



PATIENT

Cody Herrera

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

15 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

39582

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Patient presented for second opinion on multiple issues Hx of chronic GI issues, kidney and bladder stones (calcium oxalate), neck pain, otitis, and liver enzyme elevations Patient's appetite and energy level are significantly improved now that Prednisone has been discontinued, however, intermittent Dex sp injections still improve GI symptoms

Abnormal PE/Chem/CBC/UA Results: PE: generalized alopecia, prostatomegaly, dental disease CBC: NAF Chem: ALT 376, ALP 591, Na 119, K 6, Na/K 20

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. Mineralization was noted in the kidneys. The right kidney measured 3.81 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The right adrenal gland was visualized obliquely and was uniform and unremarkable measuring 0.5 cm. The left adrenal gland was uniform and measured 0.4 cm.

Spleen

The **spleen** revealed a focal, expansive 2.0 cm parenchymal mass. Minor, heterogenous parenchymal changes were noted elsewhere.

Liver

liver presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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. Transit of chyme appeared to be normal. Small and large intestine demonstrated normal luminal chyme and stool consistency



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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

SEX

Male

Splenic mass.

Non-specific chronic inflammatory hepatopathy.

Age related renal changes with non-obstructive calculi/mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.4 lbs

I recommend chest radiographs or rapid echocardiogram to assess the right auricle and pericardium in this patient with splenectomy and liver biopsy. There is no evidence of metastatic disease. Splenic differentials include round cell neoplasia, hemangiosarcoma with the potential of benign hyperplastic lesion; however, the capsular expansion and disruption of architecture is concerning. The liver enzyme elevations can be further defined by liver biopsy at the time of surgery and rule out micrometastasis even though not suspected.

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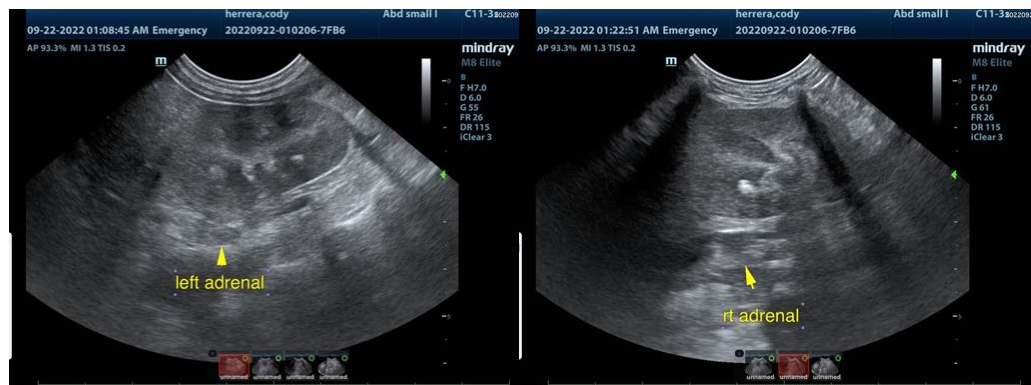
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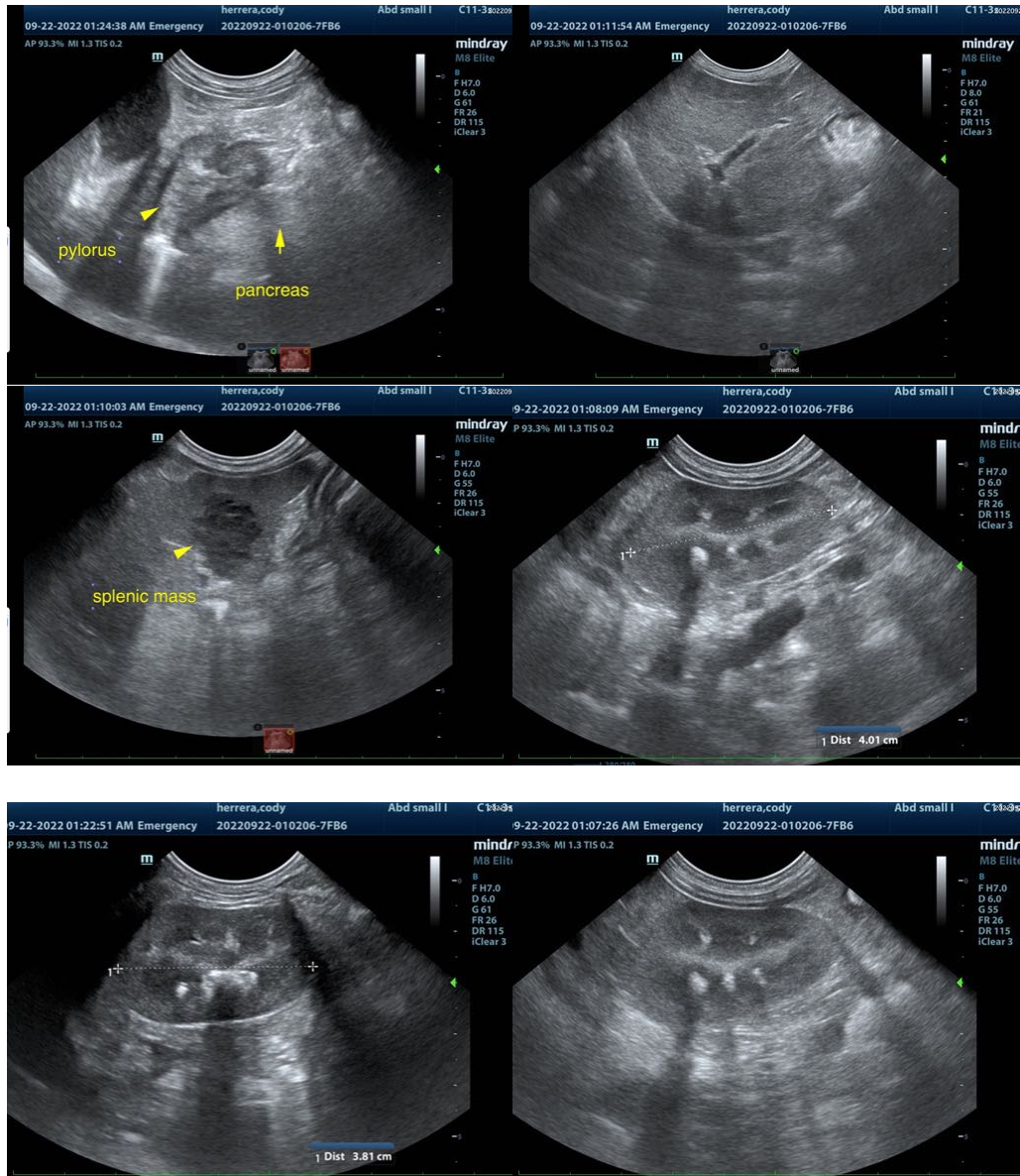
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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