

PATIENT

Bunny Pretoni

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

All Creatures Great and
Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

18205

DATE

11/25/22

PRESENTING CLINICAL SIGNS

History: Losing weight, emesis, polydipsia, polyuria. No current meds.
Abnormal PE/Chem/CBC/UA Results: GPT 495, ALK. Phos. 5360, GGT. 17.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.24 cm calculus, nonobstructive with minor acoustic shadowing. The bladder wall was unremarkable otherwise. Anechoic urine was present. The residual prostate was uniform, measuring 0.55 cm in width.

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 4.4 cm. The left kidney measured 4.01 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.75 cm x 0.92 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 1.53 cm x 0.64 cm at the caudal pole and 0.67 cm at the cranial pole.

Spleen

The **spleen** revealed multifocal hyperechoic nodular changes consistent with lipogranulomas. The spleen was otherwise uniform.

Liver

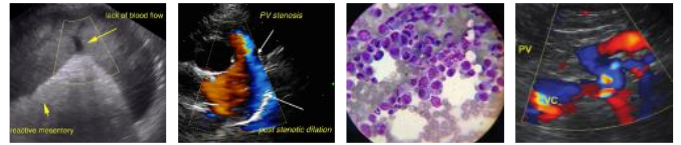
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a minor change.

Gastrointestinal

A 2.6 cm x 3.0 cm mineralizing mass was noted in the region of the gastroesophageal inlet. It appears to be deriving from the esophageal wall. The remainder of the **stomach** was unremarkable, as was the small intestine.

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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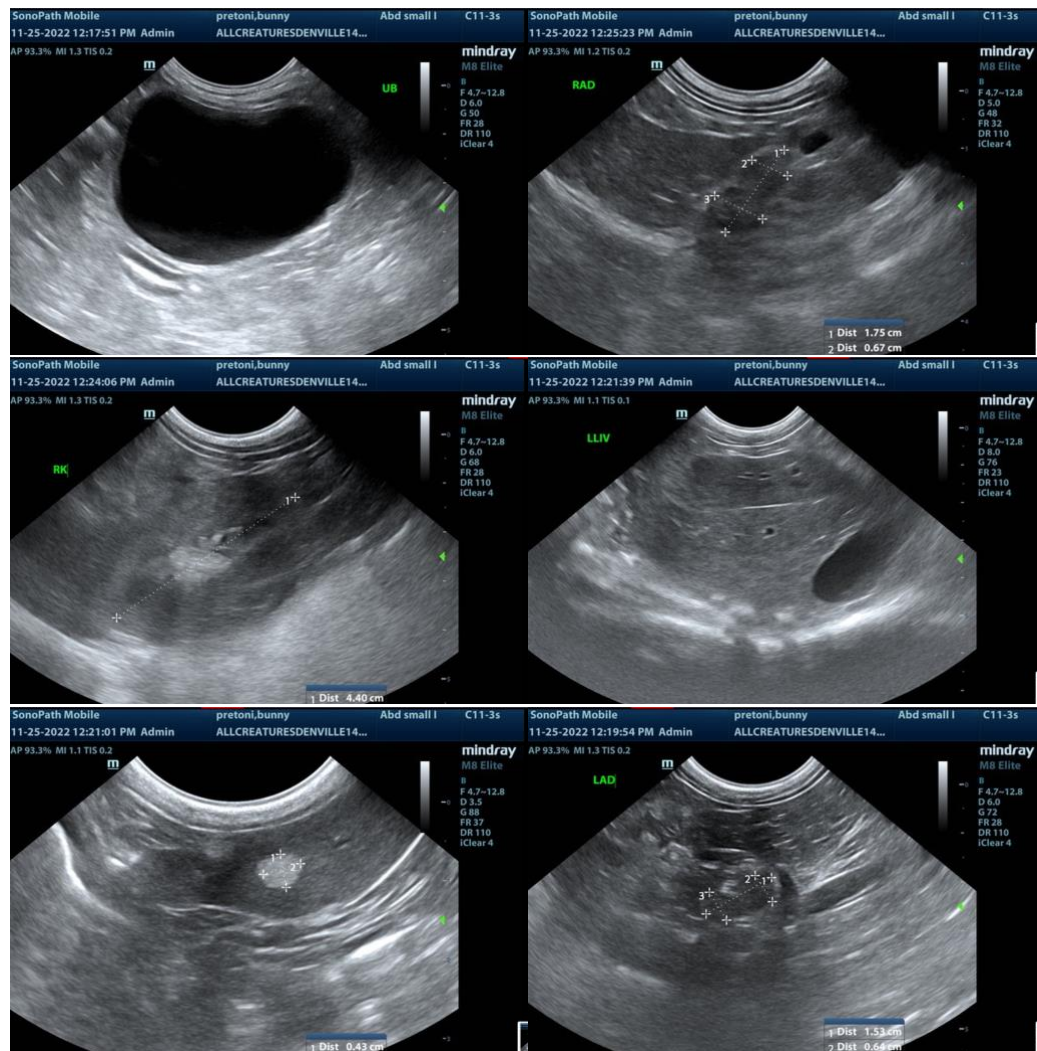
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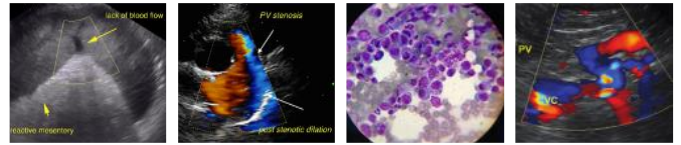
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Mineralizing mass in the region of the gastroesophageal inlet-suspect gastrinoma. Serum gastric levels are warranted. This is a difficult area to sample.
- Lipogranulomatous splenic changes
- Benign hepatopathy
- Bladder calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is indicated to obtain biopsies.





