



PATIENT

Hubert Childs

PRESENTING CLINICAL SIGNS

History: Murmur 4/6 L = R sided. Multiple skin masses, would like to take samples- biopsies if pet can withstand anesthesia. R/o Cardiac disease.
Abnormal PE/Chem/CBC/UA Results: Glob 4.3, Na:K 25, Amylase 1472

SPECIES

Canine

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.

BREED

Cocker Spaniel

SEX

Neutered male

The prostate was uniform and measured 0.5 cm.

AGE

12 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. An anechoic cyst was noted in the dorsal cortex. The left kidney measured 6.52 cm. The right kidney measured 7.44 cm.

WEIGHT

42.5 lbs

Adrenal Glands

The left **adrenal gland** was uniform and measured 2.6 x 0.65 cm at the caudal pole and 1.36 cm at the cranial pole. The right adrenal was slightly enlarged and measured 0.9 cm at the cranial pole and 0.9 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Whippany VH

Liver

The **liver** was swollen with coarse architecture. Increased portal markings were noted. Isoechoic nodular changes were noted. Hepatic veins were dilated as was the vena cava. This is consistent with passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Smith

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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.

SPECIES

Canine

Pancreas

BREED

Cocker Spaniel

The **pancreas** was hypoechoic with coarse architecture.

SEX

Free Abdomen

Neutered male

A moderate amount of ascites was noted in the abdomen.

AGE

ULTRASONOGRAPHIC FINDINGS

12 years

Benign passive congestion liver with nodular changes.

WEIGHT

Secondary ascites.

42.5 lbs

Prominent, irregular pancreas.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend focusing on the thorax in this patient. Either a primary cardiac disease and right sided heart failure or obstructive thoracic disease. If no evidence of heart failure is present then chest CT is indicated. No primary abdominal disease appears to be present other than potential low-grade pancreatitis. However, the changes in the pancreas are consistent with prior episodes of pancreatitis. The liver changes are owing to chronic hypoxia from passive congestion as well as benign hepatopathy.

