



**PATIENT**

Sophie DaPrato

**PRESENTING CLINICAL SIGNS**

History: n/a

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pekingese

**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.

**SEX**

Intact Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was present in the kidneys. The right kidney measured 4.74 cm.

**AGE**

11 Years

**Adrenal Glands**

**WEIGHT**

15 Pounds

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 right adrenal gland measured 1.9 cm x 0.57 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 1.8 cm x 0.45 cm at the caudal pole and 0.45 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed a focal expansive hypoechoic (1.08 cm) nodule at the cranial pole.

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Bednar

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 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**

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.

**DATE**

8/5/22



**PATIENT**

*Other*

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**HOSPITAL NAME**

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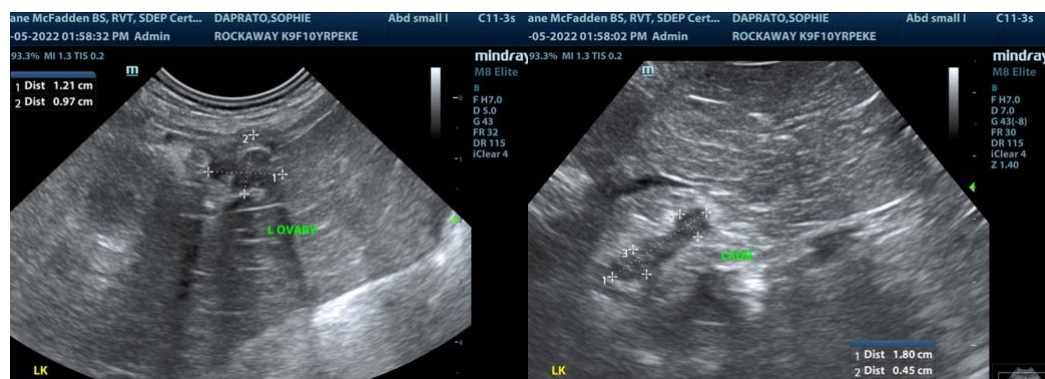
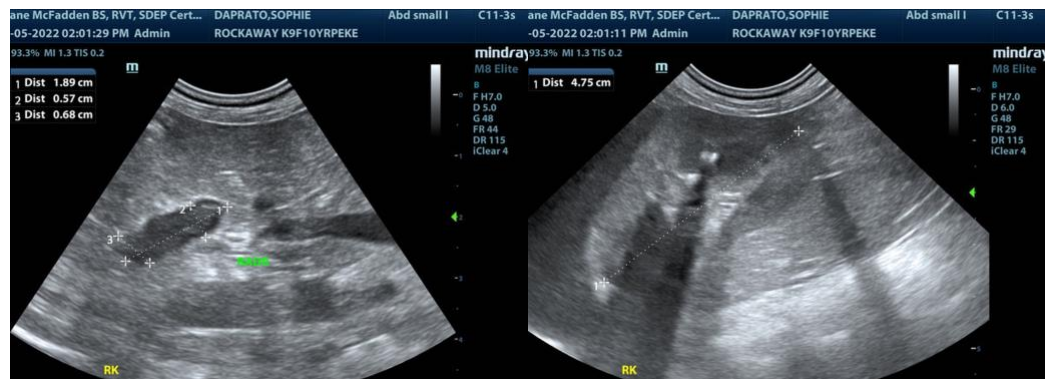
The left **ovary** was mineralized and irregular. The left ovary measured 1.21 cm x 0.91 cm. The right ovary was heterogeneous and irregular, measuring 1.38 cm x 0.56 cm. The uterus was mildly thickened at 8.0 mm with a 3.0 cm heterogeneous mass at the uterine body. The uterine horns were thickened with minor fluid filled lumen. Some reactive mesentery was noted around the uterus and trace amounts of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- Uterine mass
- Mineralized irregular left ovary
- Splenic nodule
- Age-related renal changes with mineralization

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend immediate ovariohysterectomy and splenectomy with appropriate uterine and splenic biopsies. These are likely unrelated changes. Chest radiographs are warranted prior to surgery.