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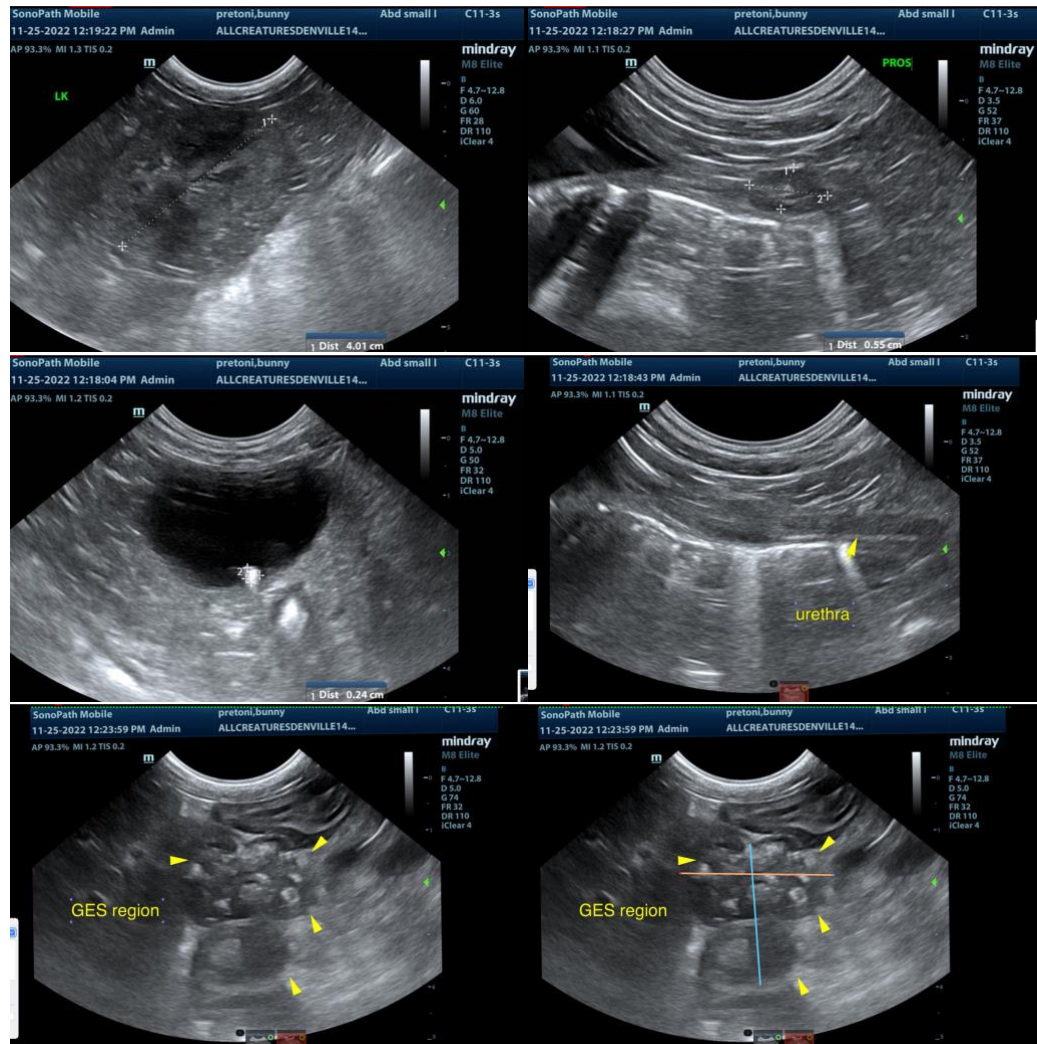
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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