



**PATIENT**

Charlie Hansen

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

16782

**DATE**

8/8/22

**PRESENTING CLINICAL SIGNS**

History: Presented on 7/27 w/ epistaxis resolved on abx, temp., presented on 8/6 w/ hematuria-O said brown urine, in light of this rec. u/s.

Abnormal PE/Chem/CBC/UA Results: Cysto pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a nonobstructive 0.24 cm x 0.5 cm calculus with suspended debris. The bladder wall and urethra were unremarkable. The prostate measured 0.65 cm.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.8 cm. Pyelectasia and corticomedullary mineralization were noted in the right kidney. A cortical nodule (1.45 cm) with areas of mineralization was present. The left kidney measured 4.8 cm.

**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 right adrenal gland measured 1.67 cm x 0.66 cm at the cranial pole and 0.7 cm at the caudal pole.

**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 were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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**

The **stomach** revealed a polypoid mucosal structure (1.5 cm). This may represent embedded ingesta. This should be monitored for any growth. The small intestine and colon were unremarkable.

**Pancreas**



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The right limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, suggestive for inflammation, measuring 2.0 cm x 3.0 cm.

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder calculus
- Moderate degenerative renal changes with pyelectasia in the right kidney with cortical nodule
- Chronic active pancreatitis is likely
- Polypoid mucosal structure in the stomach, may represent embedded ingesta
- Mild hepatic remodeling

**BREED**

Chihuahua Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

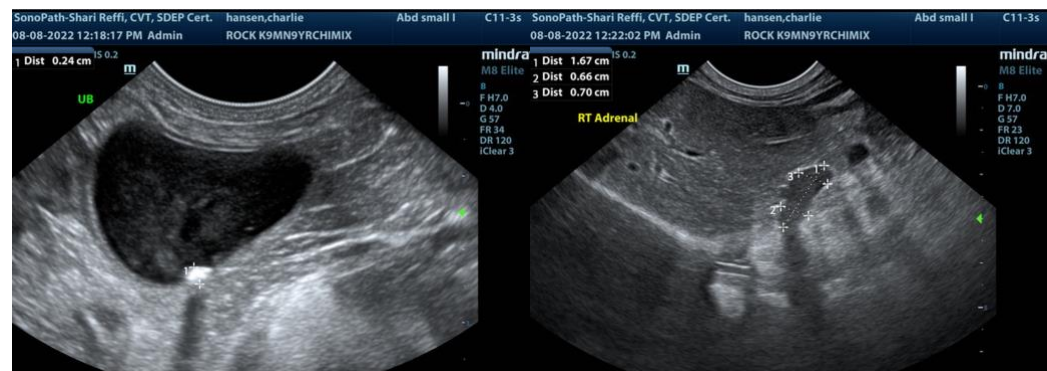
**SEX**

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Differentials for the kidney include hyperplastic nodule secondary to infarct versus emerging neoplasia. FNA indicated or direct biopsy at surgery with cystotomy and right dorsal renal biopsy. The structure in the stomach should be monitored for any growth.

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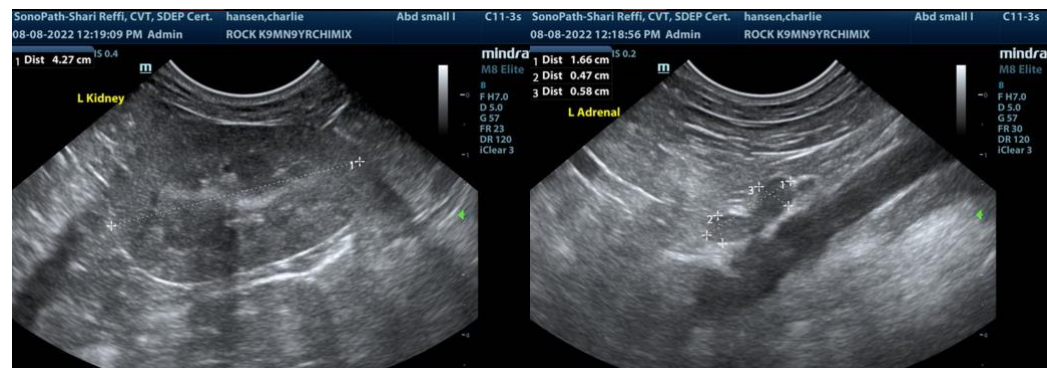


