



PATIENT

Chelsey Hillman

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

12 Years

WEIGHT

28.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Bartus

HOSPITAL NAME

Valley Veterinary
Service, Inc.

REFERRING VET

Michelle Bartus

INVOICE

16967

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Chronic bronchitis (Tx: Hydrocodone), history of gall bladder sludge and urinary bladder mass or polyp diagnosed Jan. 2022. Early chronic renal failure diagnosed Apr. 2022. Appetite has decreased the past couple of weeks. Started vomiting and stopped eating completely 5-6 days ago.

Abnormal PE/Chem/CBC/UA Results: Lost 4# since April. Painful cranial abdomen. SDMA 70 (0-14), CREA 8.9 (0.5-1.8), BUN >130 (7-27), Phos >16 (2.5-6.8); Urine Sp. Gr. 1.014, Pro 500, WBC 4hpf, RBC 7hpf, Rods present

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. A minor amount of debris was noted. Ureteral papillae were normal.

The **kidneys** presented chronic interstitial nephrosis pattern with occasional cortical cysts and pyelectasia. The left kidney measured 6.0 cm. The right kidney measured 5.6 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 left adrenal gland measured 0.5 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen. The liver presented moderate coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was overdistended with suspended debris and mildly echogenic wall. Some striating bile was noted in the gallbladder, consistent with emerging gallbladder mucocele.

Gastrointestinal

The **stomach** itself was unremarkable. A 3.0 cm mixed hypoechoic intestinal mass was noted. Regional inflammation was noted around the mass.

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.

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ULTRASONOGRAPHIC FINDINGS

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Cocker Spaniel

- Chronic interstitial nephrosis pattern, subjectively near end stage, with pyelectasia
- Intestinal mass with regional inflammation, leiomyosarcoma is suspected or round cell neoplasia
- Hepatopathy
- Gallbladder debris with emerging gallbladder mucocele
- Urinary bladder debris

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

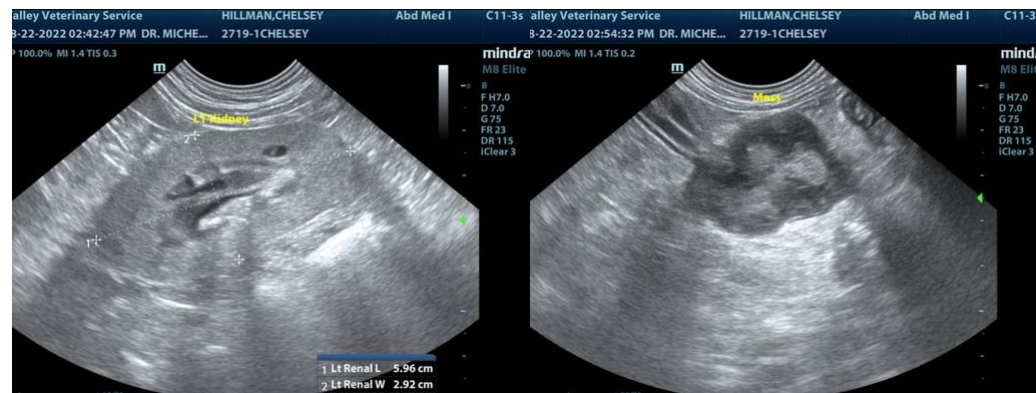
FNA of the mass could be considered for further definition. Three separate issues are present that could be contributing to this presentation. One is the chronic renal disease with underlying failure, as well as prerenal aspects with the intestinal mass (suspect round cell neoplasia or leiomyosarcoma with a possibility of carcinoma (less likely)) and emerging gallbladder mucocele. Leptospirosis titers is indicated. Stabilization of the azotemia is recommended. If the azotemia is able to be stabilized, resection of the intestinal mass could be considered with manual expression of the gallbladder. Prognosis is guarded to poor long term.

