



PATIENT

Chewey Blakely

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

14 years

WEIGHT

15.43 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barrett

DATE

3/28/22

Invoice

PRESENTING CLINICAL SIGNS

History: possible abdominal mass
Abnormal PE/Chem/CBC/UA Results: SDMA- 26 BUN-34 ALKP-858

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 residual prostate was uniform and measured 0.95 cm.

The **kidneys** revealed moderate degenerative changes with increased cortical echogenicity and irregular contour with minor areas of cortical collapse owing to remodeling and microinfarcts. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.34 cm. The left kidney revealed an anechoic cyst at the cranial pole measuring 1.83 x 1.48 cm. The left kidney measured 4.44 cm with minor pyelectasia and moderate degenerative changes.

Adrenal Glands

The right **adrenal gland** was expansive and hyperechoic 1.33 cm nodule at the cranial pole measuring 0.68 cm at the caudal pole and 2.49 cm in length. The left adrenal gland was enlarged and measured 2.47 x 1.06 cm at the caudal pole and 0.65 cm at the cranial pole. Capsular expansion was noted.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** is enlarged and fairly uniform with a vacuolar hepatopathy pattern with occasional heterogenous parenchymal changes. The left liver revealed a hyperechoic nodule, this is likely a lipogranuloma and is subjectively benign measuring 1.57 x 0.96 cm. Irregular lobar swelling was noted to the liver. This is consistent with hepatoma type formation without disruption of architecture. The gallbladder was over distended with echogenic debris. This is consistent with mucocele formation. The gallbladder measured approximately 3.0 x 3.0 cm.



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Gastrointestinal

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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.

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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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Free Abdomen

Cystic body wall mass was noted in the right cranial abdomen in this patient. The mass measured 8.0 cm wide x 6.5 cm deep. Heterogenous changes were noted in the falciform.

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Adjacent to the liver there was a 3.0 cm region but could not be completely separated from the body wall mass. The mass appeared to impinge upon if not overtly invade the abdominal cavity. The diaphragm was nebulous as well.

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ULTRASONOGRAPHIC FINDINGS

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Cranial abdominal mass occupying the body wall appears to invade into the abdominal cavity with nebulous diaphragm and body wall. Cystic hepatic changes may be related to the mass or a hepatoma type presentation otherwise.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal enlargement with nodular changes. Bilateral adenomas, hyperplasia. Pheochromocytoma or carcinoma are all technically possible. I am more concerned with the left adrenal than the right from a subjective standpoint.

Otherwise, geriatric abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend CT evaluation in this patient for possible surgical planning as the definition of the body wall, diaphragm and liver were not clear in the region of mass. There is a significant inflammatory pattern around the masses. Ultrasound-guided drainage of the cystic portion of the mass could be considered as a palliative measure with cytopsin to assess for potential exfoliating type of neoplasia. Body wall sarcoma or hemangiosarcoma or chondrosarcoma are the primary concerns as portions of the mass appear to be mineralized. CT with contrast of the abdomen and caudal thorax is recommended as well as chest CT to assess for micrometastasis. Abscessation is also possible, yet less likely. Penetrating foreign body is technically possible creating the cystic mass effect.

