

PATIENT PRESENTING CLINICAL SIGNS

Abby Cupit Abdominal distension, liver seemed enlarged on palpation. Grade III/VI heart murmur with maximum intensity heart on left side.

SPECIES Increase in TP 8.6, albumin 4.1, ALKP 274, and total bilirubin 1.2

Canine CBC unremarkable.

HR 130, RR 30

BREED

Chihuahua Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

13 years

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 4.52 cm. The right kidney measured 4.65 cm.

WEIGHT

15.69 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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 1.84 x 0.85 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.29 x 0.5 cm at the caudal pole and 0.4 cm at the cranial pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette VC

Spleen

The **spleen** revealed an expansive, hypoechoic 2.0 cm mass that was deriving from the cranial pole. The remainder of the spleen was unremarkable. The splenic mass was fairly vascular on color flow assessment.

REFERRING VET

Dr. Shelton

Liver

DATE

1/18/23

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Polypoid changes were noted in the neck of the gallbladder, consistent with hyperplasia. The liver presented coarse architecture with mildly increased portal markings and subtle,

Invoice

42222



PATIENT

Abby Cupit

mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

SPECIES

Canine

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. 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.

BREED

Chihuahua Mix

Pancreas

SEX

Spayed female

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.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

15.69 lbs

Splenic mass. Differentials include hyperplasia, round cell neoplasia and hemangiosarcoma. The mass is expansive, pedunculated and somewhat precarious.

Subjectively benign hepatopathy with emerging gallbladder mucocele and polypoid changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. I recommend chest radiographs followed by splenectomy, liver inspection, biopsy and manual expression of the gallbladder or proactive cholecystectomy can be considered in this patient depending upon surgical findings.

