

PATIENT

Freckles Hodges

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

16 years

WEIGHT

19.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Bruton

DATE

6/22/23

Invoice

47914

PRESENTING CLINICAL SIGNS

History: Presented for ADR - not wanting to eat, elevated liver/pancreatic values Second bout of pancreatitis in the last month. Rad consult stated possible mass in mid abd.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical ventral and dorsal wall thickening with polypoid changes and anechoic urine. This is most consistent with chronic cystitis. However, areas of muscularis hypertrophy was noted. Potential for carcinoma.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Occasional cortical cyst was noted in the kidneys.

Adrenal Glands

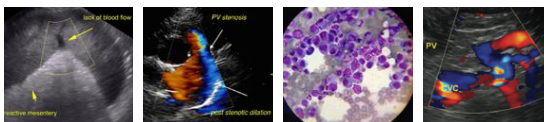
The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.29 x 0.74 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 2.16 x 0.62 cm at the caudal pole and 0.86 cm at the cranial pole.

Spleen

The **spleen** revealed a focal, 1.27 cm hypoechoic nodule that was non-disruptive. The spleen revealed a separate parenchymal mass that measured 3.0 x 2.4 cm.

Liver

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. A mid cranial anechoic cyst was noted and measured 2.0 cm. 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 **pancreas** revealed hypoechoic, heterogenous, irregular parenchyma in the right limb. There is a potential for pancreatitis and potential low-grade inflammation.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Chronic cystitis pattern with potential for emerging transitional cell carcinoma.

Splenic mass and separate splenic nodule. Differentials include round cell neoplasia, hemangiosarcoma, pronounced hyperplasia, non-neoplastic hyperplasia is possible.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy and mucosal biopsies are indicated.

