

PATIENT PRESENTING CLINICAL SIGNS

Jack Surber

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

17 years

WEIGHT

13.5 lbs

History: Recent clinical problems include: Episodes of weakness and shaking, slight decreased appetite and weight loss, and diarrhea. Exam: Underweight with decreased muscle condition, Mild hind limb neuro deficits. Radiographic Findings Abdominal rads 3-15-23: Possible mass effect in caudal abdomen; Radiopaque foreign objects in stomach. Primary Question/Differential to Be Answered in This Exam 1) Is there a mass in the caudal abdomen 2) Assess kidneys - is this a worsening of chronic kidney disease or another disease process. 3) Assess foreign objects - can we tell if they're still in the stomach or moving?

Abnormal PE/Chem/CBC/UA Results: Chem 17: SDMA 18, Creat 2.1, BUN 69, Alb 3.9, Cl 108 Patient has previously had a mild elevation of SDMA; BUN and creatinine were normal on 3-1-23

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 moderate dystrophic changes with mineralization, pyelectasia and irregular contour. The left kidney revealed an anechoic cyst at the caudal pole measuring 1.92 x 2.06 cm. Other smaller cysts were noted. The left kidney measured 4.67 cm. The right kidney measured 5.47 cm.

Adrenal Glands

The right adrenal gland revealed heterogenous right adrenal changes and measured 2.34 x 0.83 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland was enlarged measuring 3.09 x 1.28 cm at the cranial pole and 1.55 cm at the caudal pole. The left adrenal gland presented capsular expansion without capsular escape or vascular invasion and was moderately vascular on color flow assessment.

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.

Liver

The **liver** revealed polycystic changes up to 2.57 cm. the hepatic parenchyma was unremarkable. The liver revealed a minor amount of remodeling noted. Left renal cyst measured 3.9 x 1.96 cm. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented

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Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

DATE

3/16/23

Invoice
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acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

A hypoechoic structure was noted and measured 3.78 x 1.67 cm. This appeared to be adjacent to the prostate or possibly connected to it.

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ULTRASONOGRAPHIC FINDINGS

Polycystic kidney disease, moderate degenerative changes. Subjectively end stage.

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Polycystic liver with moderate degenerative changes.

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Mass adjacent to or connected to the prostate. May be lymph node.

Left adrenal mass. Adenoma, adenocarcinoma, pheochromocytoma.

Right adrenal hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the structure adjacent to the prostate is indicated for further definition. Blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated. The prognosis long term is guarded. The left adrenal appears resectable. However, the prostatic lesion could undergo a debulking effort if necessary; however, I am concerned for long term viability of the kidneys in this patient.

