



PATIENT

Joey Powers

PRESENTING CLINICAL SIGNS

2 week hx of vomiting, decreased appetite, lethargy and diarrhea
Abnormal PE/Chem/CBC/UA Results: Neutrophilic leukocytosis with increased ALT/ALP

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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

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 6.6 cm. The right kidney measured 6.68 cm.

AGE

8.5 Years

Adrenal Glands

WEIGHT

24.6 kg

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 1.82 cm x 0.44 cm. The right adrenal gland measured 2.0 cm x 0.80 cm at the cranial pole and 0.40 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Laura

Liver

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

The **liver** was mildly swollen and slightly irregular. Trace amounts of free fluid noted between the liver and diaphragm. Reactive mesentery noted around the liver. The gallbladder was unremarkable.

Gastrointestinal

REFERRING VET

Dr. Laura

The **stomach** revealed a concentric gastric mass measuring approximately 6.0 cm with wall thickness up to 2.0 cm. Minor retention of ingesta noted in the stomach. MiReactive mesentery noted around the pyloric outflow. The distal small intestine and colon were unremarkable.

Pancreas

INVOICE

41634

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



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REFERRING VET

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DATE

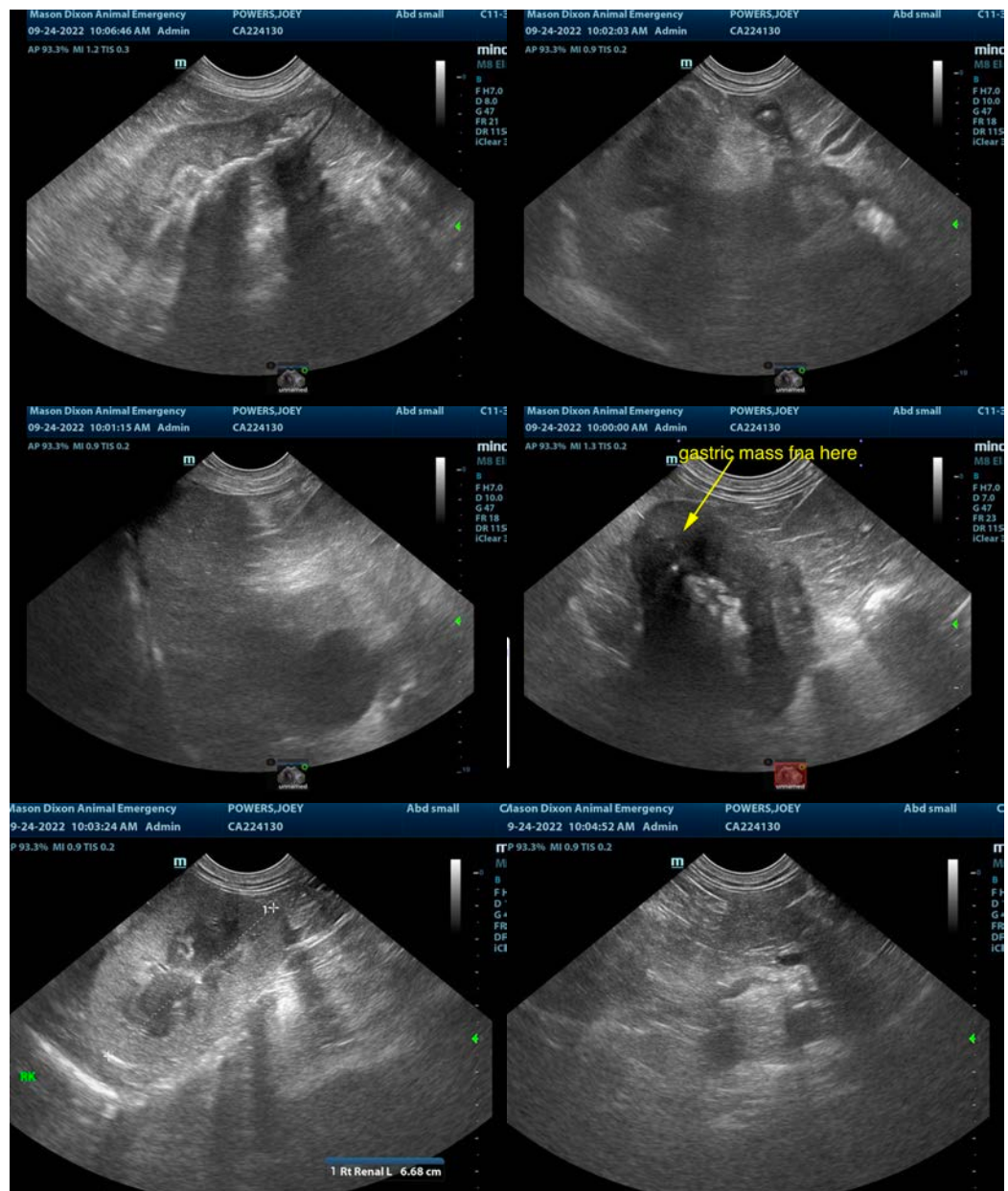
9/24/22

ULTRASONOGRAPHIC FINDINGS

- Concentric gastric mass with minor retention of ingesta
- Heterogeneous liver
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for gastric +/- hepatic neoplasia. Granulomatous gastritis with benign hepatopathy possible, yet less likely. FNA of the stomach and liver warranted or surgical gastric and hepatic biopsies. Endoscopy would be another option. Prognosis is very guarded.





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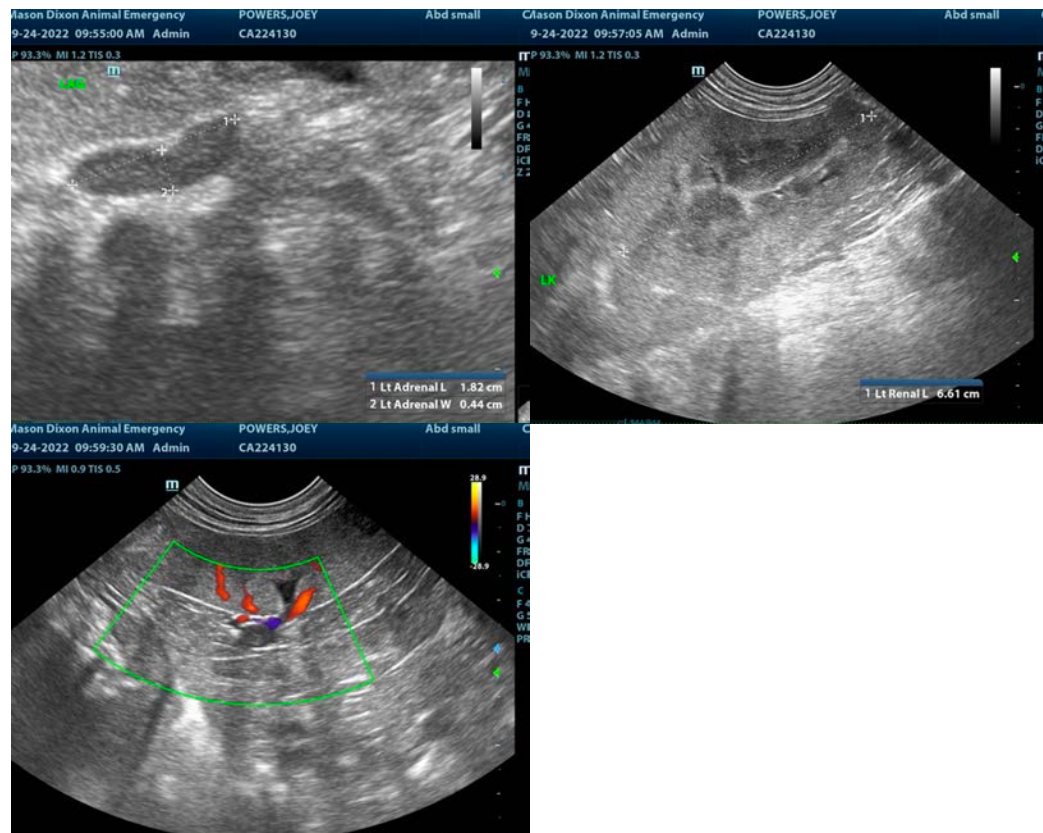
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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