IMAGING PERFORMED BY

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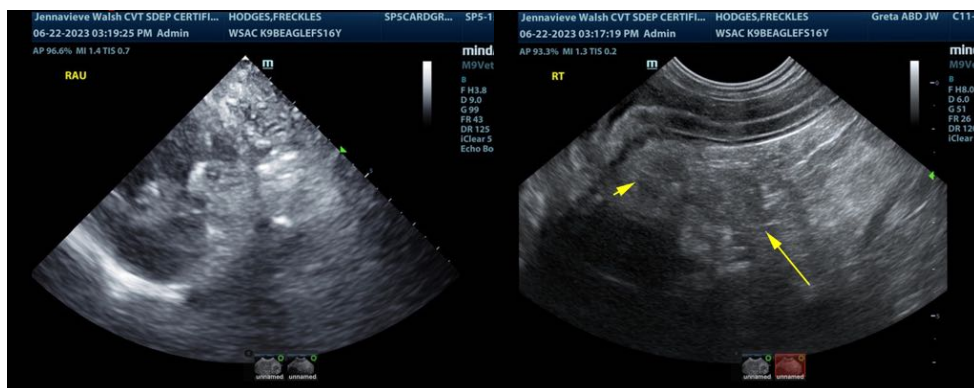
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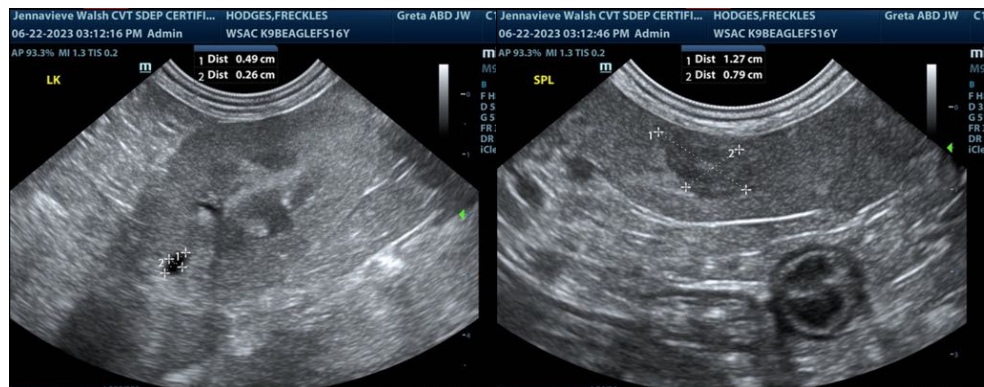
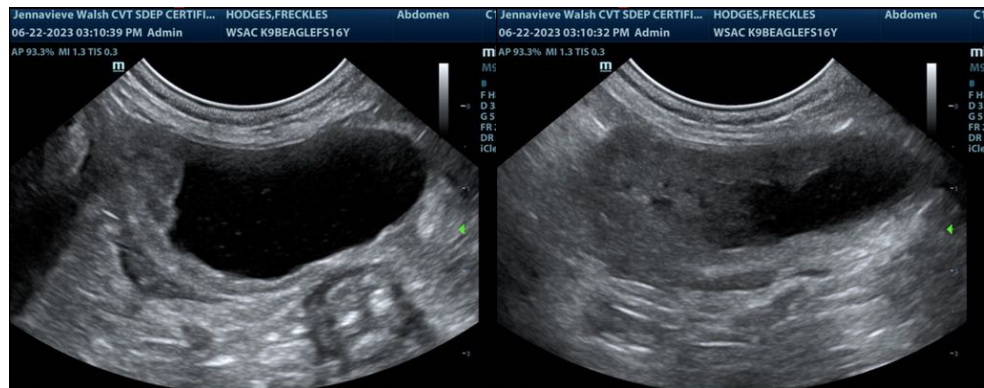
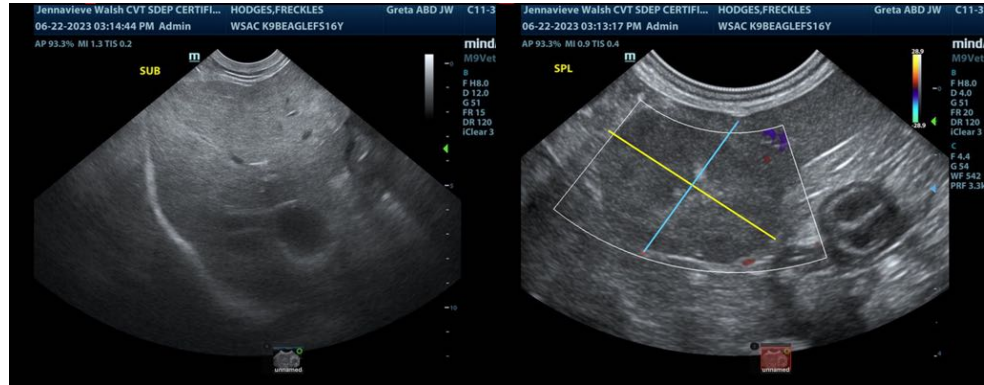
Dr. Bruton

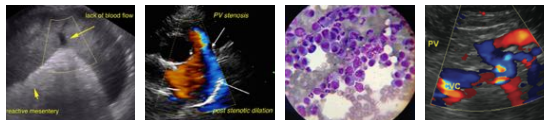
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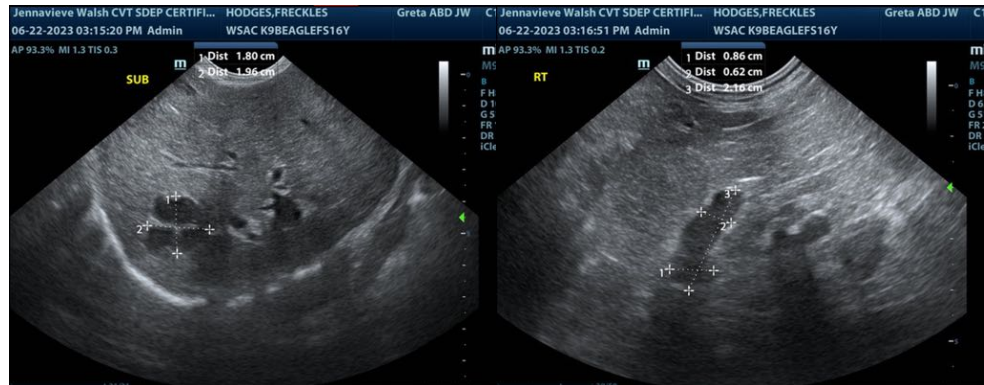
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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