

**PATIENT**

Lulu Ressel

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

8.3 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Wiedmeyer

**INVOICE**

99970

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

Patient History (required): Recent history of stranguria, tenesmus and decreased appetite. She has a history of collapsing trachea as well. A rectal mass was found on exam yesterday. Relevant Exam/labs/imaging results/treatments: ZRL CBC - WBC 11.3(N), HCT 47%(N), Plt 640(H) ZRL Chem - Gluc 131(H), Ca 11.1(H), ALP 349(H) ZRL UA - bladder could not be found to sample Rectal exam - There is a swelling along the left side of the colon about one inch in EPOC - NSF - iCa 1.31(N) R lateral AxR - in area where I would expect to see the bladder, I see a tubular structure (is this the bladder with thickened walls?), it seems like it's pushing the colon dorsally. Ventral to L6, it seems like there's something retroperitoneal that is pushing the colon ventrally. Nearing rectum, just beyond the pelvis, there seems to be something that's pushing the colon dorsally

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is only mildly distended, but its contents are anechoic. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 3.29 cm. The capsule is smooth. The cortex is hyperechoic. A mild to moderate loss of the normal definition of the cortico-medullary junction is present, in addition to mineralization of the diverticulae and pelvis. A nephrolith measuring 3.4 mm is observed. There is no evidence of pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 3.34 cm. The cortex is hyperechoic; i.e. it is hyperechoic to the liver. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

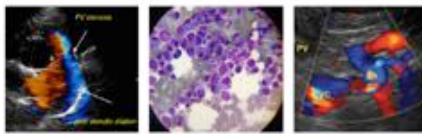
No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.59 cm at the cranial pole, 0.32 cm at the caudal pole and 1.62 cm in length. The cranial pole is "plump", but there is no evidence of a mass. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.59 cm at the cranial pole, 0.49 cm at the caudal pole and 1.57 cm in length. The cranial pole is "plump", but there is no evidence of a mass. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com

Clinical Sonography &amp; Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Lulu Ressel

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A small, well circumscribed nodule, measuring 2.5 mm in diameter x 2.6 mm in length is observed. Nodular hyperplasia and mineralization are possible differential diagnoses. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. Perivascular cuffing is also observed which is not considered clinically significant.

**SPECIES**

Canine

**Liver****BREED**

Mix

There are no obvious signs of hepatomegaly and its borders are smooth, but mildly rounded. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. A small, well circumscribed nodule is observed. Nodular hyperplasia and mineralization are possible differential diagnoses. Small, pin point hyperechoic foci, most likely due to mineralization, are also noted. No abnormalities are observed with the hepatic vessels visualized.

**SEX**

Spayed Female

The gallbladder wall is within normal limits in thickness and echogenicity. A small to moderate amount of echogenic material is present within the GB. The sludge is free floating, gravity-dependent, and inspissated, forming nodules. There is no evidence of edema surrounding it. There is no evidence of an obstruction.

**AGE**

12 years

**Gastrointestinal****WEIGHT**

8.3 lbs

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

**IMAGING PERFORMED BY**

Dr. Gromalak

**Pancreas****HOSPITAL NAME**

SVS Imaging

No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

**REFERRING VET**

Dr. Wiedmeyer

**Other****Lymph nodes**

No abnormalities are observed

**INVOICE**

99970

**Abdominal effusion** is not visualized.

**DATE**

4/26/22

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com

Clinical Sonography &amp; Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Lulu Ressel

- No significant abnormalities are observed on today's ultrasound to explain Lulu's recent clinical signs.

**SPECIES**

Canine

- The pinpoint hyperechoic foci observed with Lulu's liver are likely due to mineralization and not considered clinically significant.

**BREED**

Mix

- A small hyperechoic nodule is noted in both the liver and the spleen. Differential diagnoses include mineralization, fat, and fibrosis. There are no signs of neoplasia.

**SEX**

Spayed Female

- The presence of sludge in the gallbladder is usually clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor and ursodeoxycholic acid may be required depending on the patient's history.

**AGE**

12 years

- Moderate changes of both kidneys are present, which are suggestive of age related degeneration.

**WEIGHT**

8.3 lbs

- Both adrenal glands are at the high end of the normal reference range for a dog of Lulu's stature. This may be due to adrenal hyperplasia secondary to stress or chronic illness. Pituitary dependent hyperadrenocorticism (HAC) is considered less likely. Further diagnostics are not considered necessary if Lulu is not demonstrating clinical signs of HAC.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

As per communication with Dr. Gromalak, the rectal mass palpated is caudal to the pelvis, therefore, one would not expect to observe abnormalities on the abdominal ultrasound.

General anesthesia may allow for proper evaluation of the mass and resection via a "rectal pull through".

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Wiedmeyer

**INVOICE**

99970

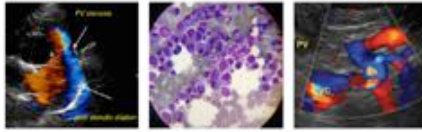
**DATE**

4/26/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



**SonoPath**  
Clinical Sonography & Telectyology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Lulu Ressel

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

8.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

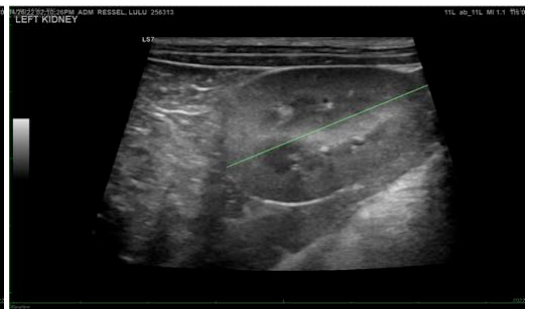
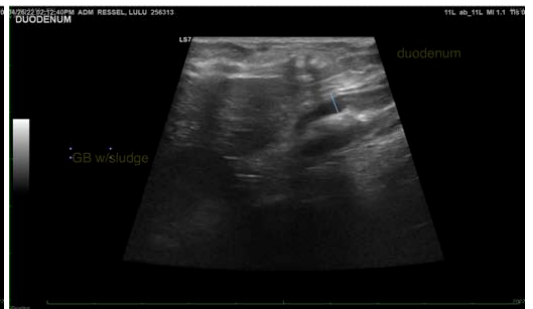
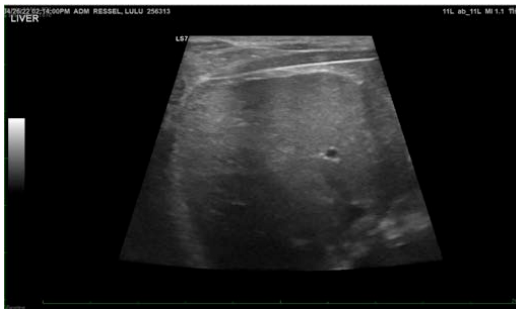
Dr. Wiedmeyer

**INVOICE**

99970

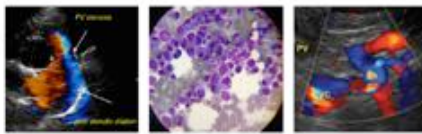
**DATE**

4/26/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



**Clinical Sonography & Telectology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Lulu Ressel

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

8.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Wiedmeyer

**INVOICE**

99970

**DATE**

4/26/22



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  
Eric.Lindquist@SonoPath.com