



PATIENT

Diesel Weintraub

PRESENTING CLINICAL SIGNS

Vomiting, anorexia. Elevated ALT and ALP, anemia. HCT 29%, BUN 50, ALT 1804, ALP 4000

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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

Silky Terrier

SEX

Neutered male

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. Multi-focal, cortical cysts and cortical mineralization were noted along with minor pyelectasia. The left kidney measured 3.34 cm. The right kidney measured 5.56 cm with trace pyelectasia.

AGE

12 years

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.07 x 0.86 cm. The right adrenal gland measured 2.37 x 1.03 cm at the cranial pole and 0.85 cm at the caudal pole.

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Spleen

HOSPITAL NAME

Franklin Lakes AH

The **spleen** revealed multi-focal, minor nodular changes. The largest nodule measured 0.9 cm and was more cystic than nodular.

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Dr. Ward

Liver

The **liver** was riddled with multiple, macronodular, irregular changes and swollen, irregular parenchyma with a 6.0 cm, mixed echogenic, left medial liver mass with enhanced surrounding mesentery and hematomas. Necrotic portions of the mass were also noted deviating the gastrointestinal tract caudally. The caudate process was particularly swollen and mildly irregular. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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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Free Abdomen

SEX

Neutered male

A mild to moderate amount of localized free fluid was noted between the liver lobes and in the caudal abdomen adjacent to the bladder. The echogenicity and presence of anemia would suggest hemorrhage.

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ULTRASONOGRAPHIC FINDINGS

Necrotic left-sided liver mass with infiltrative hepatic pattern.

Immature gallbladder mucocoele with secondary hemorrhage likely deriving from the mass.

Moderate degenerative renal changes with multiple cortical cysts.

Bilateral adrenal hypertrophy, potential concurrent PDH.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the left liver mass and general liver nodules are warranted as well as chest CT and abdominal CT for surgical planning. If by change the pathology is localized to the left liver mass, then a left liver lobectomy can be considered. However, given the expansive, irregular, macronodular changes throughout the liver this is likely a local manifestation of a diffuse hepatic process.

