



PATIENT

Macey Zouboules

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

6.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

91921

DATE

9/22/21

PRESENTING CLINICAL SIGNS

History: August 31 2018 - ultrasound done (sent to sonopath) and dx R liver mass. Clinically doing well, owner would like to do a dental, so doing ultrasound, bloodwork prior
Abnormal PE/Chem/CBC/UA Results: Chem-significant findings: SMDA 26 (0-14), BUN 44 (7-27), creat normal, CHOL 328 (110-320), LYM 0.90 (1.05-5.10), PCT 0.54 (0.14-0.46) CBC-normal Bile acids-pending USG 1.022, 500mg/dl proteinuria, otherwise u/a nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multi-focal cortical cysts were noted. The left kidney measured 5.0 cm. The right kidney measured 6.0 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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.8 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** revealed persistent, mixed, echogenic masses. The masses are further ill-defined. The right cranial mass measured approximately 8+ cm and the caudate mass measured approximately 6.0 cm. Occasional parenchymal cysts were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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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 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.

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ULTRASONOGRAPHIC FINDINGS

AGE

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Expansive, hepatic masses, progressed by subjectively 30%. Low-grade carcinoma or possible granulomatous lesion is possible.

Moderate degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA can be considered for further definition. These are not resectable, yet are slow growing. The renal values should be monitored carefully in this patient as subjectively the kidneys appear near end stage.

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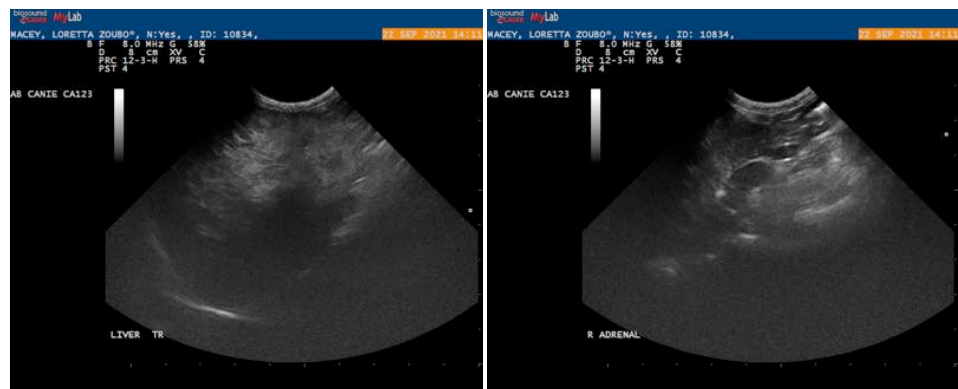
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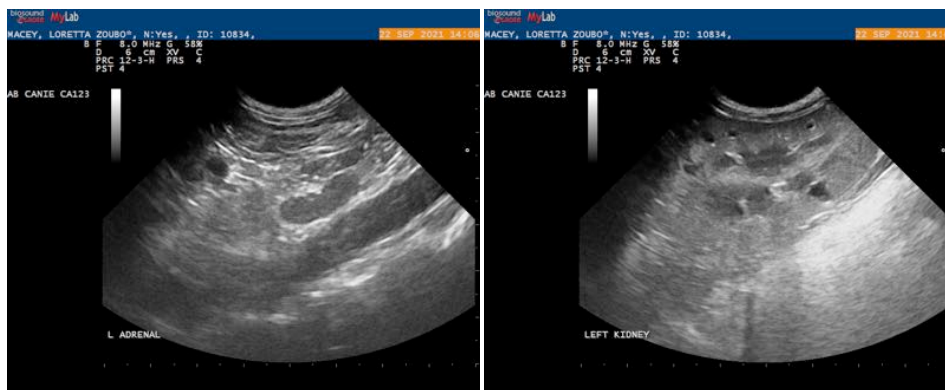
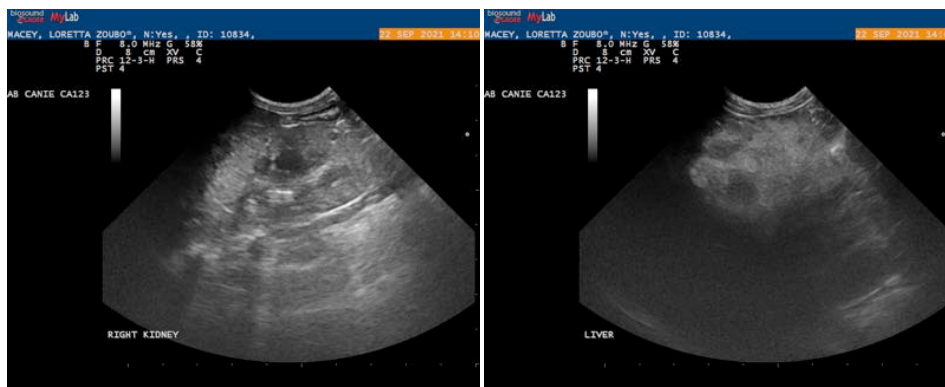
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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