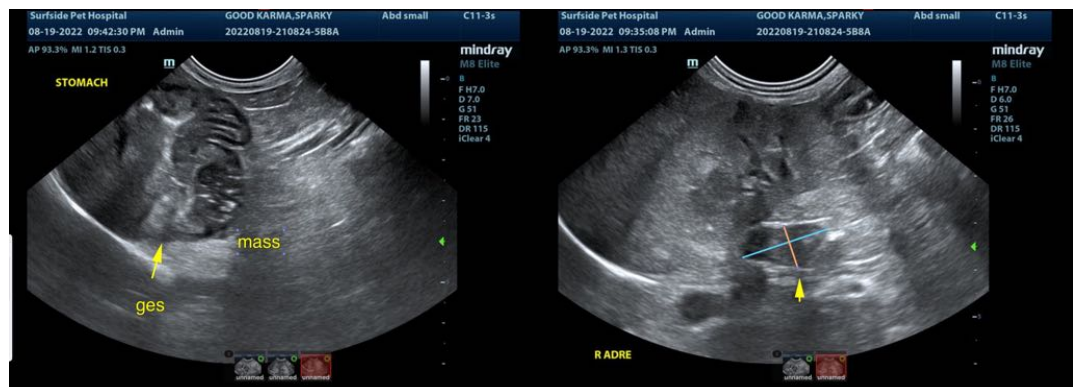
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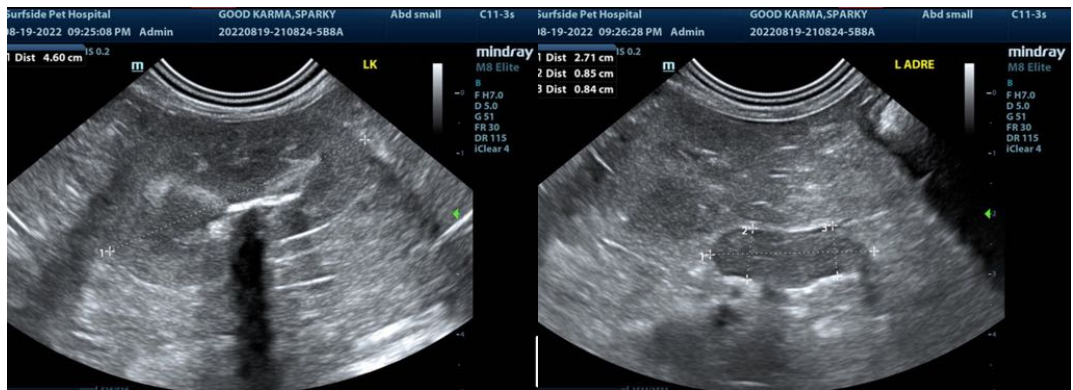
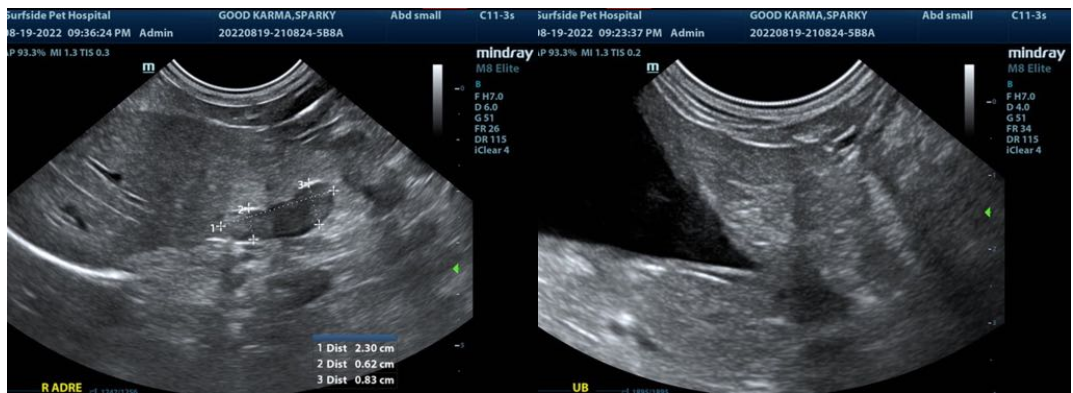
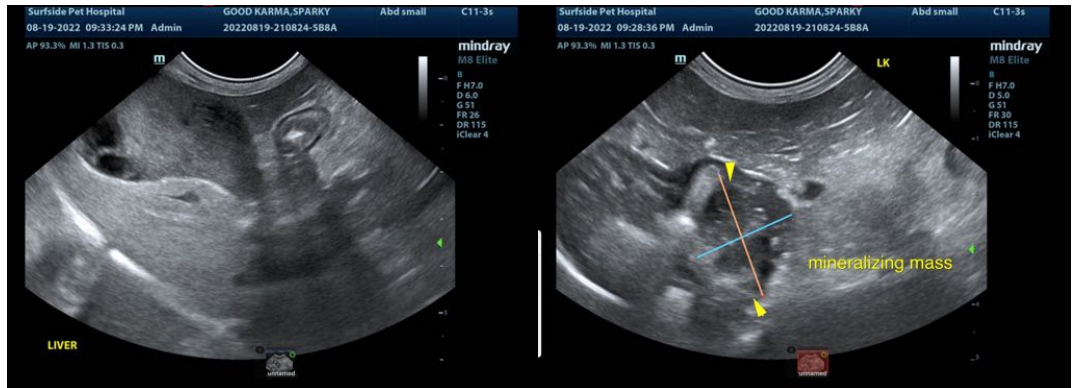
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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