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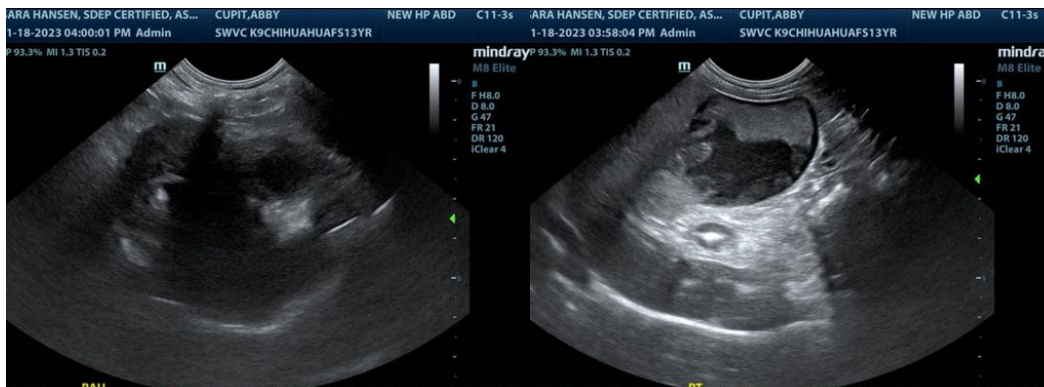
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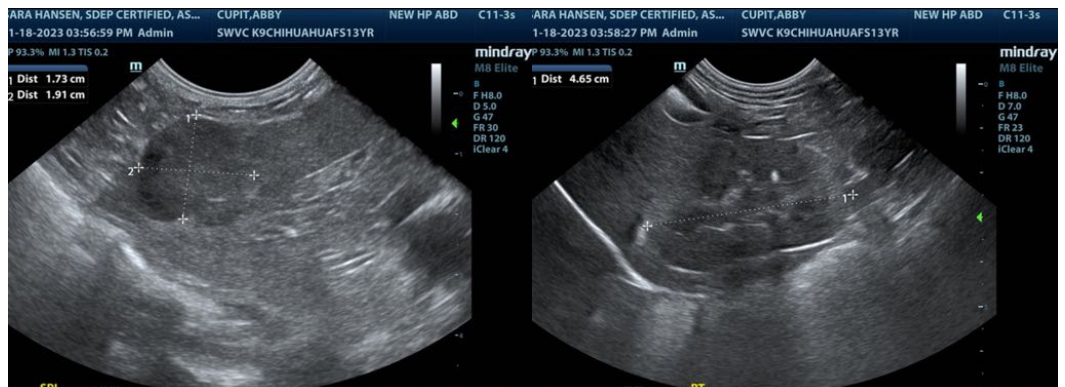
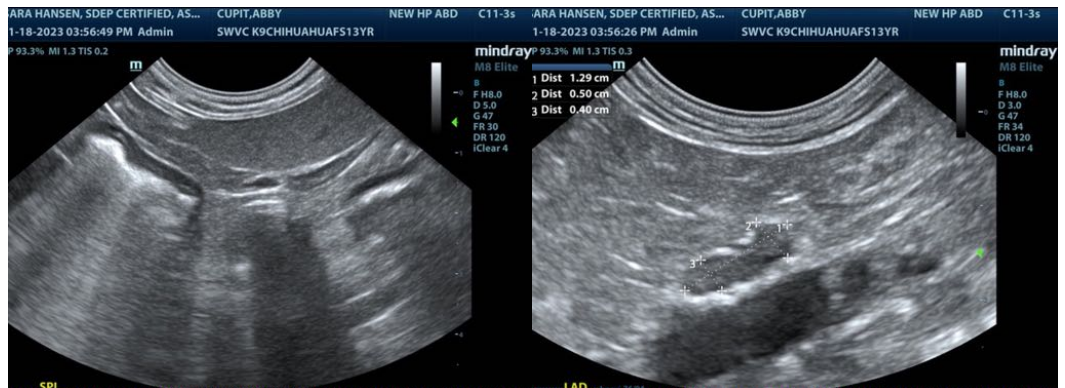
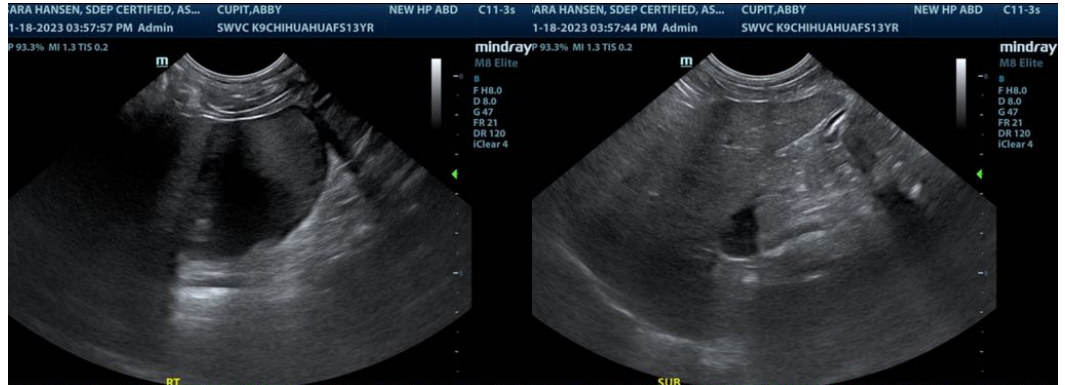
Dr. Shelton

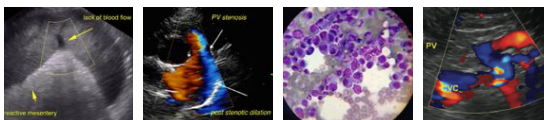
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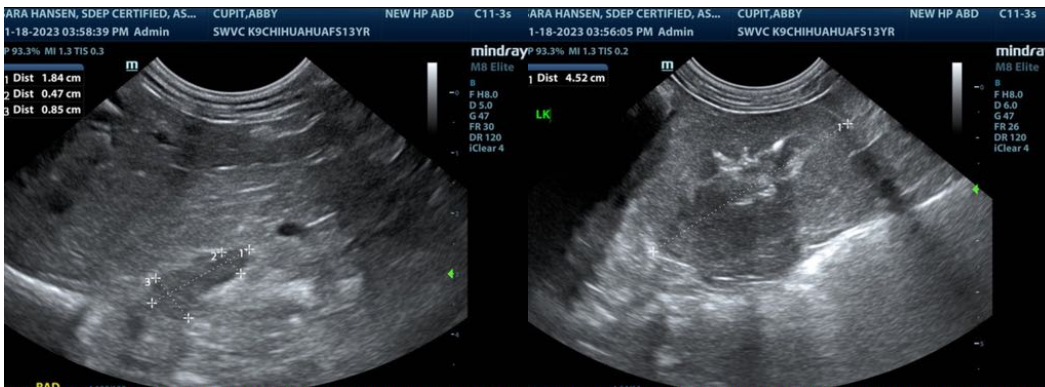
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com