



**PATIENT**

Buddy Harden

**SPECIES**

Canine

**BREED**

Corgi Cross

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

20.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Pleasant Hill AH

**REFERRING VET**

Dr. Seyler

**DATE**

3/16/22

Invoice  
96925

**PRESENTING CLINICAL SIGNS**

History: Circulatory-grade 3/6 L systolic tumor Respiratory-R lung sounds have crackles and generally increase sounds increased lung sounds - r/o pneumonia, neoplasia, CHF, infection, open murmur -- new. r/o CHF, flow murmur mass - r/o MCT, other neoplasia, lipoma, open  
Abnormal PE/Chem/CBC/UA Results: Current Medications gabapentin 100 capsules Primary Question/Differential to Be Answered in This Exam Fluid in Abdomen

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.13 cm. The right kidney measured 5.2 cm.

**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 1.91 x 0.77 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 1.72 x 0.63 cm at the caudal pole and 0.59 cm at the cranial pole.

**Spleen**

The **spleen** was largely normal other than a slight, hypoechoic nodule noted at the caudal pole measuring 0.3 cm. This is unlikely to be related to mast cell disease as the remainder of the spleen is unremarkable, yet I cannot completely rule it out.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris/sand and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, 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.



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**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. Shadowing pyloric material was noted. The largest structure measured 1.0 cm. 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.

**Heart**

Rapid view of the heart revealed no evidence of pathology.

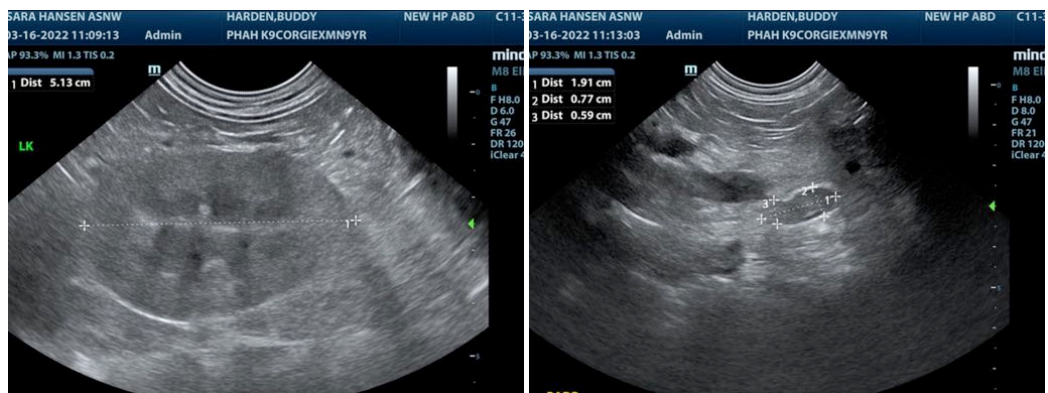
**ULTRASONOGRAPHIC FINDINGS**

Slight splenic nodule.

Retention of ingesta or possible soft foreign matter was noted in the stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient was n.p.o. then foreign matter should be considered. Full echocardiogram is recommended given the history of murmur. FNA of the spleen would be ideal or at least monitoring the splenic nodule.





