



PATIENT

Pierce Cohen

SPECIES

Canine

BREED

Pomeranian

SEX

Male

AGE

5 Years 10 Months

WEIGHT

5.53 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Vetco Hackensack

REFERRING VET

Dr. Heidy Pardo

INVOICE

13212

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Chronic Vomiting (from 2024), gradual emaciation, wt. loss. Vomiting 3-4 hours after feeding - mostly appear like slurry soft stools

Current medications: Cerenia, Famotidine

Abnormal PE/Chem/CBC/UA Results: ALT 181

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 were noted. Ureteral papillae were normal.

The **prostate** was uniform and measured 1.5 cm with no evident pathology. The testicles were found to be uniform with no evident pathology.

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 left kidney measured 3.23 cm in length. The right kidney measured 3.02 cm in length.

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 1.14 cm x 0.80 cm width at the cranial pole and 0.30 cm width at the caudal pole. The left adrenal gland measured 1.2 cm x 0.30 cm width.

Spleen

A separate 3.5 cm structure was noted in a C-type shape, presumed to be the **spleen**, given the echotexture and the position. This is likely a congenital malformation.

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 with no evidence of congestion. 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.

Gastrointestinal

The **pylorus** was patent in this patient. Fluid filled gastric lumen was present consistent with gastritis. Hyperperistalsis was noted in the small intestine. The mid caudal abdomen revealed an intestinal mass



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measuring 2.56 cm with reactive surrounding mesentery deriving from the jejunum, however, variable thickening continues for an additional 5.0 to 6.0 cm proximally and distally. Areas of mucosal speckling/striations were noted elsewhere in the GI tract. A minimal amount of fat was present in this patient.

Pancreas

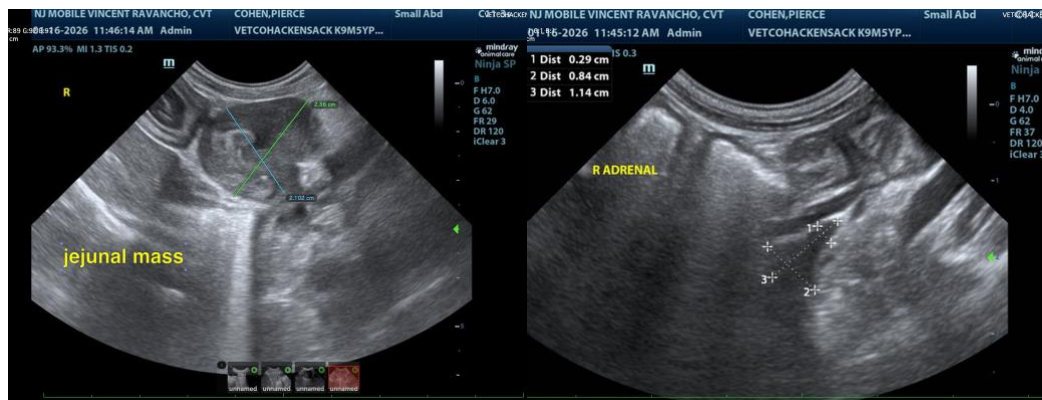
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Jejunal mass with chronic IBD pattern elsewhere- regional lymphoma versus carcinoma are primary concerns.
- Malformation of the spleen- not likely pathological, however, FNA is indicated for further definition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory with resection and anastomosis could be considered in this patient in order to optimize resection of the pathology (~15.0 cm or more of intestinal resection would be necessary), however, I am concerned that the mass is a focal manifestation of diffuse disease. Resection may not be curative. Ultrasound guided FNA of the mass should be considered with chemotherapeutic intervention. Chest radiographs are warranted.





