



PATIENT

TJ Potiaumpai

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

14 Years

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

40785

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Ever since owners adopted pet in 2020, he will not allow palpation of abdomen. Pet was under anesthesia today for a dental procedure and possible splenomegaly palpated so ultrasound of abdomen was performed.

Abnormal PE/Chem/CBC/UA Results: ALT: 130 Cholesterol: 396

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 iliac trifurcation was unremarkable.

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 4.5 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The **left adrenal gland** was slightly heterogeneous at the caudal pole, measuring 0.50 cm.

The **right adrenal gland** measured 0.60 cm.

Spleen

The **spleen** was mildly heterogeneous with a hypoechoic 1.5 cm nodule at the mid body. FNA indicated. Some disruption of architecture present. A separate splenic mass was noted at the cranial pole measuring 2.5 cm. Capsular expansion and disrupted architecture noted. Other hypoechoic nodular change noted at the caudal pole of the spleen. Microcavitations present.

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 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.

Gastrointestinal

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 fluid filled gastric lumen present. 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

A 3.2 cm x 2.6 cm isoechoic mass was noted at the caudal aspect of the **pancreatic** limb, approaching the mesenteric root. Cystic component noted, which may represent a duct dilation. Regional cystic lymph nodes also noted.

ULTRASONOGRAPHIC FINDINGS

- Undefined mass in the mid abdomen – possible lymph node or pancreatic origin.
- Splenic masses – hemangiosarcoma, benign hyperplasia less likely, round cell neoplasia possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid abdominal mass may be resectable. However, CT evaluation of the abdomen would be warranted for potential surgical planning. Ultrasound guided FNA could be considered. However, power doppler assessment of the region warranted to assess if the anechoic fluid component is actually a dilated vessel versus dilated duct. Concern for carcinoma. Chest radiographs or chest CT indicated to assess for metastatic disease.

