



PATIENT

Chip Cornblatt

PRESENTING CLINICAL SIGNS

anorexia , neoplasia scan

SPECIES

Canine

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

BREED

Terrier X

SEX

Neutered Male

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. The left kidney measured 5.0 cm. The right kidney measured 5.56 cm.

AGE

16 Years

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 2.18 cm x 0.87 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 2.19 cm x 0.73 cm at the caudal pole and 0.64 cm at the cranial pole.

WEIGHT

29.5 Pounds

Spleen

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

The **liver** was riddled with multiple macro- and micronodular changes. Moderate disruption of architecture. An overt 4.0 cm left medial cystic and parenchymal mass noted. It appears to be slowly expansive. The gallbladder and common bile duct were unremarkable. Heterogeneous parenchymal changes noted elsewhere.

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. The descending colon was empty other than a minor amount luminal fluid.

INVOICE

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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

9/24/22

ULTRASONOGRAPHIC FINDINGS



PATIENT

Chip Kornblatt

- Pronounced nodular hyperplasia liver pattern with potential for carcinoma or other neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated. Bile acid profile warranted. Unremarkable geriatric abdomen otherwise. Other causes of anorexia such as orthopedic, CNS, or thoracic disease should be considered.

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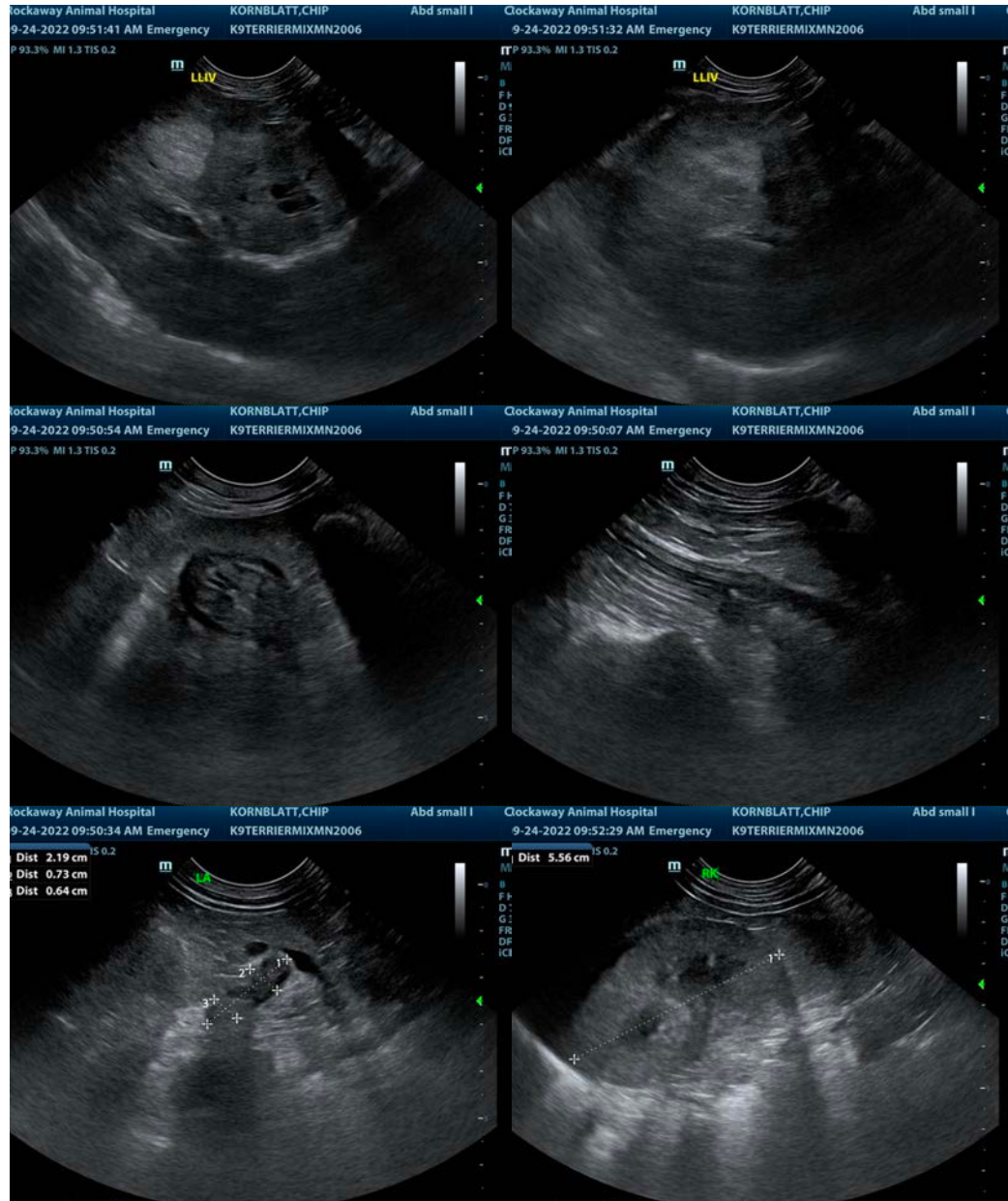
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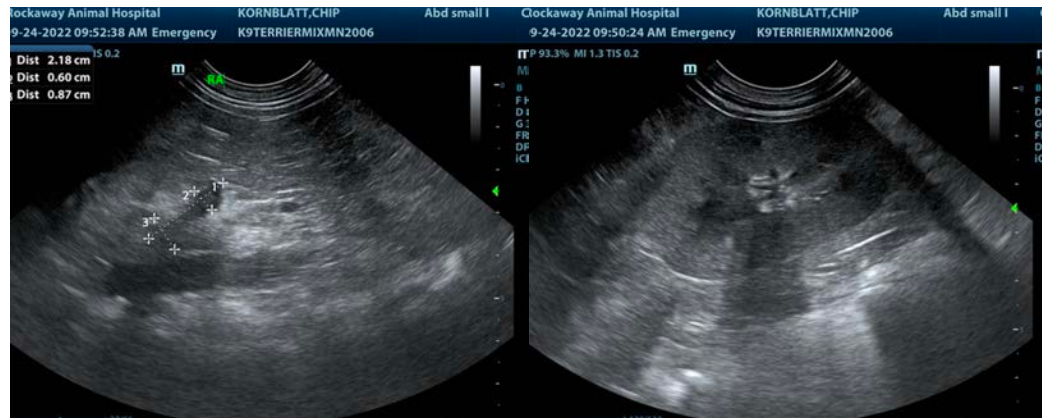
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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