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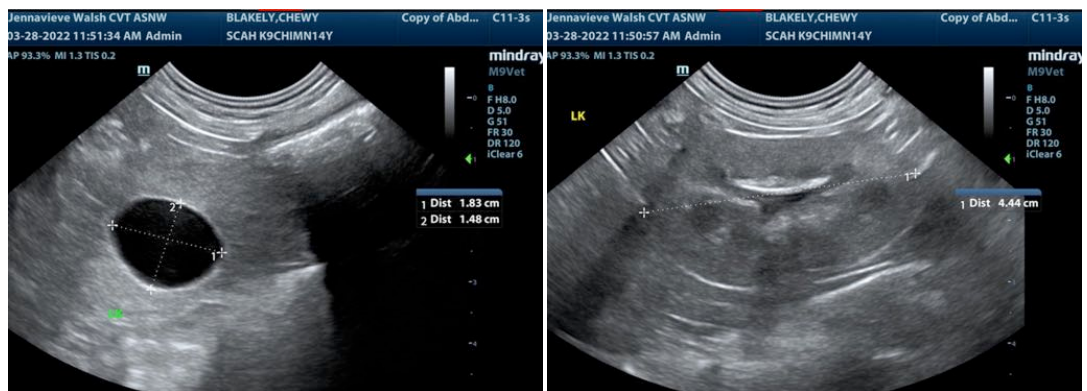
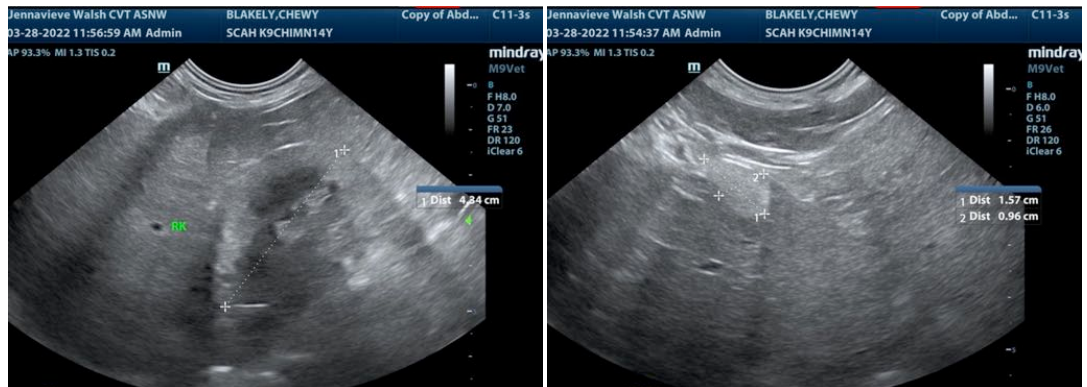
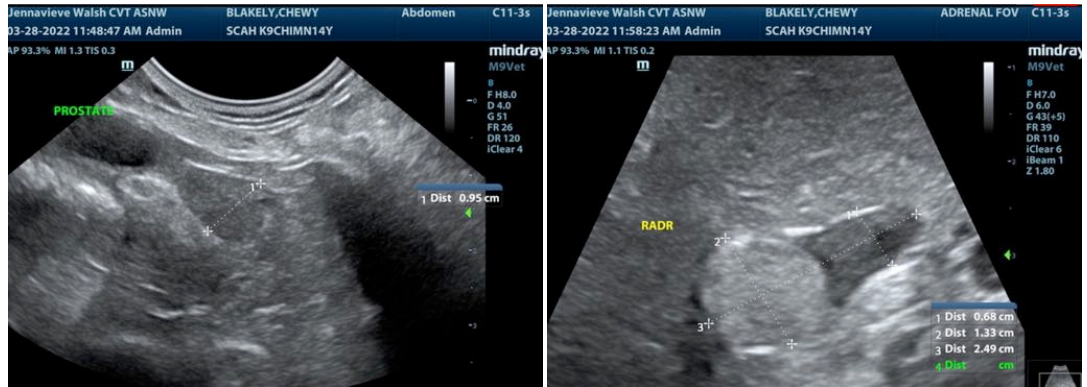
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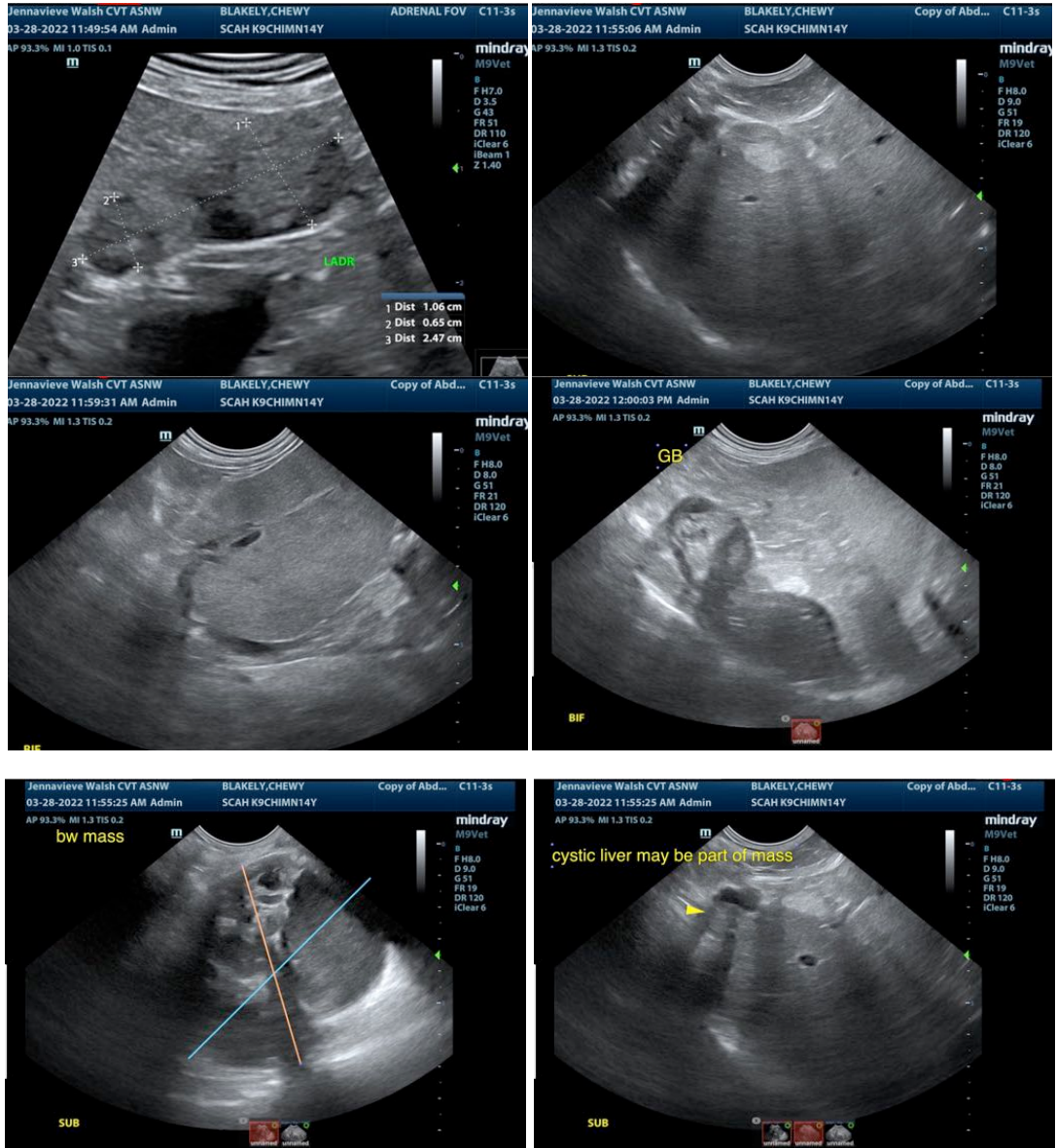
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com