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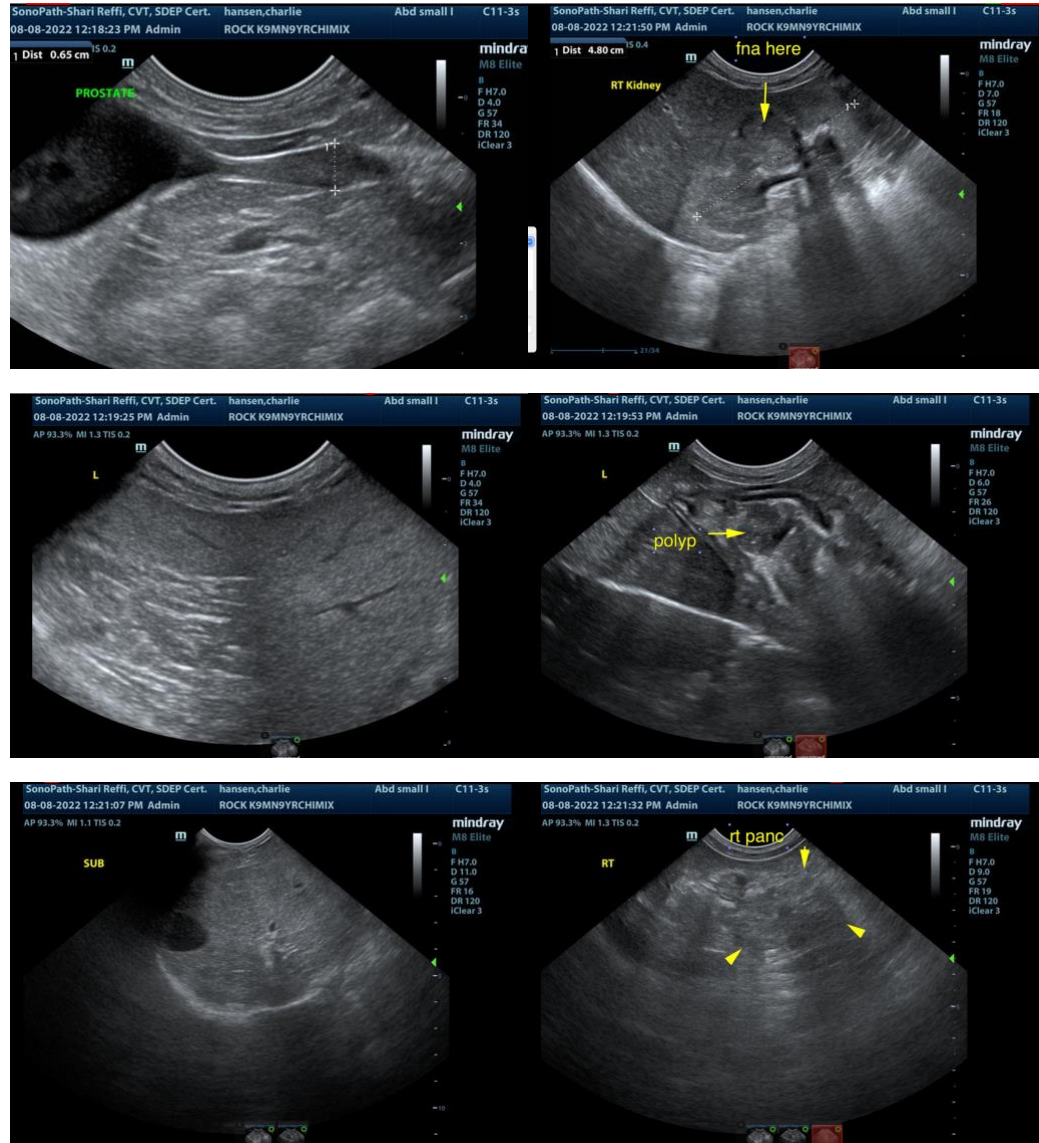
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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