



**PATIENT**

Haru Zhang

**SPECIES**

Canine

**BREED**

Bichon Poodle Mix

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Lang

**INVOICE**

42501

**DATE**

1/4/23

**PRESENTING CLINICAL SIGNS**

History: Patient presents for history of chronic diarrhea - currently on novel protein diet, but owner reports no improvement. Current meds: Denamarin,  
Abnormal PE/Chem/CBC/UA Results: ALT 146.

**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 measured 0.65 cm.

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. The right kidney measured 2.9 cm. The left kidney measured 3.2 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 0.9 x 0.42 cm at the caudal pole and 0.43 cm at the cranial pole. The left adrenal gland measured 1.2 x 0.34 cm at the caudal pole and 0.31 cm at the cranial 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.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented 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**

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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. The descending colon was enveloped by the lymphatic pathology, yet structurally the colon itself was unremarkable.

**SPECIES**

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Undifferentiated mixed hypoechoic, colic lymph nodes are enlarged. Grouping of which measured 4.0 cm as a mass. The sublumbar lymph node was also enlarged, hypoechoic and irregular measuring 2.84 x 1.44 cm. Regional inflammation was noted as well as slight areas of free fluid. Reactive mesentery and adhesions were noted.

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**Pancreas**

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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.

**AGE**

2 years

**ULTRASONOGRAPHIC FINDINGS**

Sublumbar and colic lymph node masses.

**WEIGHT**

10 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology and culture is indicated. There is no surgical solution for this patient. The mid to distal descending colon was obscured by the lymph node pathology; therefore, I cannot rule out some level of colonic involvement. Chest radiographs are warranted to assess for comorbidity.

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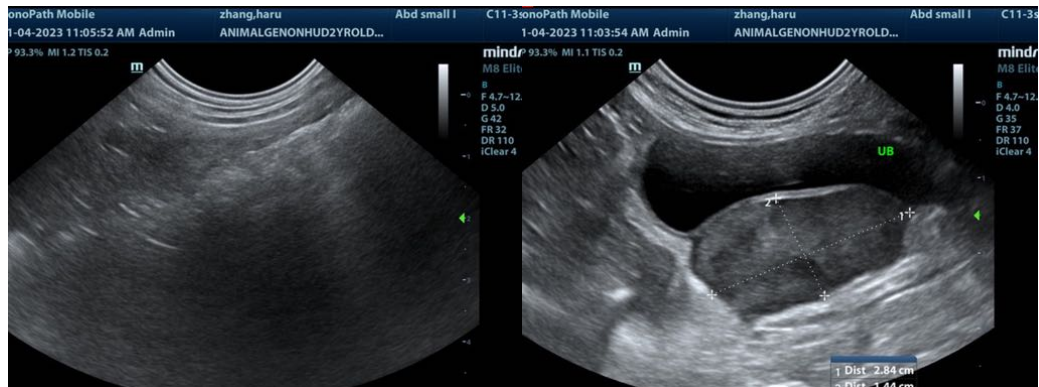
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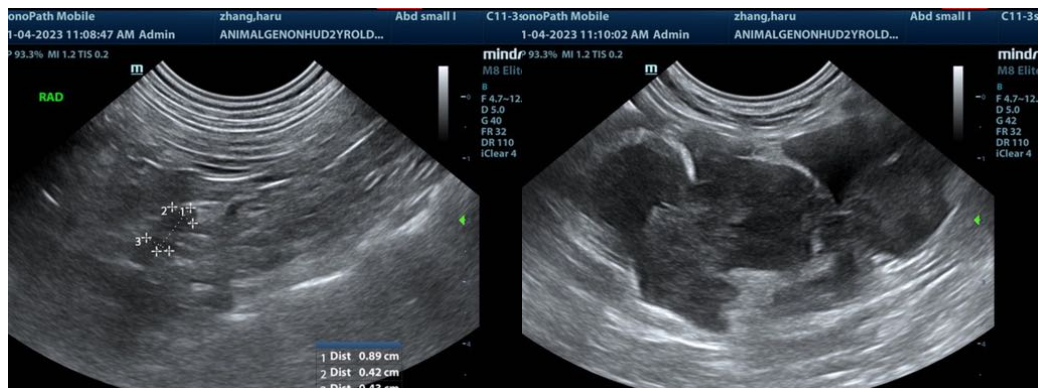
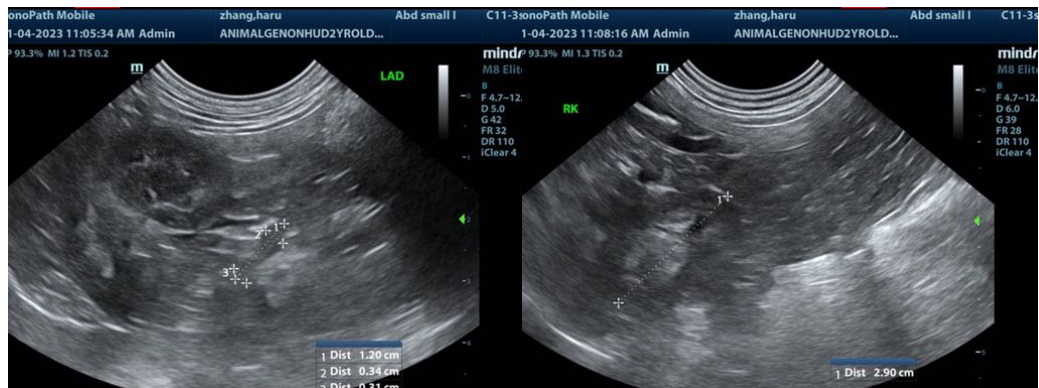
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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