



PATIENT

Jack Ford

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

12 years

WEIGHT

95.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

32653

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Presented 8/27/22 for Horner's syndrome and panting
PE: Horner's Syndrome, Multiple subcutaneous masses CBC: WNL CHEM:TP 8.5, ALB 4.1, ALT 244, T bili 1.6, K+ 6.1 T4/SDMA: WNL

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 was noted. Ureteral papillae were normal.

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 right kidney measured 6.0 cm. The left kidney measured 6.5 cm.

Adrenal Glands

The **right adrenal gland** measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole with a hyperechoic nodule and measured 1.3 x 2.0 cm at the cranial pole. The left adrenal gland was mildly enlarged and measured 0.9 cm.

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.

Liver

The **liver** was coarse in architecture with increased portal markings. A hyperechoic left medial nodule was noted. Coalescing, hypoechoic hepatic nodules were noted with increased portal markings. The gallbladder and common bile duct 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. Small and large intestine



PATIENT 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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SPECIES *Pancreas*

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Labrador

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Diffuse hepatic disease, non-pronounced nodular hyperplasia. Possibility of emerging hepatocutaneous syndrome.

AGE

Right adrenal gland nodule, likely adenoma.

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

If crusting skin lesions are present a core liver biopsy is indicated. FNA may provide preliminary information. There is a minor potential for hepatic neoplasia.

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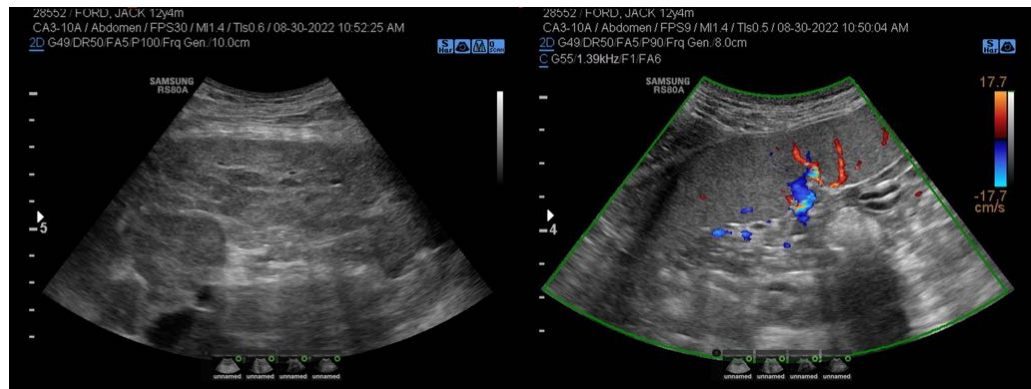
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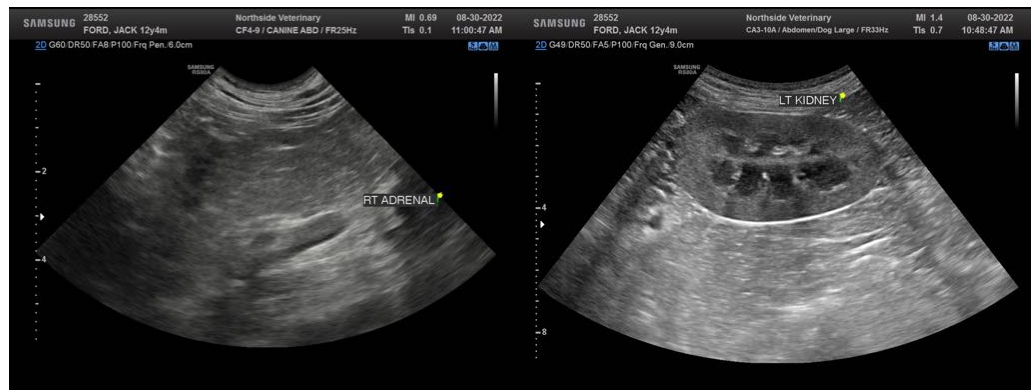
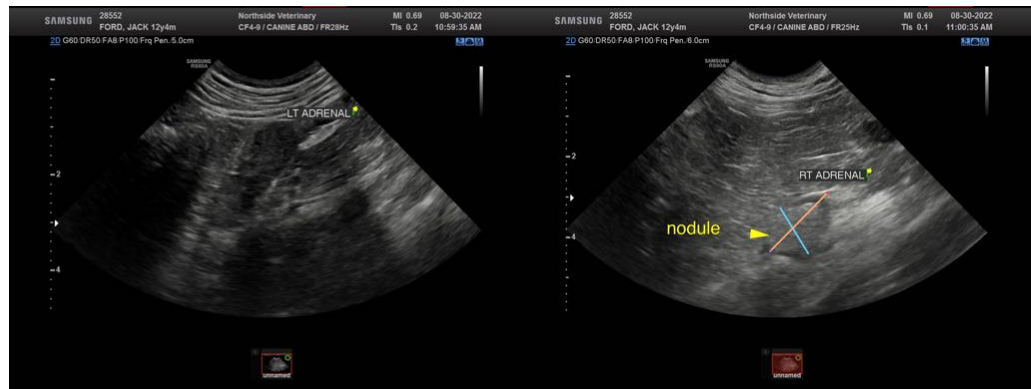
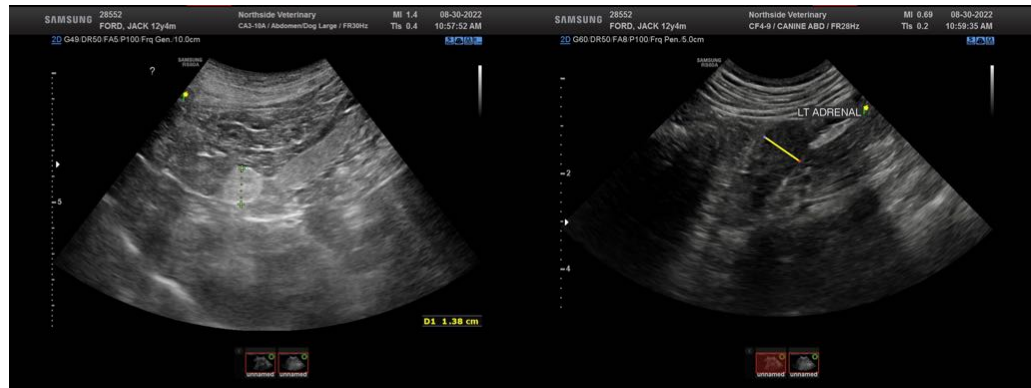
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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