



PATIENT

Reeses Caballera

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea. Generalized hepatomegaly, increased gastric wall thickness.
ALT 2900, ALP 503, GGT 88, BUN 3.6, creatinine 2.2, neutrophils 14.83 w bands, low reticulocytes.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Shorkie

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.

SEX

Neutered male

AGE

14 years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The kidneys had increased cortical echogenicity. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pyelectasia was noted in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm. Blood flow appeared to be adequate on power doppler assessment.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was uniform measured 0.69 cm at the caudal pole and 0.74 cm at the cranial pole. The right adrenal revealed an expansive 2.0 cm mass with irregular contour and early invasion into the right phrenic vein. The vena cava was free of evident pathology. The right adrenal gland measured 2.5 x 1.9 cm.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

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.

REFERRING VET

Dr. Rizzo

INVOICE

42252

Liver

The **liver** revealed a left-sided, complex, mixed, hypoechoic and peripherally inflamed mass that measured 5.0 cm. The remainder of the liver revealed mildly increased portal markings and minor hepatic remodeling. The gallbladder and common bile duct were unremarkable.

DATE

11/1/22



PATIENT

Gastrointestinal

Reeses Caballera

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.

SPECIES

Canine

BREED

Shorkie

Pancreas

The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes with hyperechoic remodeling. Some level of pancreatitis is likely.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Inflamed left liver mass. Suspect carcinoma.

AGE

14 years

Mild chronic active pancreatitis.

Enlarged, irregular right adrenal with early phrenic vein invasion. Suspect carcinoma or pheochromocytoma. Benign hyperplasia with phrenic vein clot is possible, yet less likely.

Moderate degenerative renal changes with pyelectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass appears resectable with full left lobectomy. IV fluid support, stabilization of azotemia and blood pressure measurements are all indicated with right adrenalectomy and left liver lobectomy after chest radiographs have been evaluated.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

