



**PATIENT**

Cookie Guayara

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

15 Years 4 Months

**WEIGHT**

7.63 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Vetco Teterboro

**REFERRING VET**

Dr. Behin

**INVOICE**

35366

**DATE**

1/12/26

**PRESENTING CLINICAL SIGNS**

History: Ascites per Lyndhurst vet, cardiomegaly per Lyndhurst. Clinical findings: Very enlarged abdomen, hx of RFL amputation due to malignant masses, splenectomy in 12/2024. (Mass removed w/ spleen). Current medications: Baytril 68mg 1/2 tab SID, Lasix 20mg 1/2 tab SID  
Abnormal PE/Chem/CBC/UA Results: 3/3/25 - Retic minimally elevated; platelets 690, phos 1.9, RBC 10.15

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.0	2.8	1.2	1.3	35	90	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	90	--	--	7.63 lbs	1.9	1.7	--

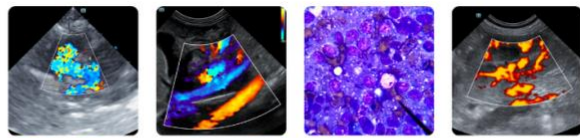
**Cardiac Presentation**

The cardiac presentation presented normal volumes and contractility in all 4 chambers. Minor tricuspid insufficiency was noted yet not to the level of pulmonary hypertension. Mitral insufficiency was also noted. No pericardial or pleural effusion was noted.

**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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 4.4 cm. The left kidney measured 4.0 cm. Cortical mineralizations were noted.



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**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.56 cm x 0.52 cm at the caudal pole and 0.9 cm at the cranial pole. The left adrenal gland measured 1.01 cm x 0.77 cm at the caudal pole and 0.59 cm at the cranial pole.

**Spleen**

The **spleen** was previously removed. The region of the splenic fossa was unremarkable.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The hepatic veins were not dilated. No evidence of passive congestion.

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

**Pancreas**

An overt hypoechoic undifferentiated mass was noted in the area of the **pancreas**, measuring 2.8 cm x 2.3 cm, with similar hypoechoic nodular changes noted throughout the mesentery.

**Free Abdomen**

A large amount of mildly echogenic **ascites** was noted in the abdomen. Heterogenous omental changes were noted with ill-defined mesentery.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic mass
- Mesenteric nodules
- Ascites
- Stage B-1 valvular disease
- Mitral insufficiency
- Minor tricuspid insufficiency without volume overload
- No evidence of cardiac component to the ascites

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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Abdominal carcinomatosis, sarcomatosis, or similar is suspected. Abdominocentesis with cytospin of the free fluid could be considered for definitive diagnosis. There is no cardiac component in this patient.

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The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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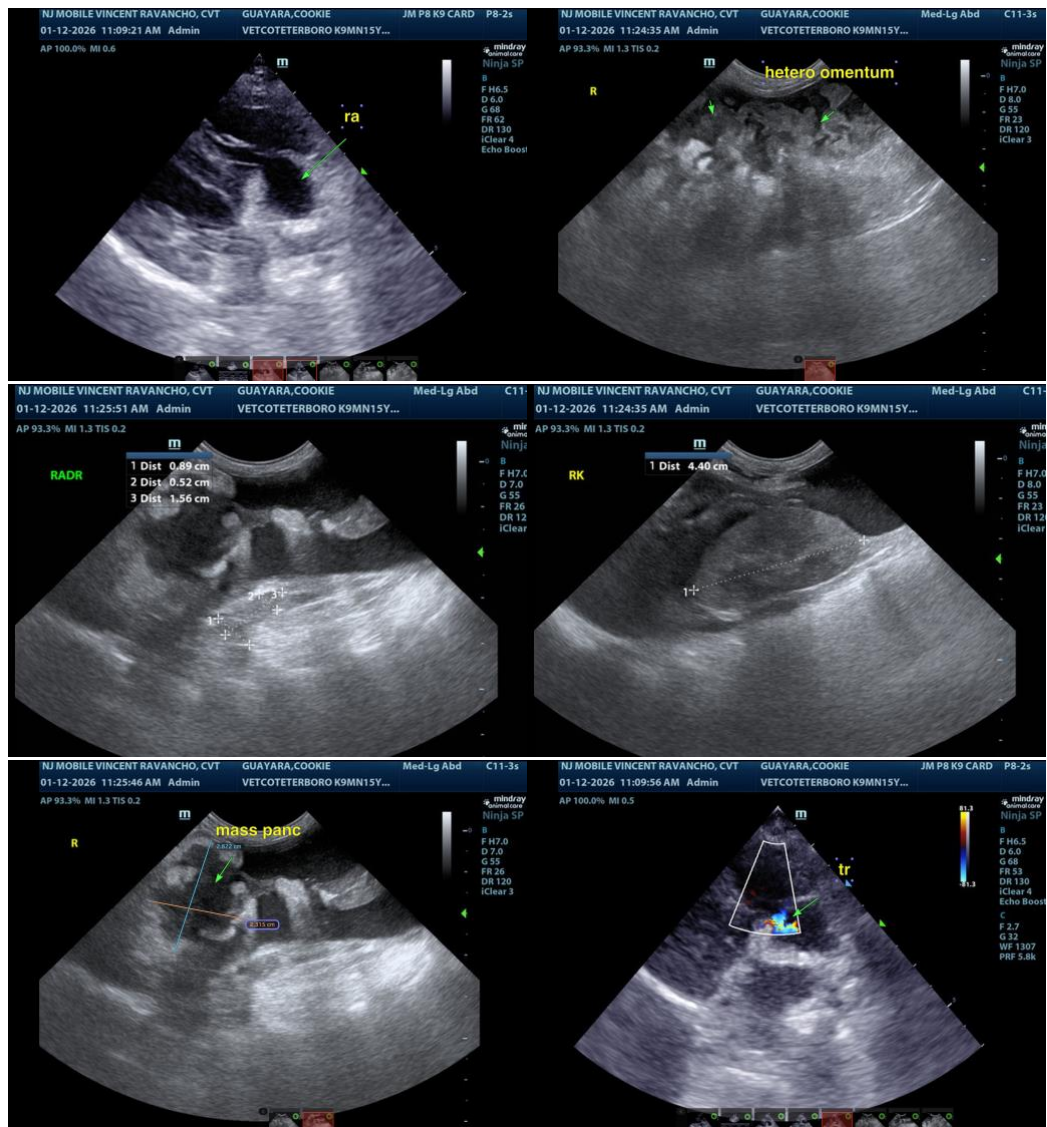
Dr. Behin