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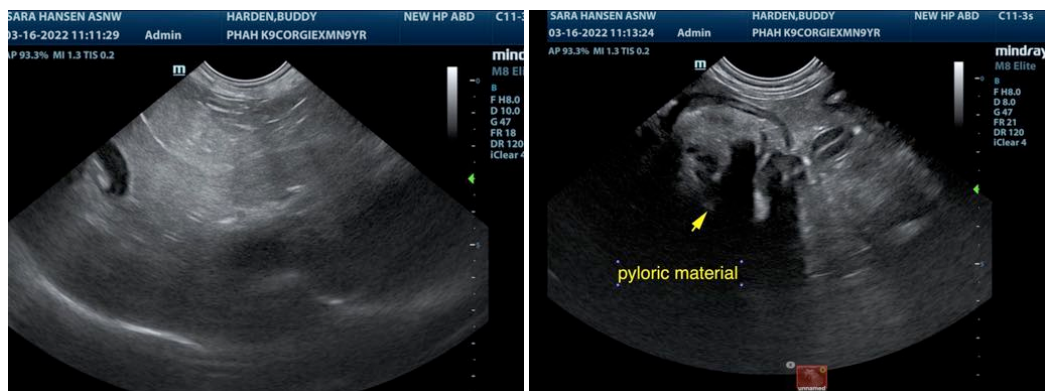
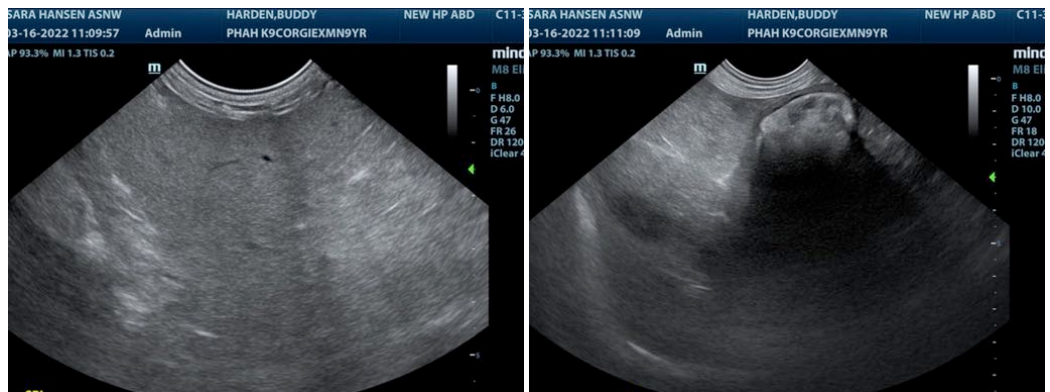
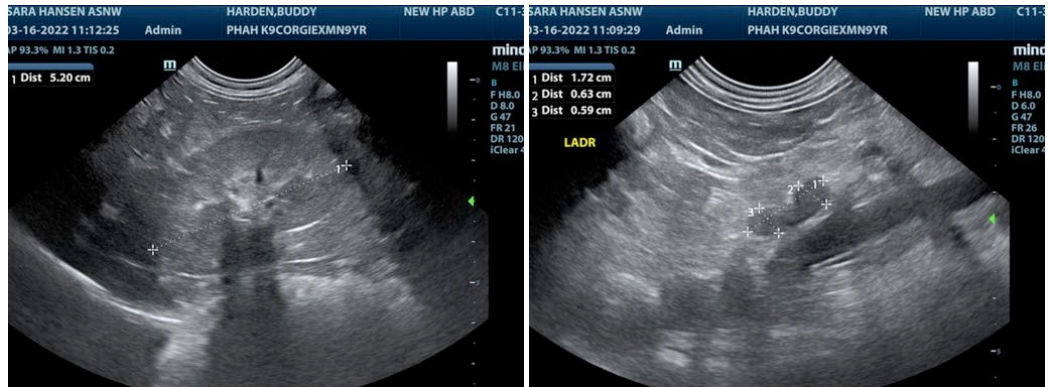
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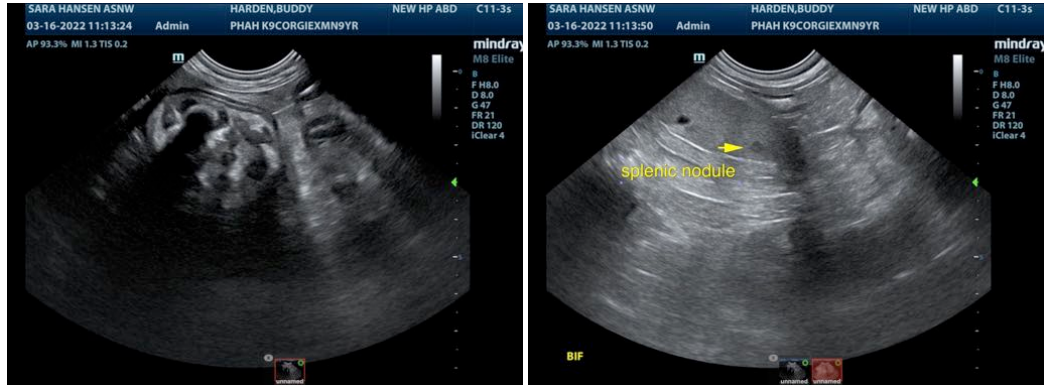
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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