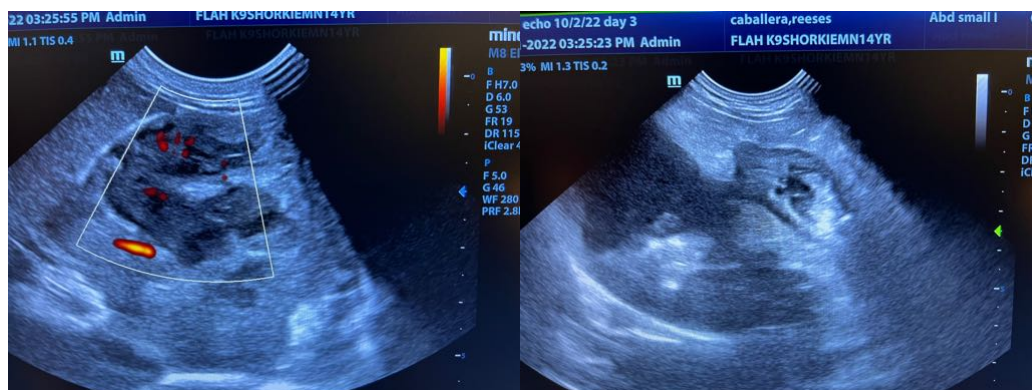
Dr. Rizzo

INVOICE

42252

DATE

11/1/22





PATIENT

Reeses Caballera

SPECIES

Canine

BREED

Shorkie

SEX

Neutered male

AGE

14 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

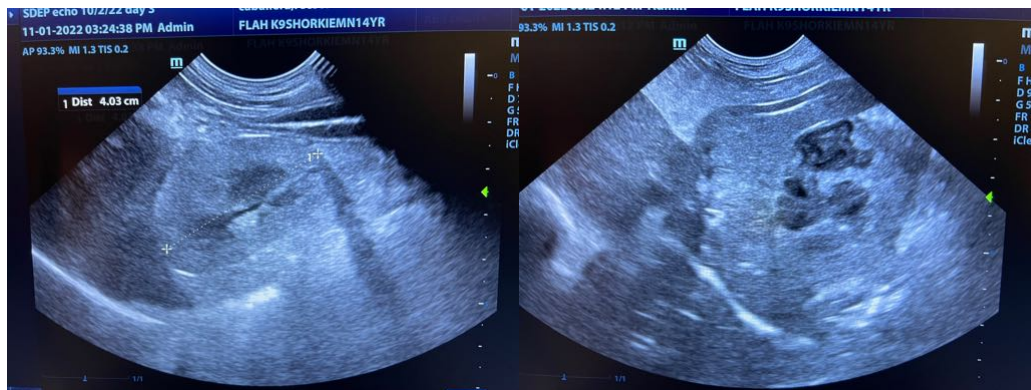
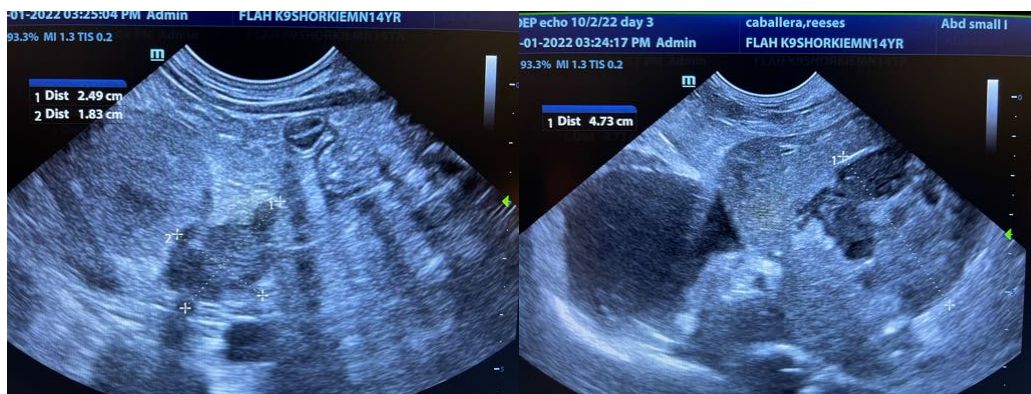
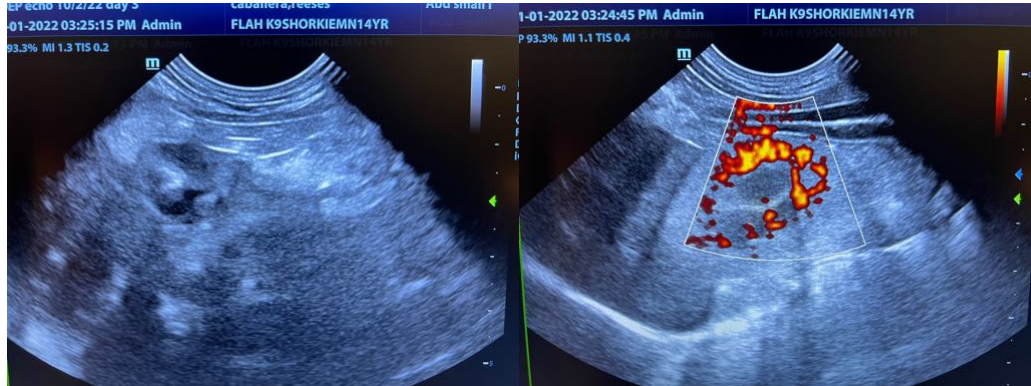
Dr. Rizzo

INVOICE

42252

DATE

11/1/22





PATIENT

Reeses Caballera

SPECIES

Canine

BREED

Shorkie

SEX

Neutered male

AGE

14 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

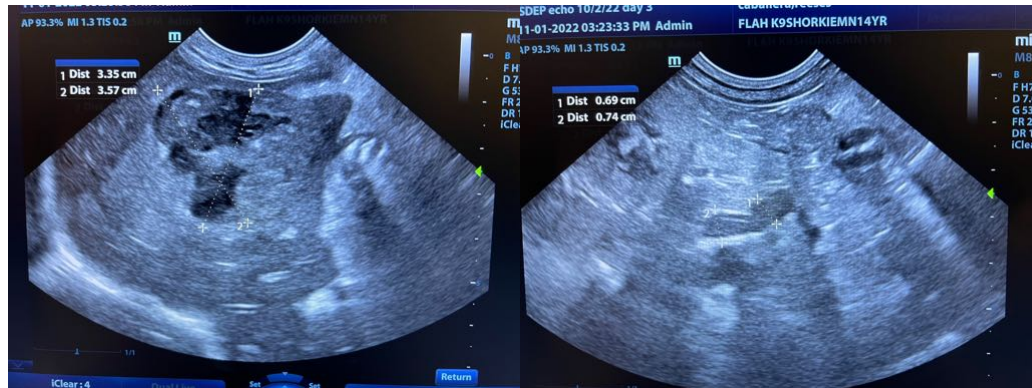
Dr. Rizzo

INVOICE

42252

DATE

11/1/22



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
Info@SonoPath.com