



PATIENT PRESENTING CLINICAL SIGNS

Coco Bisch

History: presented for constipation increased BUN

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Jack Russell

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.

SEX

Female

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 left kidney measured 4.21 cm. Pinpoint mineralization was noted in the right kidney.

AGE

15 years

Adrenal Glands

WEIGHT

14.8 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 right adrenal gland measured 1.68 x 0.63 cm at the caudal pole and 0.79 cm at the cranial pole. The left adrenal gland measured 1.27 x 0.49 cm at the caudal pole and 0.46 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

The **spleen** revealed a hypoechoic nodule at the cranial pole measuring 1.6 cm with loss of structural detail and capsular expansion.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

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Gastrointestinal

DATE

8/2/23

The **gastric** wall revealed concentric thickening. There was early loss of mural detail in the gastric fundus. The gastric wall measured 0.95 cm. There was some soft shadowing material in the stomach. This is likely ingesta, yet soft foreign matter cannot be ruled out. The small intestines and colon were unremarkable.



PATIENT

Pancreas

Coco Bisch

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

BREED

Jack Russell

Concentric gastric wall thickening. Gastritis versus emerging gastric neoplasia/lymphoma or carcinoma. Splenic nodule, necessitates resection.

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 years

I recommend exploratory surgery with splenectomy and gastric biopsies in this patient. Chest radiographs are warranted to assess for metastatic disease. The splenic differentials include hemangiosarcoma, emerging round cell neoplasia and less likely hyperplasia or abscessation.

WEIGHT

14.8 lbs

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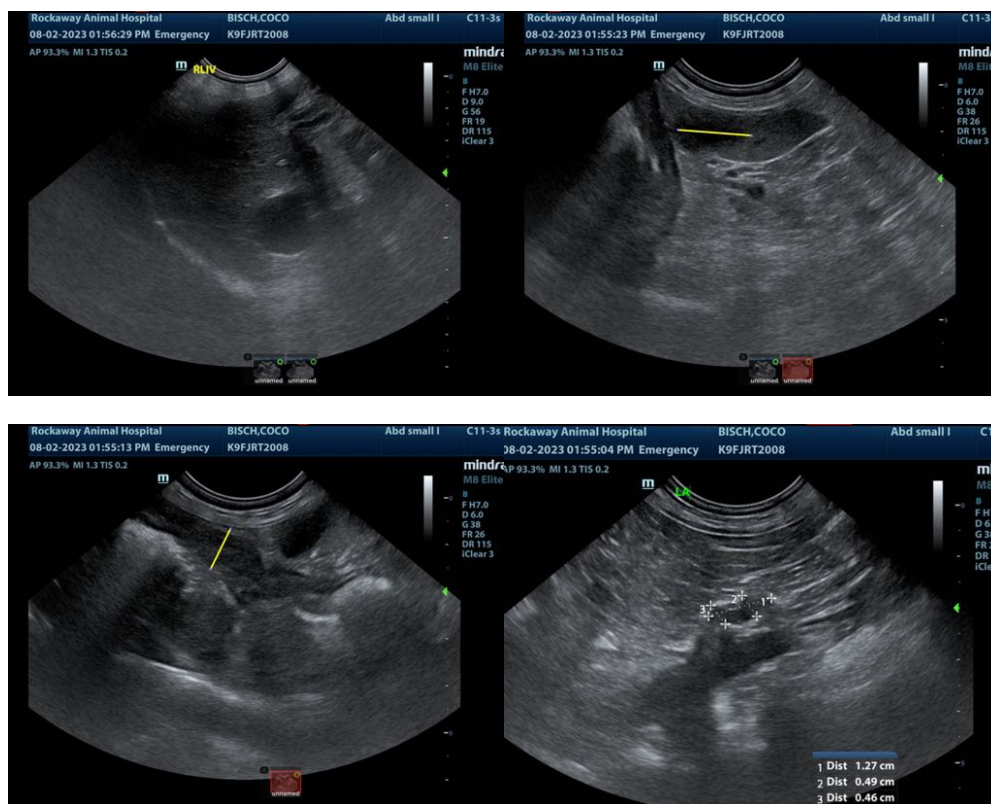
Dr. Maniar

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PATIENT

Coco Bisch

SPECIES

Canine

BREED

Jack Russell

SEX

Female

AGE

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WEIGHT

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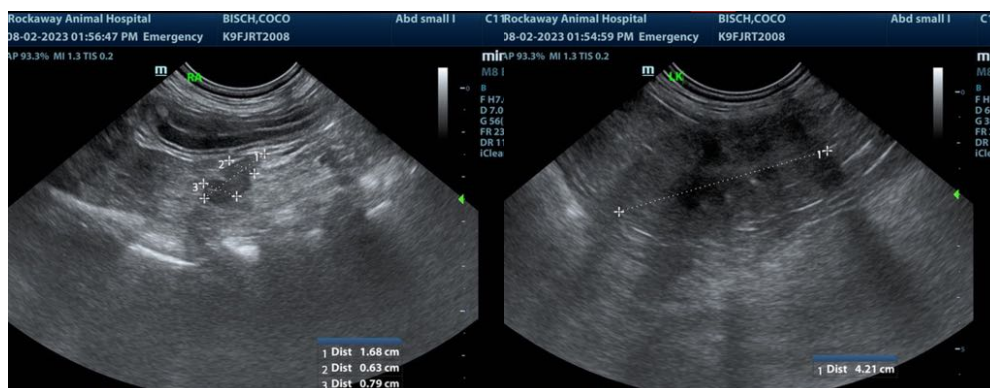
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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