IMAGING PERFORMED BY

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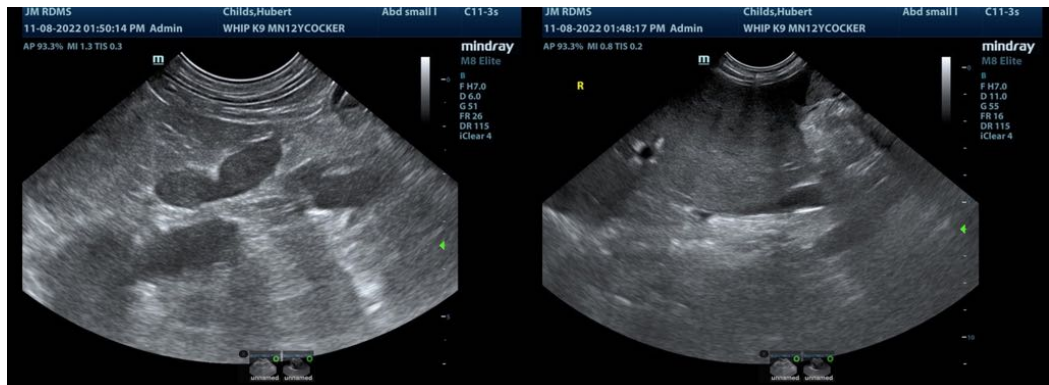
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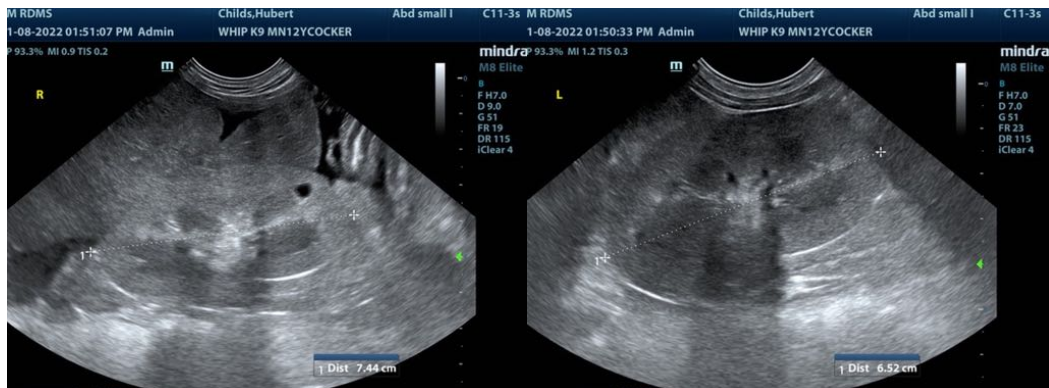
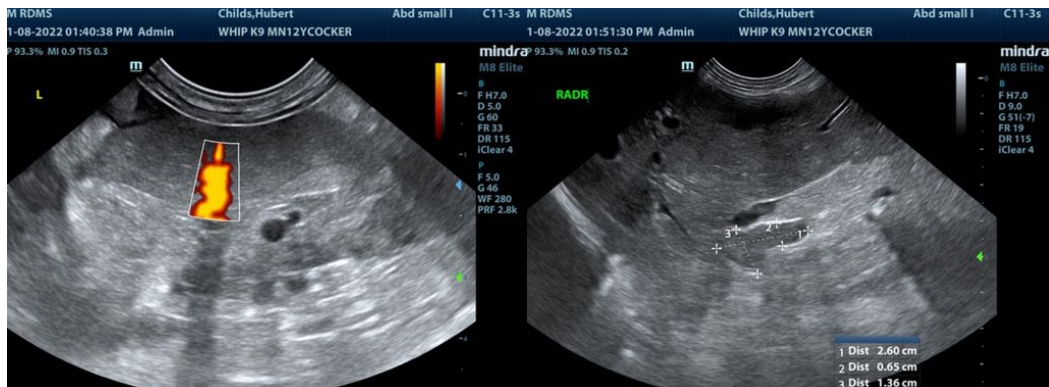
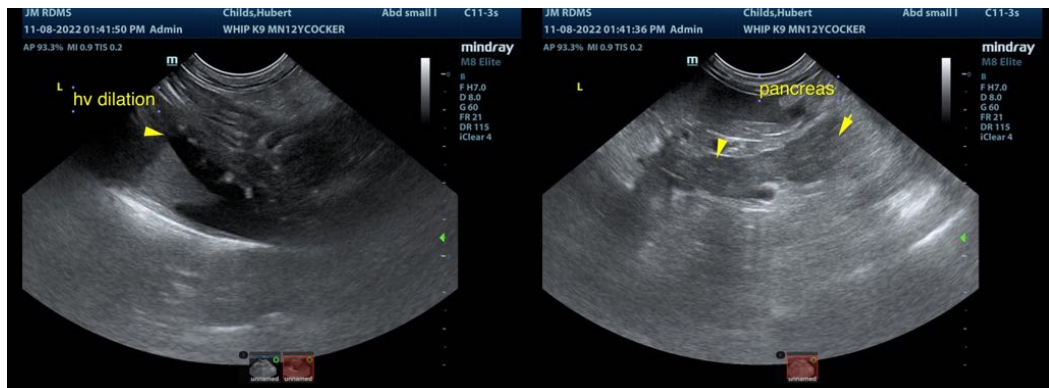
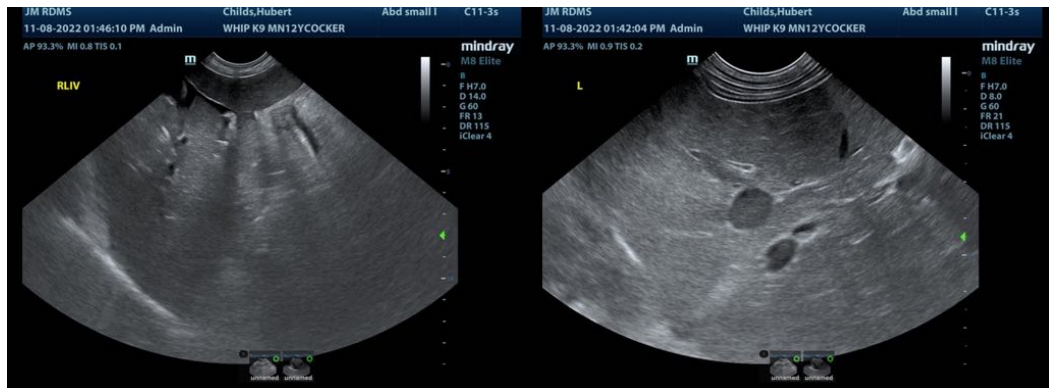
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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Cocker Spaniel

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Neutered male

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