

## PATIENT

Stella Grunfeld

## SPECIES

Canine

## BREED

Yorkie

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

7.24 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

## HOSPITAL NAME

Greater Staten Island  
VS

## REFERRING VET

Dr. Gabriella Iannuzzi

## INVOICE

35198

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Diarrhea since 12/31 - progressively softened and on 1/2 and today blood noted This morning vomited 3-4x - blood within Taken to pDVM where BW performed - concerned for HGE and referred Dark black and raspberry jam diarrhea today E/dr/u normally prior Diet: c/d Historical cystotomy for uroliths 2018.

Abnormal PE/Chem/CBC/UA Results: pDVM BW: CBC: within normal limits Chemistry: BUN 38 (70-143) Amyl 1848 (500-1500), QPL 358 (0-200) UA, AXR, cortisol declined USG 1.032 BP: 143 mmHg.

## 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. 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. Mineralization was present in the kidneys, nonobstructive. The left kidney measured 3.6 cm. The right kidney measured 4.0 cm.

### *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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.57 cm.

### *Spleen*

The **spleen** revealed a focal hypoechoic nodule at the cranial pole with a trace amount of fluid. The splenic nodule measured 0.87 cm.

### *Liver*

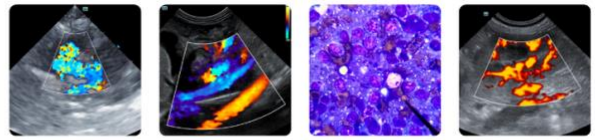
The **liver** revealed mild subtle swelling and hypoechoic parenchyma compared to falciform fat. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Regional jejunal thickening was noted. Minor reactive mesentery was noted

### *Pancreas*

The **pancreas** revealed minor heterogenous parenchymal changes.



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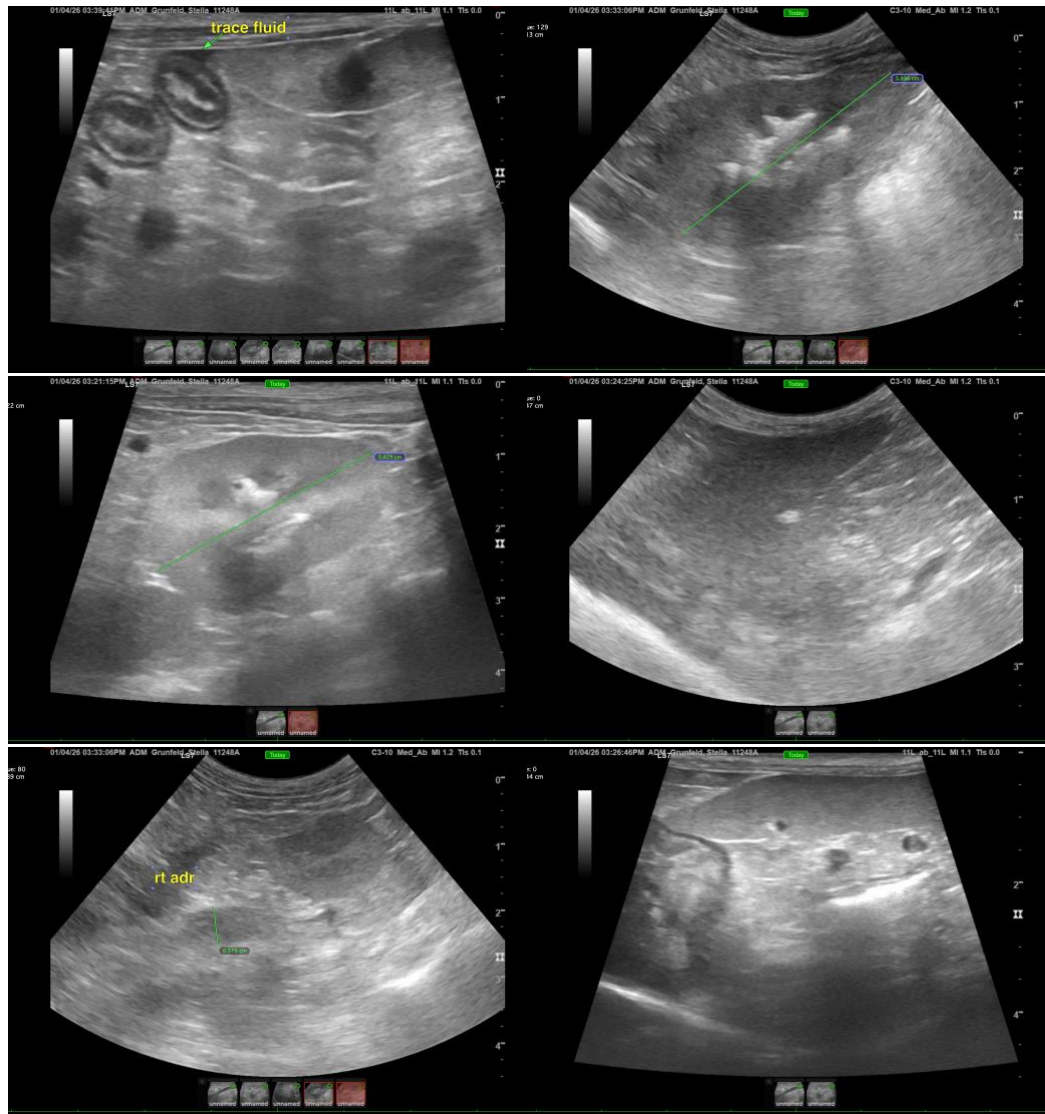
1/5/26

## ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis, nonobstructive
- Subtle splenic nodule
- Subtle hepatic swelling
- Minor heterogenous parenchymal changes in the pancreas
- Moderate age-related GI changes with regional jejunal thickening and reactive mesentery

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver is indicated in this patient to assess for occult round cell neoplasia. Management for gastroenteritis/inflammatory bowel is warranted until FNA of the spleen and liver could be assessed. Prognosis is guarded. Hyperplasia versus round cell neoplasia possible.





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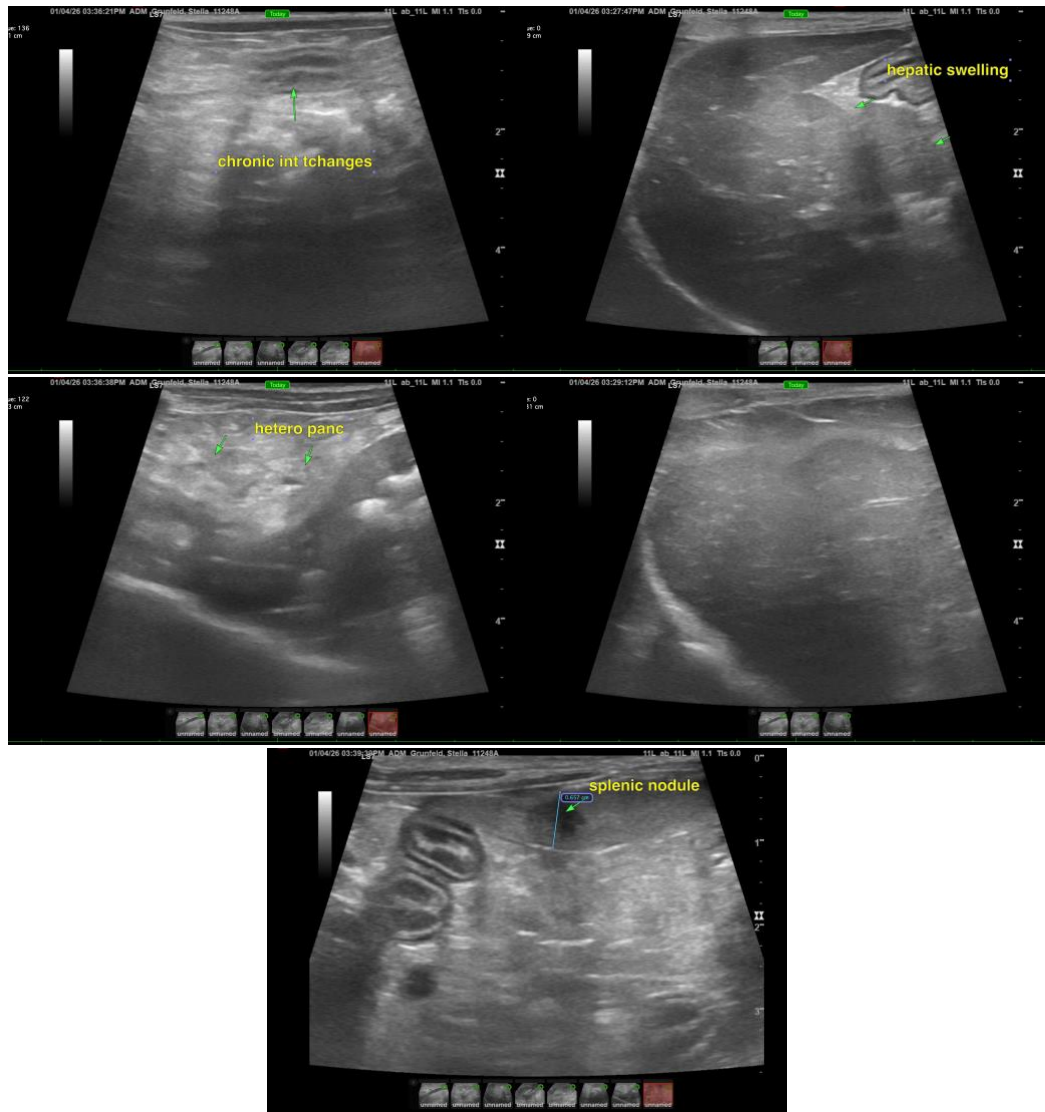
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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