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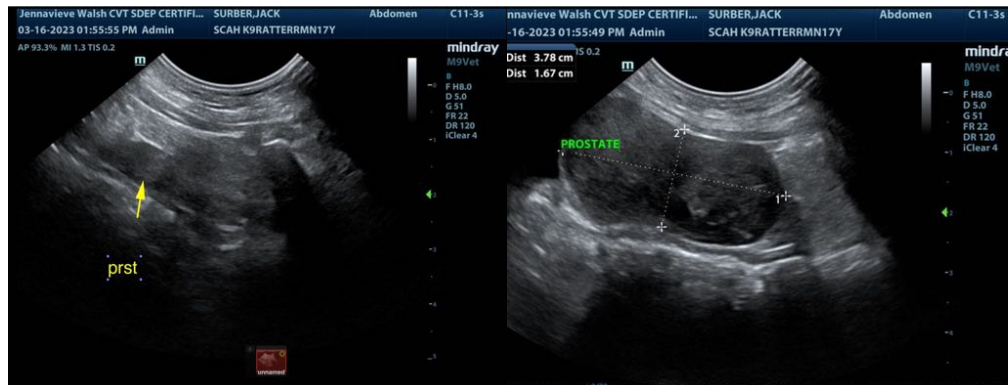
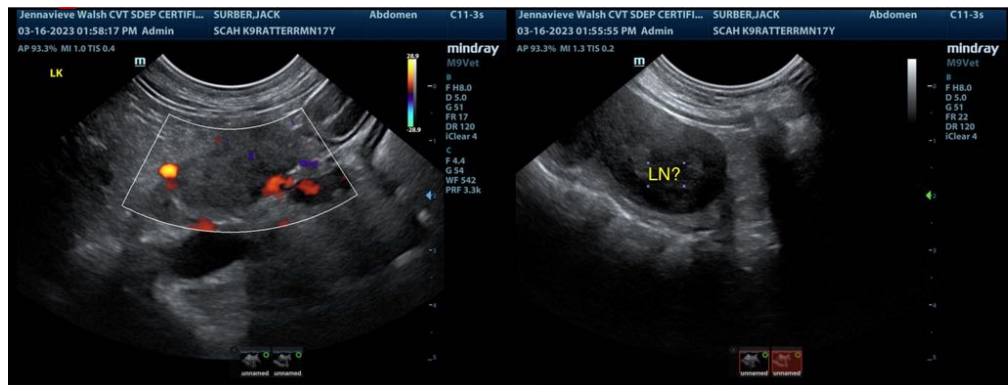
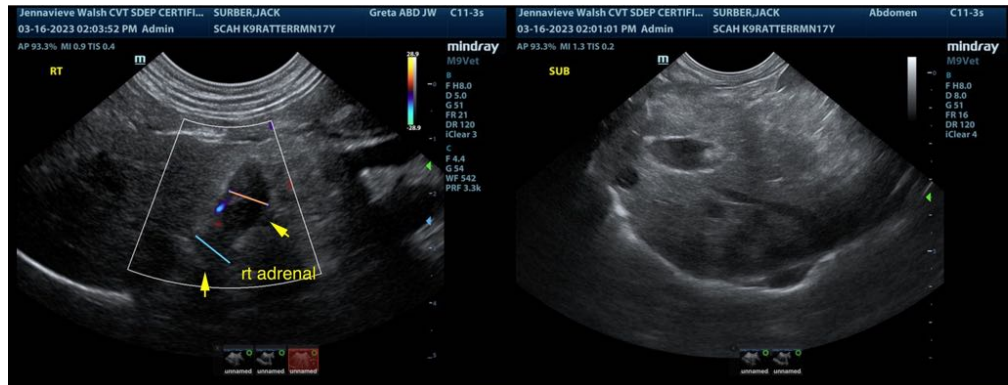
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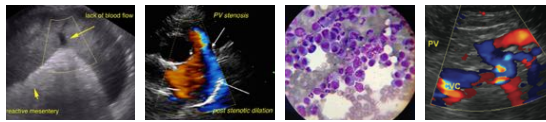
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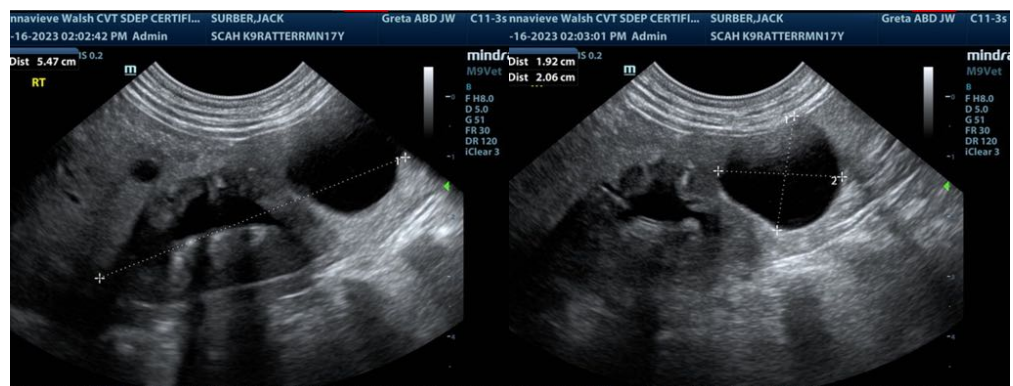
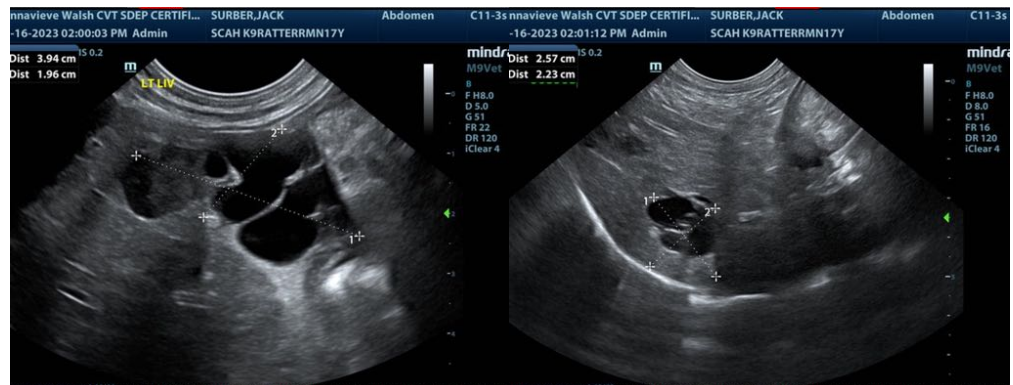
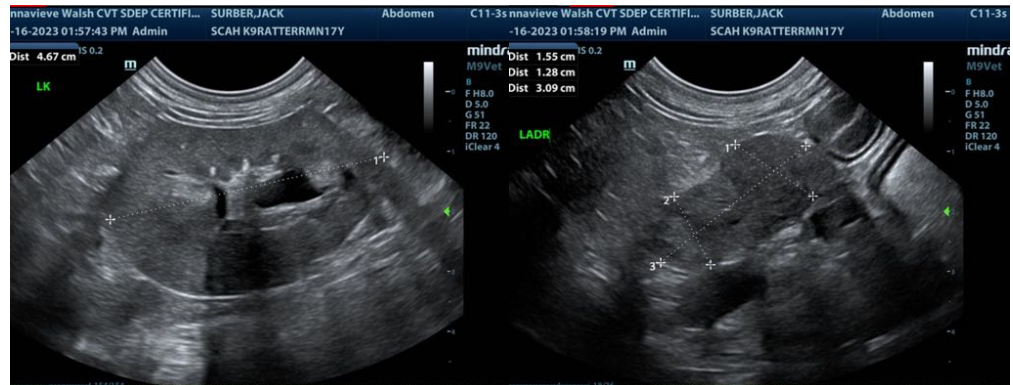
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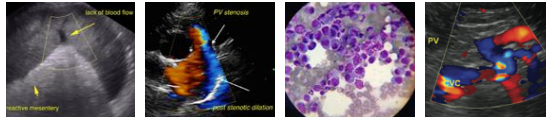
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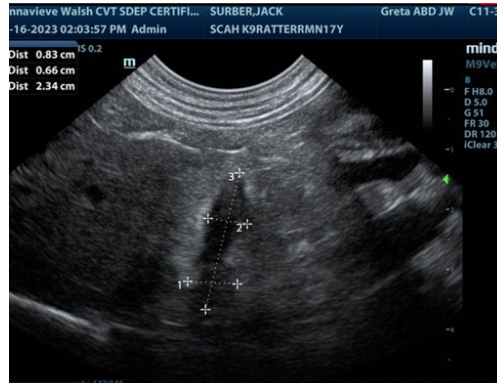
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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