



PATIENT

Harley Thayer

PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite. Evaluate for neoplasia. Labs attached.

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 were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 0.81 cm.

BREED

Corgi

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. A cortical cyst was noted at the dorsal cortex of the left kidney. Other cortical cysts were noted in the kidneys. The right kidney measured 5.81 cm. The left kidney measured 5.7 cm.

SEX

Neutered Male

AGE

2008

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 2.22 cm x 0.48 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 2.56 cm x 0.6 cm at the caudal pole and 0.43 cm at the cranial pole.

WEIGHT

21.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed multifocal expansive hypoechoic parenchymal masses with enhanced surrounding mesentery.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Liver

The **liver** revealed uniform parenchyma. The gallbladder was mildly overdistended with minor excessive debris. No overt evidence of metastatic disease was noted.

HOSPITAL NAME

Kenilworth AH

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

REFERRING VET

Dr. Mansour

INVOICE

16701

DATE

8/2/22

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Aggressive splenic masses
- Gallbladder debris
- Age-related renal changes with cortical cysts
- Full stomach

BREED

Corgi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

No obvious evidence of neoplasia, however, micrometastasis is always a potential. Chest radiographs and echocardiogram are warranted to assess for metastatic disease, followed by immediate splenectomy and liver inspection and biopsy with manual expression of the gallbladder. Sarcoma is likely.

AGE

2008



WEIGHT

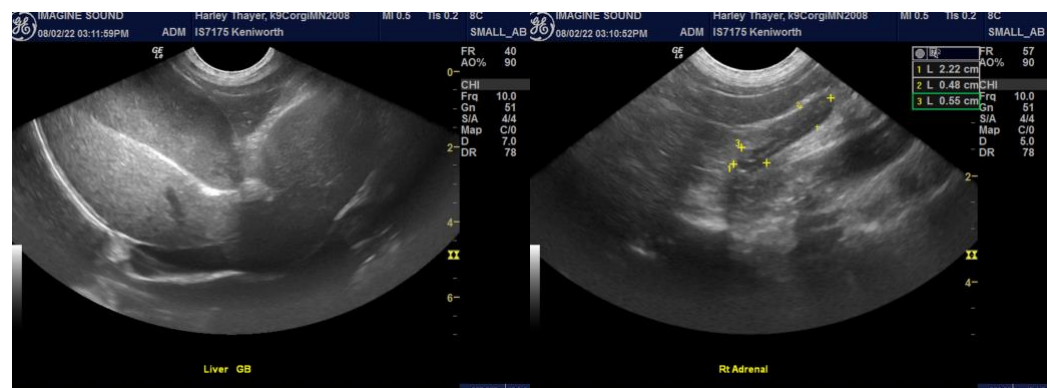
21.5 Pounds

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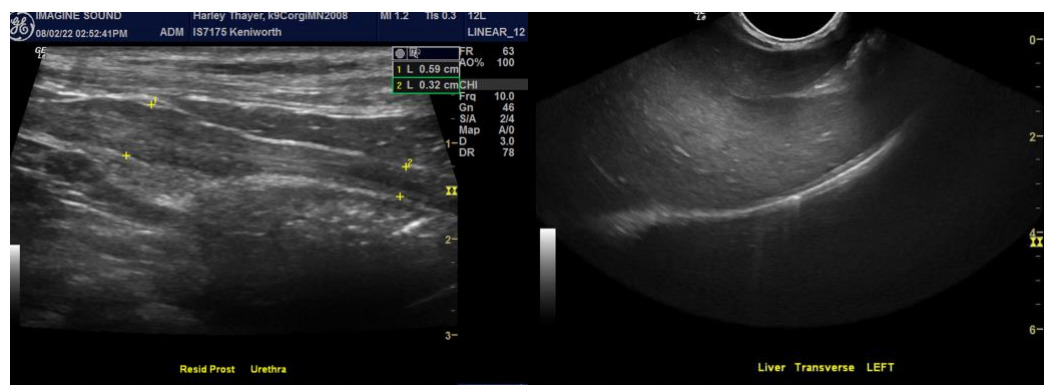
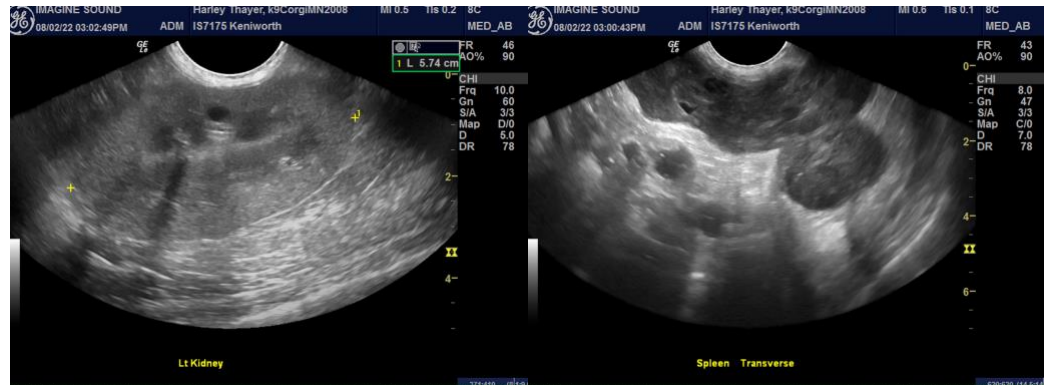
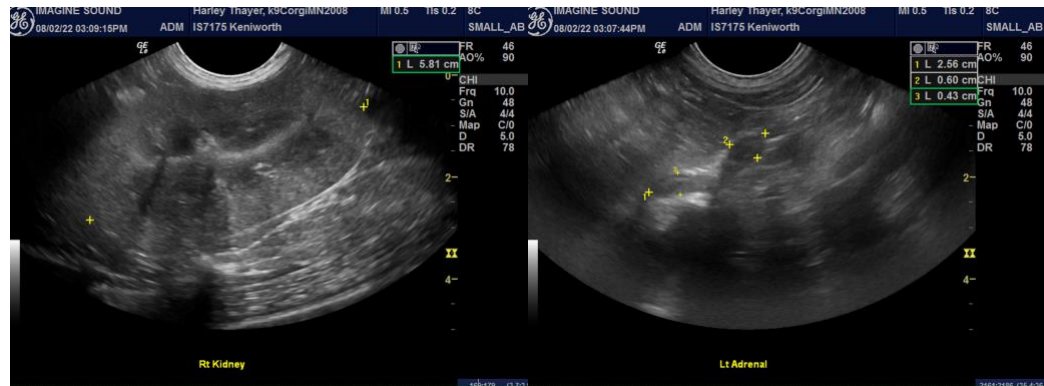
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Corgi

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

SEX

Neutered Male

AGE

2008

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