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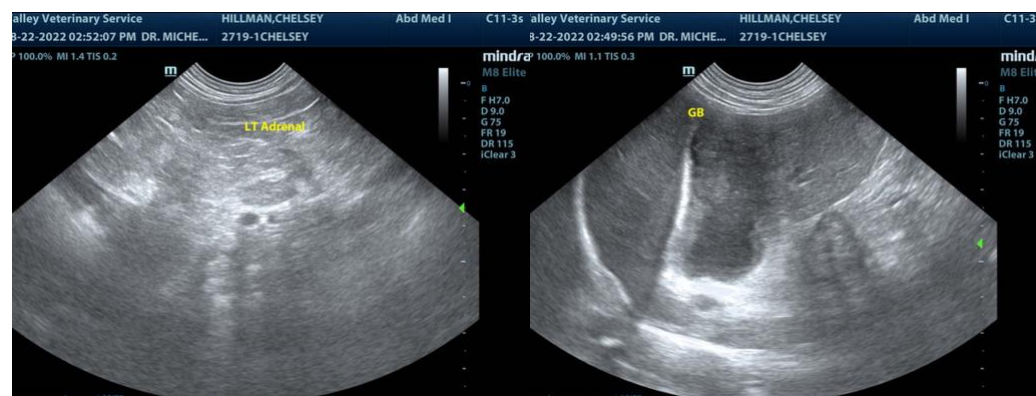


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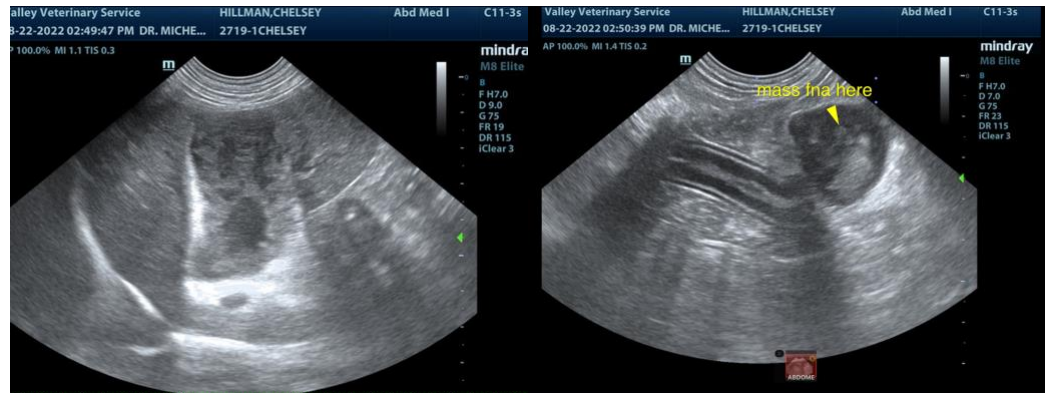
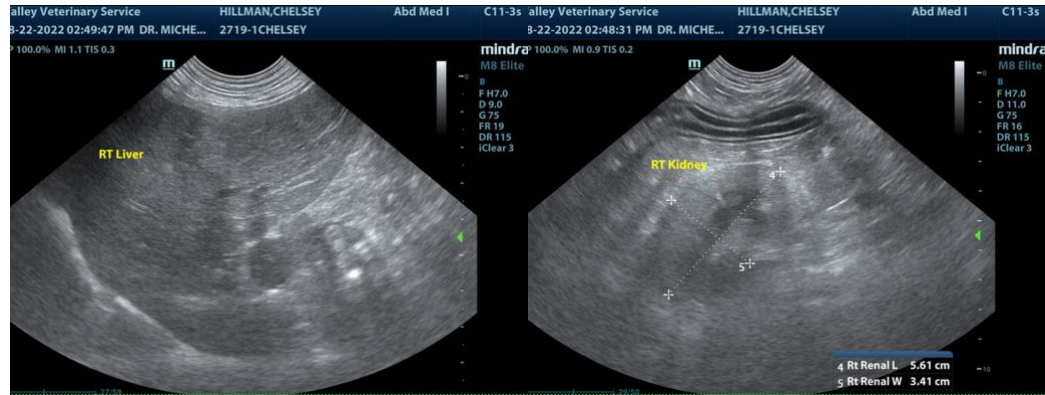
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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