



PATIENT

Travis Histed

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

12 years

WEIGHT

12.06 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Four Corners VC

REFERRING VET

Dr. Anderson

DATE

11/2/21

Invoice
92815

PRESENTING CLINICAL SIGNS

History: Cystotomy 02/25/21, 3 view abdomen 10/27/21 abdominal mass noted
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical polyp that measured 1.21 x 0.79 cm. This may be proliferative over an underlying uracocele. This appears resectable. The bladder revealed concurrent bladder calculi that measured up to 0.5 cm. The bladder calculi were non-shadowing.

The residual prostate was uniform and measured 0.7 cm.

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. Mineralization was noted in the kidneys. The right kidney measured 4.02 cm with minor renal cyst. The left kidney revealed an anechoic cyst at the caudal pole. The cyst measured 4.0 cm. The left kidney itself measured 3.5 cm. Blood flow to the left kidney appeared adequate on color flow assessment.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.07 x 0.65 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 1.73 x 0.86 cm at the caudal pole and 0.44 cm at the cranial pole. The swelling was primarily at the caudal pole.

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.



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Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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.

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

Bilateral adrenal hypertrophy.

Apical bladder polyp, appears resectable. Small bladder calculi.

Minor renal cyst in the right kidney.

Left renal cyst with mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically from the kidneys to the bladder. There was no overt evidence of neoplasia; however, if the patient appears Cushingoid work-up for PDH is indicated. Cystotomy, partial apical cystectomy can be considered. However, the bladder calculi are non-shadowing and may resolve with medical management. The bladder polyps should be monitored carefully. There is no evidence of neoplasia in this patient. If the mass effect is localized near the left kidney then it is likely the left renal cyst, which is benign.

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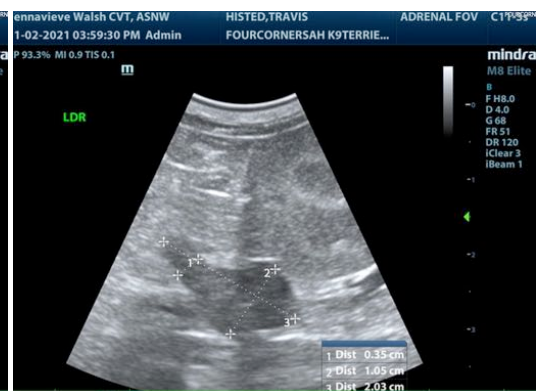
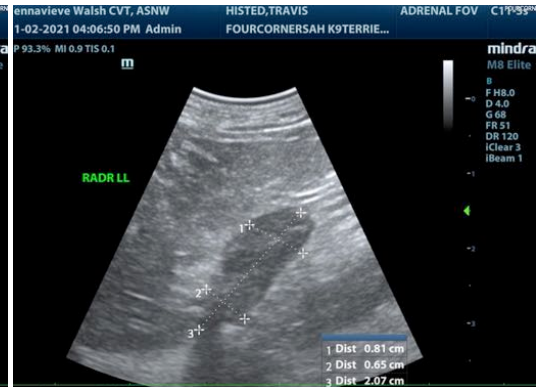
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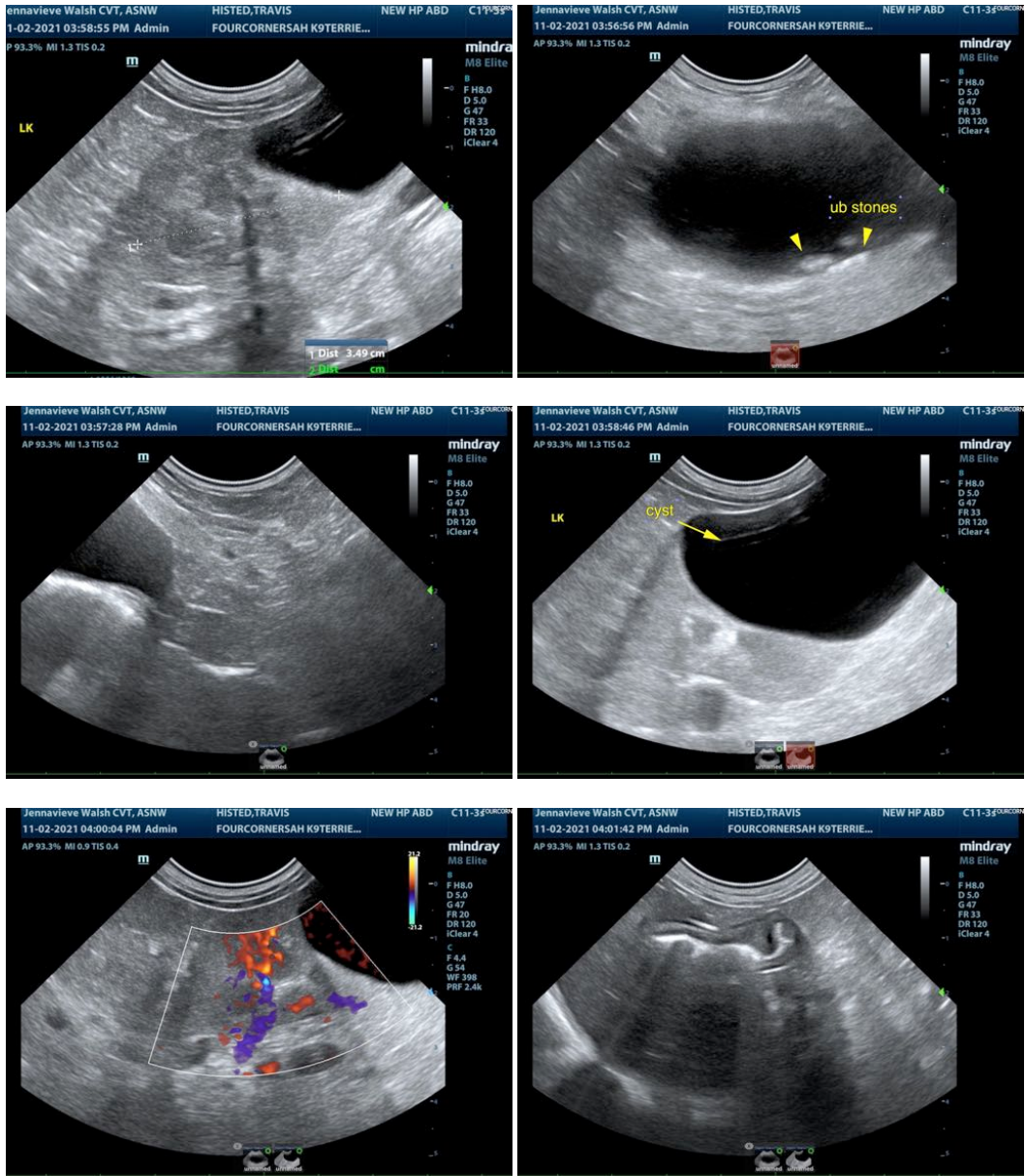
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com