



PATIENT

Dobby Fiorenza

SPECIES

Canine

BREED

Australian Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken AH

REFERRING VET

Dr. Wendy Turner

INVOICE

23749

DATE

8/4/23

PRESENTING CLINICAL SIGNS

Intermittent inappetence, elevated amylase and PSL

Abnormal PE/Chem/CBC/UA Results: 7/18: elevated amylase and PSL, otherwise unremarkable. UA not provided by O. BW attached. PE: stage 3 pddz, repeatable cranial abdominal pain on palp.

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.06 cm. The right kidney measured 4.36 cm. An anechoic cyst was noted in the right kidney, measuring 5.0 mm.

Adrenal Glands

The **left adrenal gland** was 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 1.77 cm x 0.5 cm at the caudal pole and 0.57 cm at the cranial pole.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

Spleen

The **spleen** presented two separate nodules, measuring 1.78 cm and 1.7 cm with disrupted architecture- strong concern for hemangiosarcoma or similar neoplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. Occasional hypoechoic nodule was noted in the near field.

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



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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.

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Pancreas

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The **pancreas** revealed subtle heterogenous changes yet no evidence of significant disease.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Australian Terrier

- Splenic nodules
- Subtle heterogenous pancreatic changes
- Age-related hepatic changes with occasional hypoechoic nodule

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Cross reactivity with GI lipase may be playing a role in this patient. I recommend FNA of the splenic nodules or direct splenectomy given the breed predisposition to significant splenic disease. There is no overt evidence of visceral disease causing the pain in this patient, assessment for referred back pain, potentially causing a tense abdomen, would be warranted.

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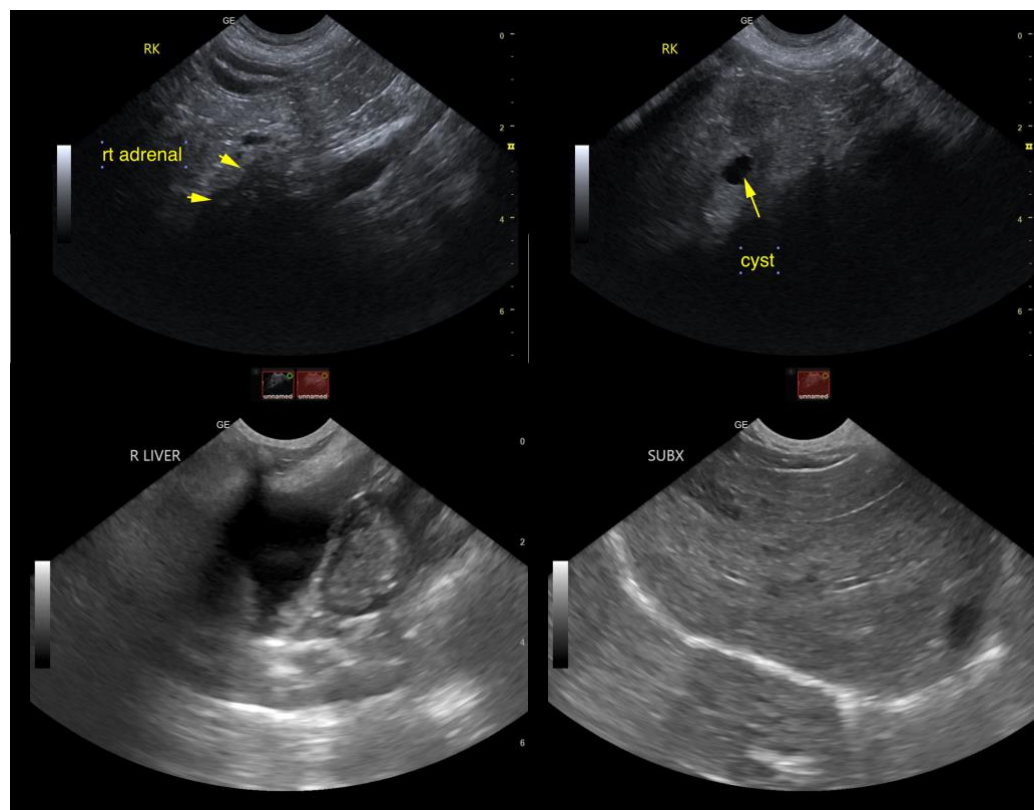
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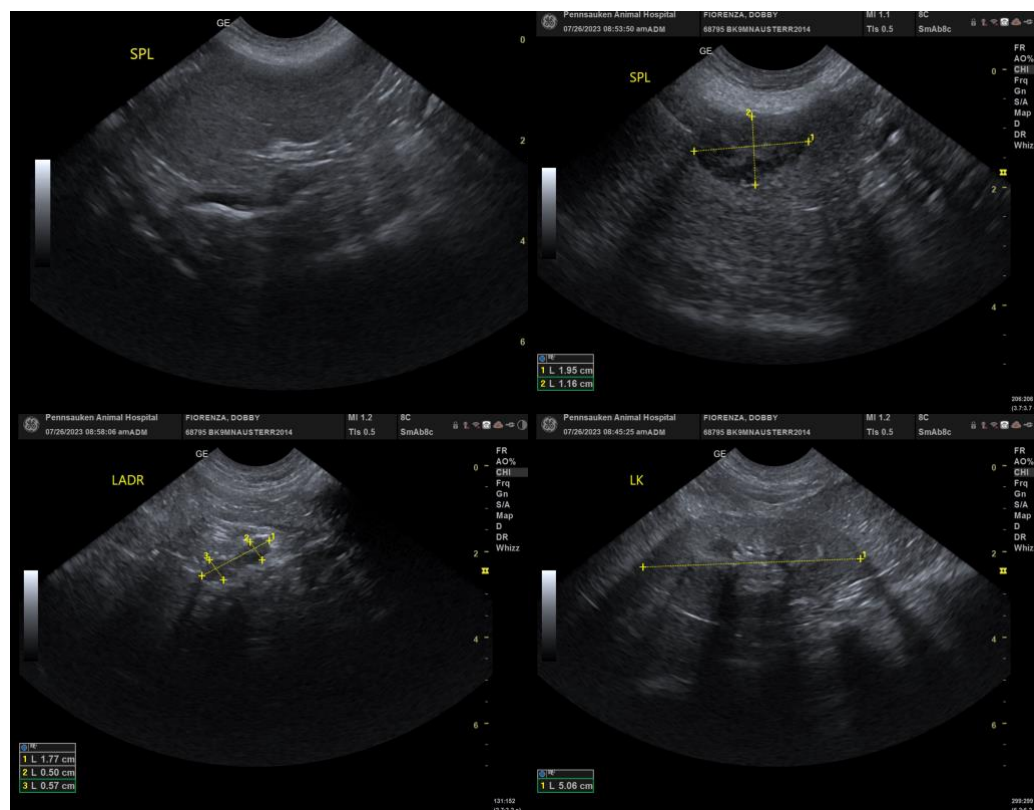
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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