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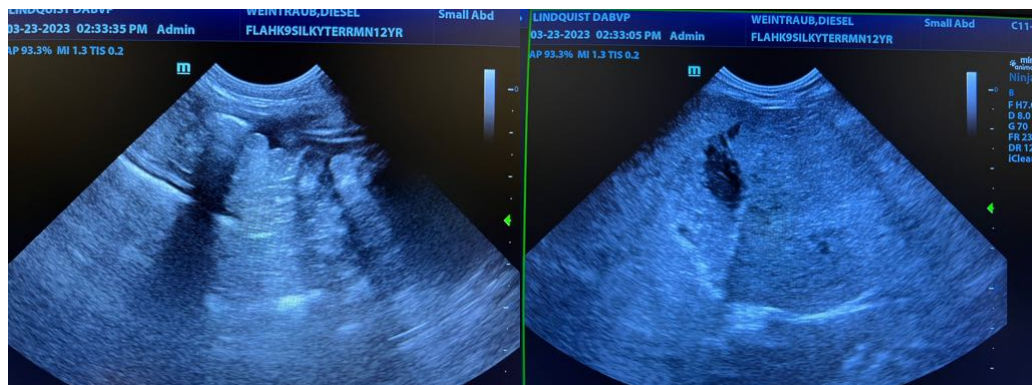
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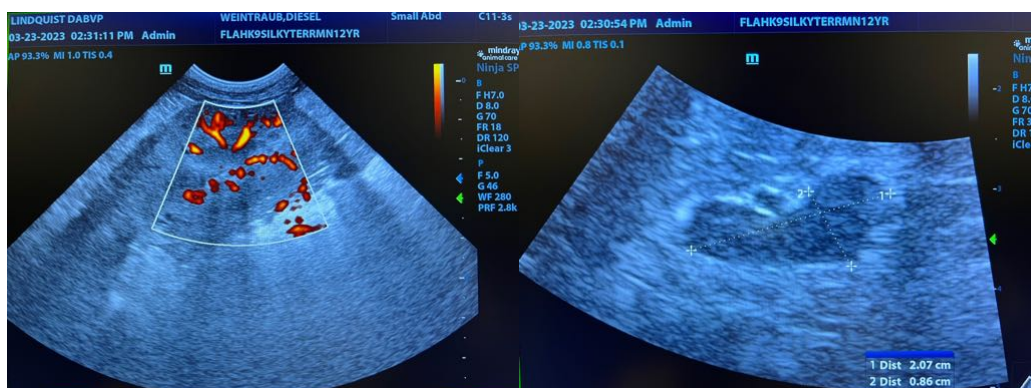
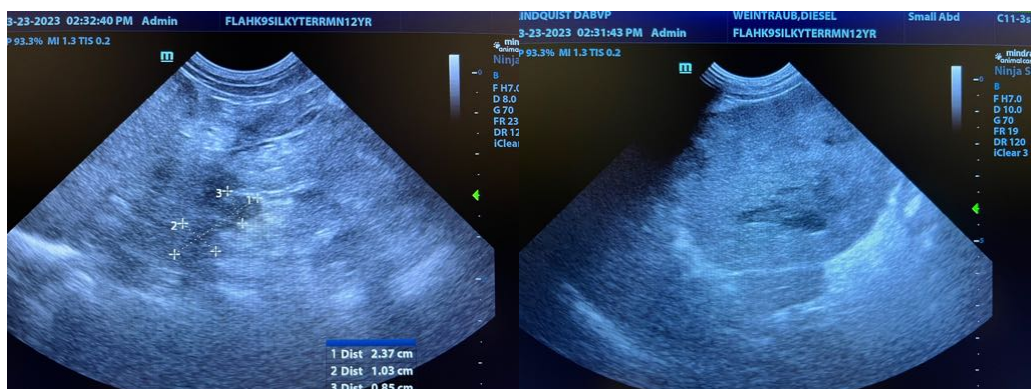
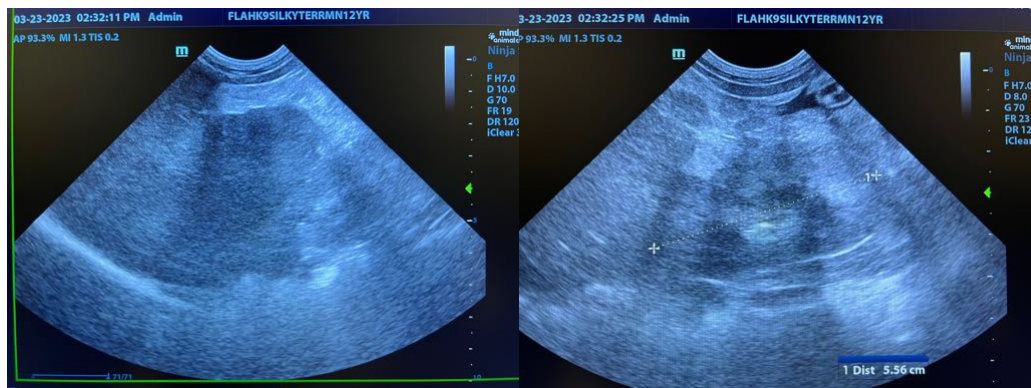
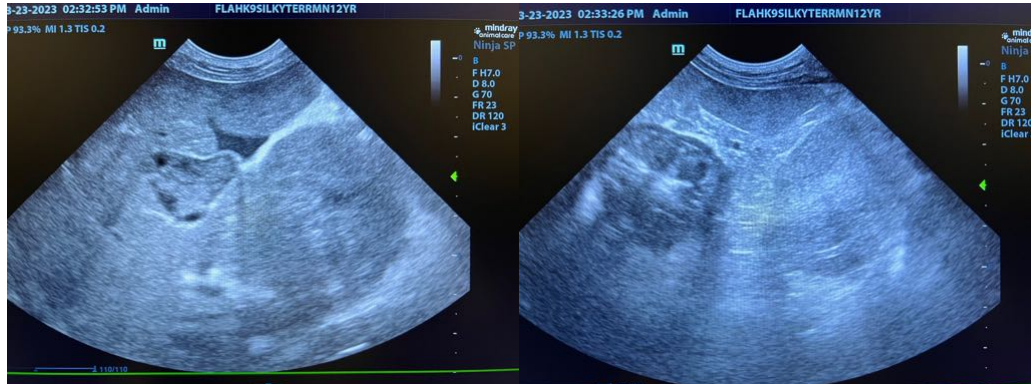
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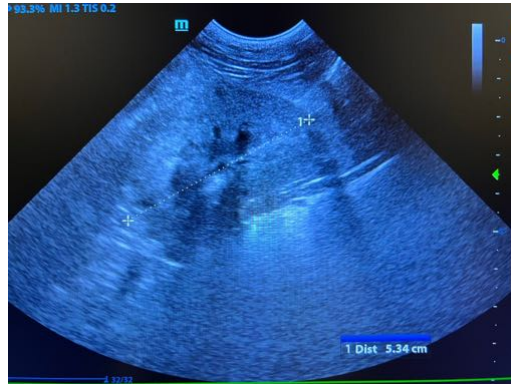
Silky Terrier

SEX

Neutered male

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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.

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