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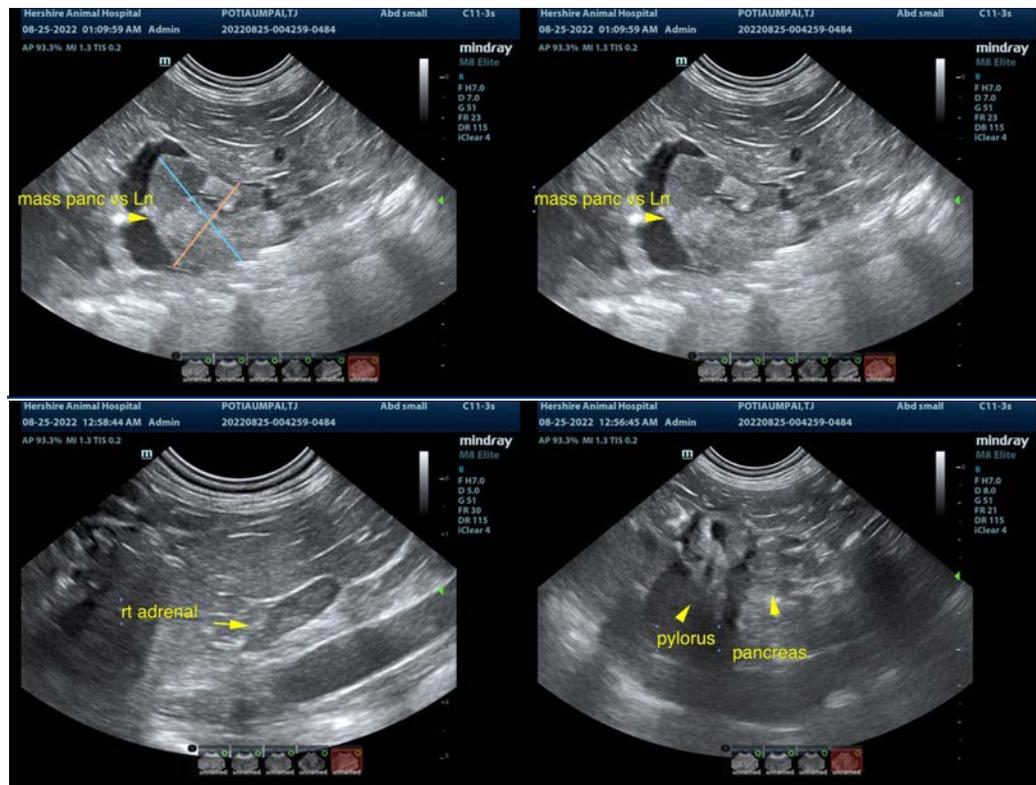
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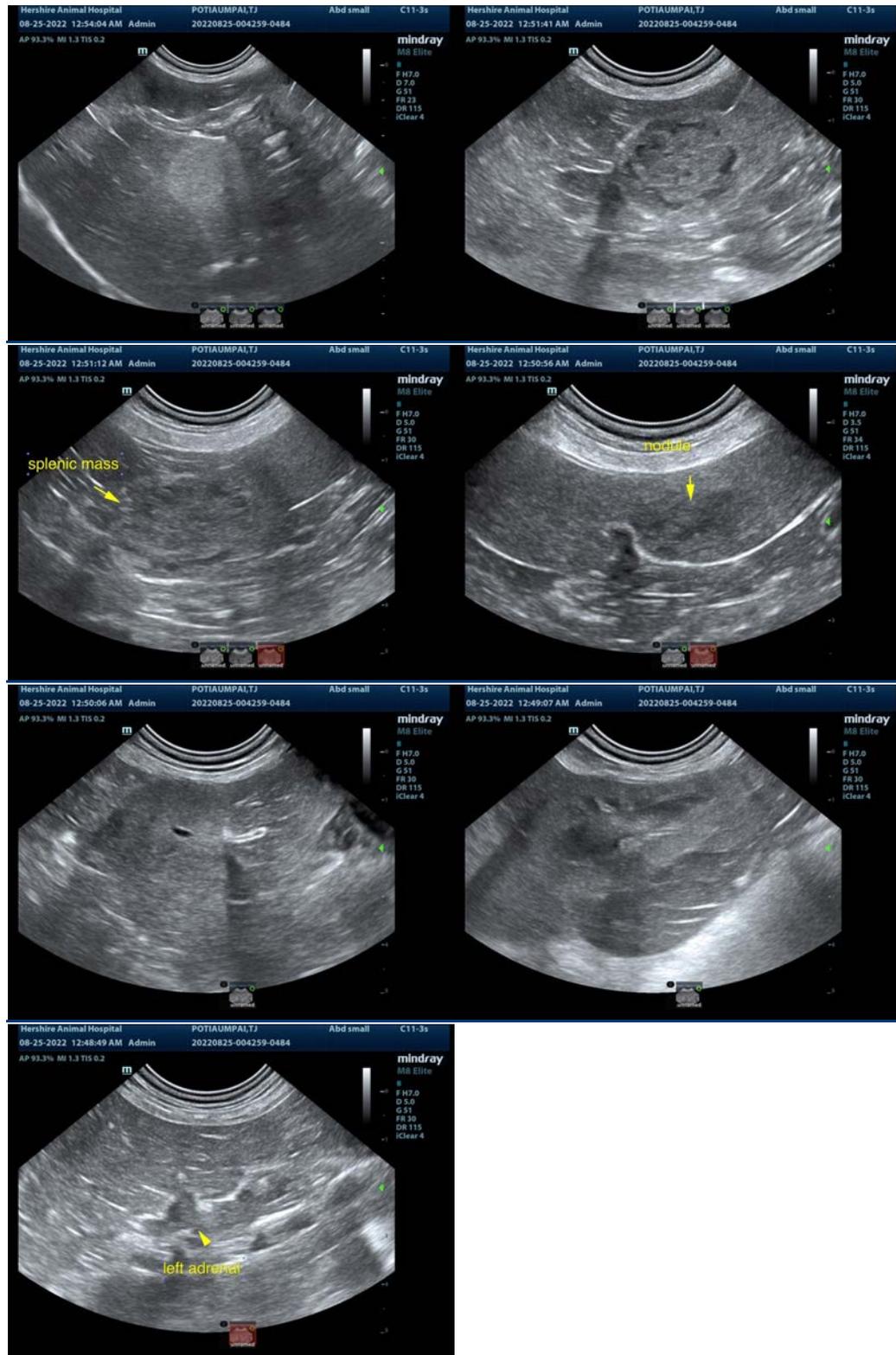
Dr. Meghan Myers

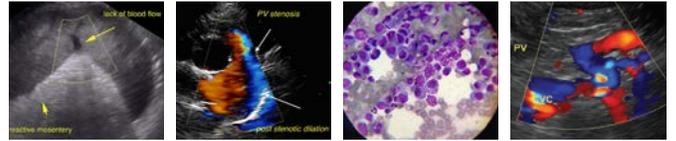
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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