



**PATIENT**

Moose Schorno

**PRESENTING CLINICAL SIGNS**

History: recheck

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Poodle Mix

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**

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Microcystic cortical changes were noted. Blood flow to the kidneys appeared to be adequate. The right kidney measured 4.96 cm. The left kidney measured 4.69 cm.

**AGE**

14 years

**WEIGHT**

12.8 lbs

**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 2.23 x 0.58 cm at the caudal pole and 0.68 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**Liver**

The left cranial **liver** revealed a 4.62 cm mass that deviated the diaphragm cranially and the gallbladder dorsally. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**INVOICE**

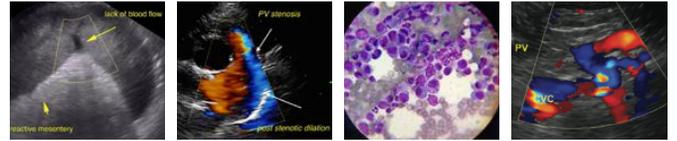
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**Gastrointestinal**

**DATE**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

***Pancreas***

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.

**BREED**

Poodle Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neuered male

Left cranial liver mass, appears potentially resectable. Adherence to the diaphragm may be an issue. Moderate chronic interstitial nephrosis renal pattern.

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

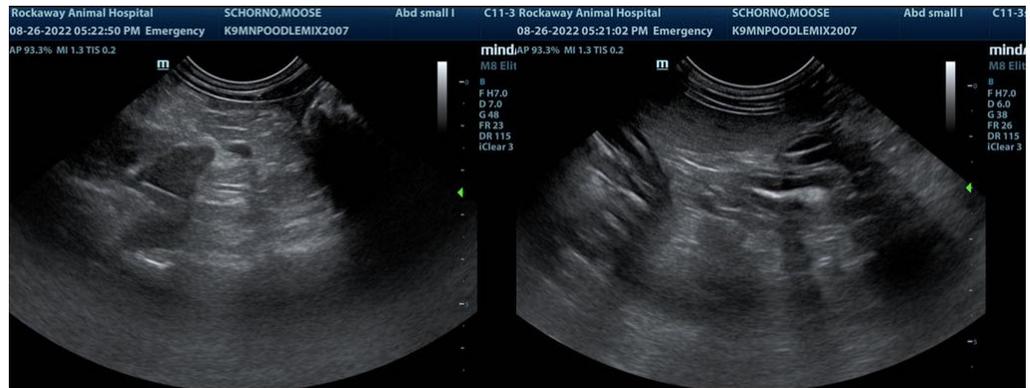
CT evaluation for surgical removal of the liver mass can be considered, but may be low grade. FNA is indicated.

**WEIGHT**

12.8 lbs

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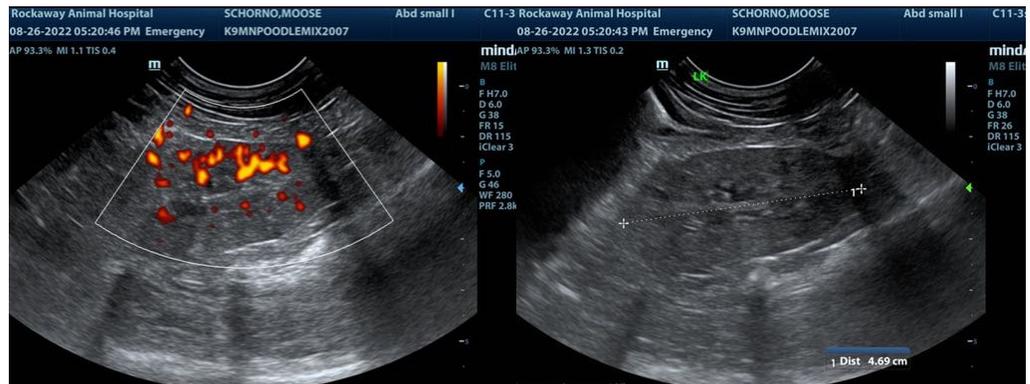


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**HOSPITAL NAME**

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**REFERRING VET**

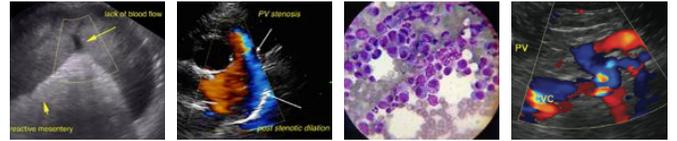
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**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

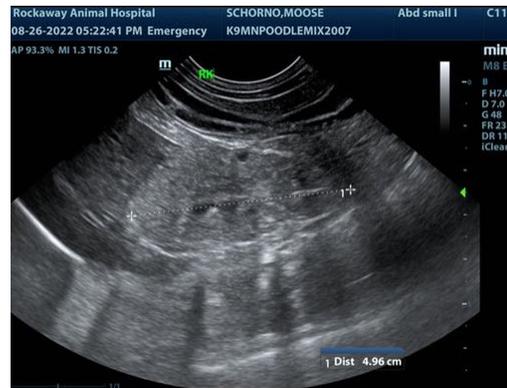
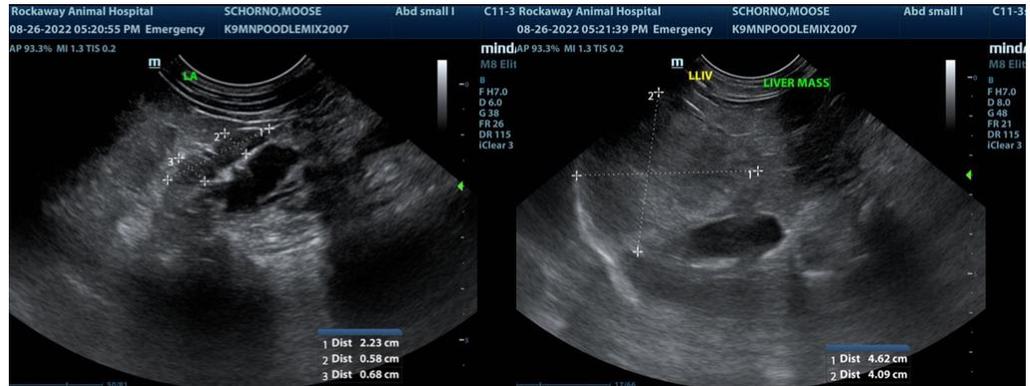
Neutered male

**AGE**

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**WEIGHT**

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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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