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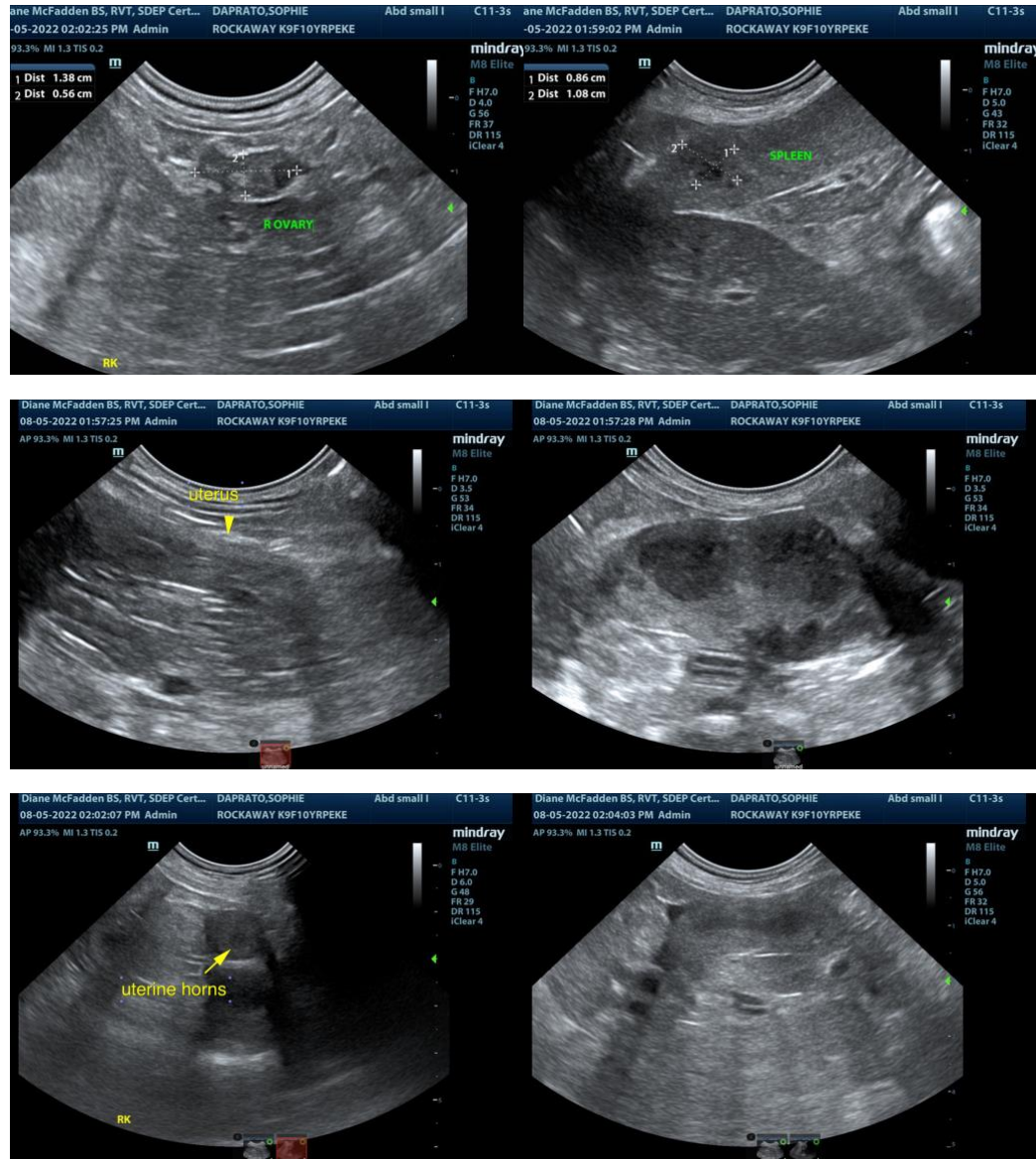
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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