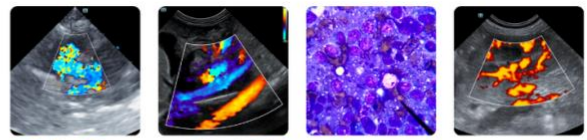
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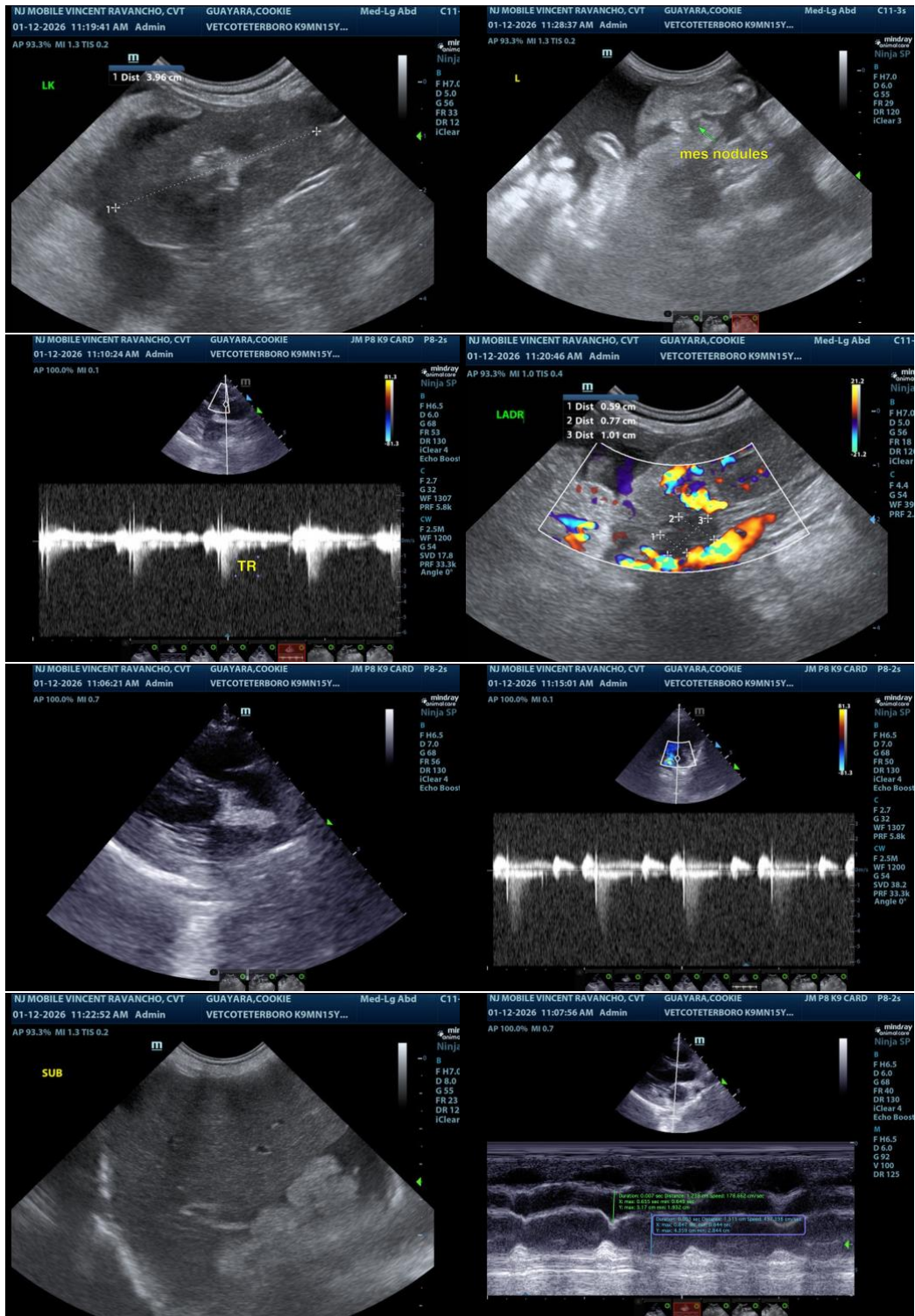
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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(CFM), Cert. IVUSS,  
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