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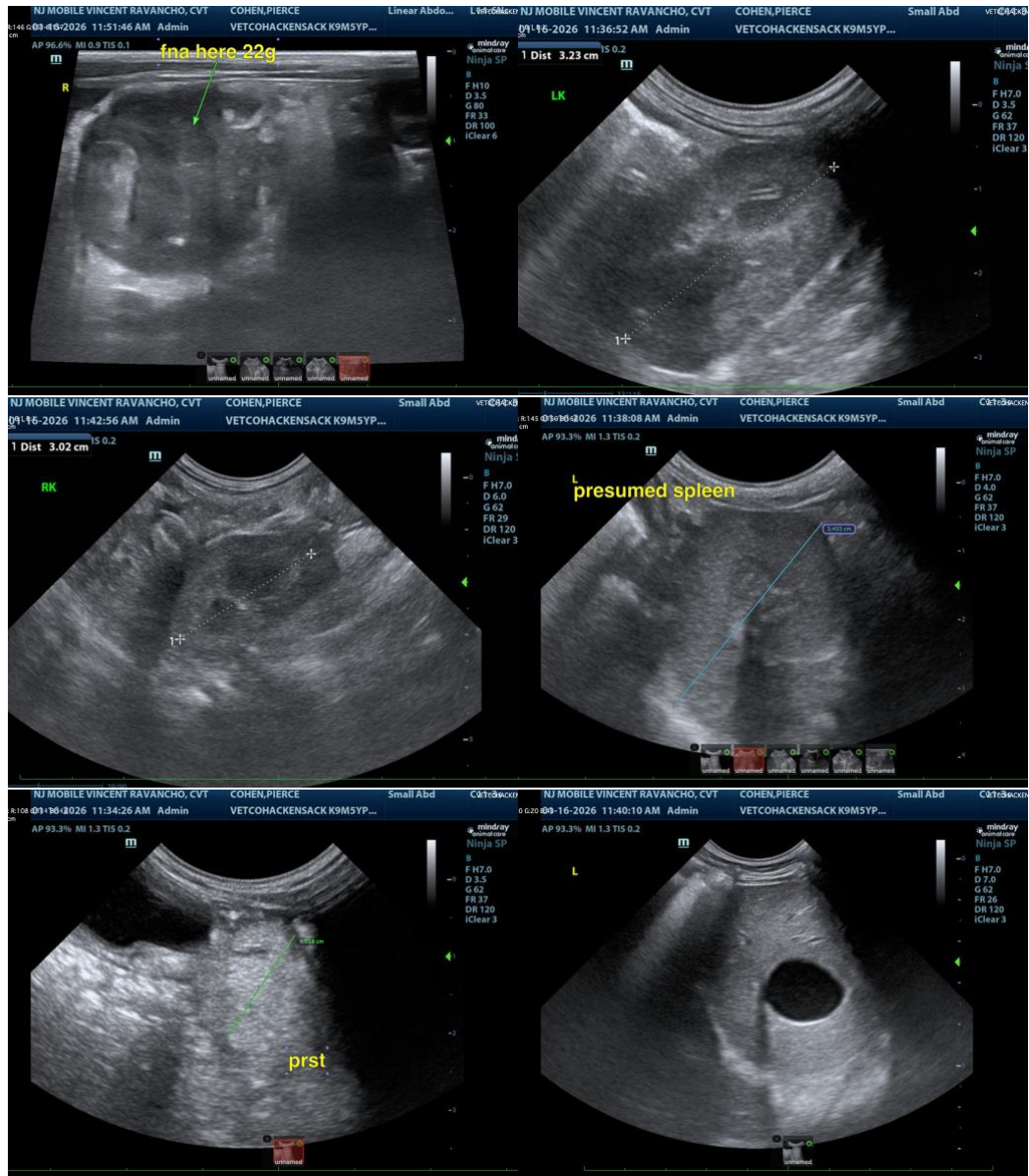
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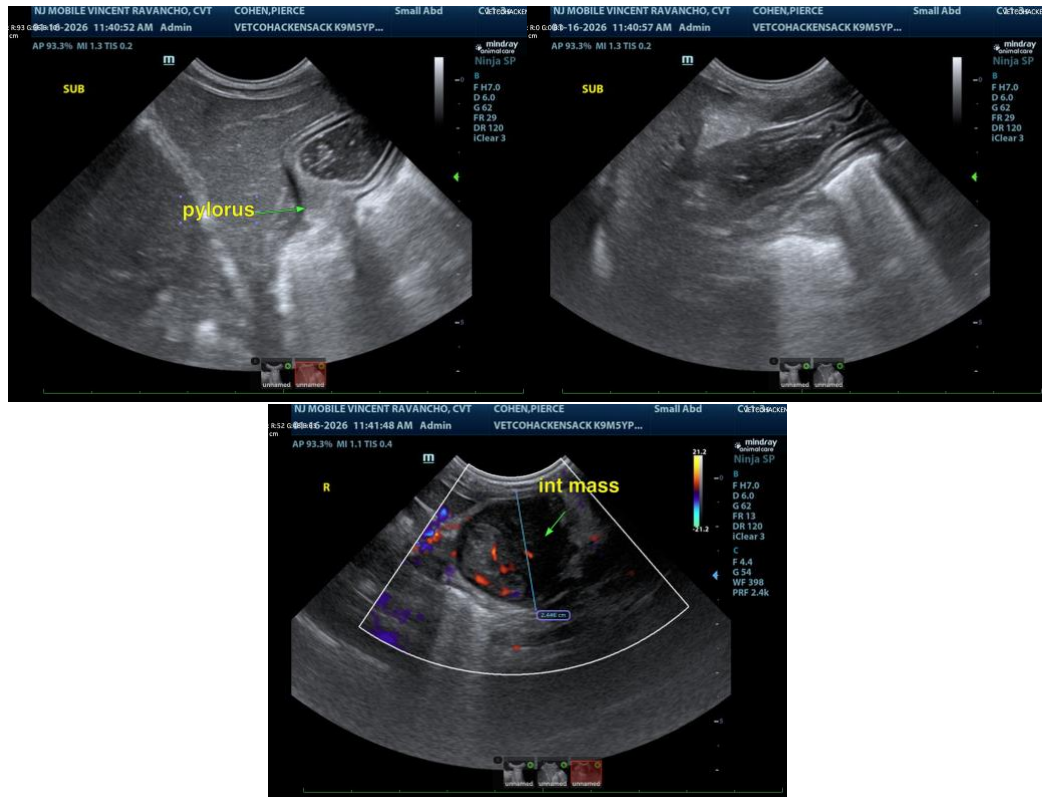
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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