



PATIENT

Lilly King

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

8 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

39869

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Dog presented vomiting small amounts food/bile overnight for approx. a month. Bloodwork essentially WNL except Albumin slightly low (2.3). Has been on Apoquel and low fat diet (RC GI). Ultrasound done for further workup

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 **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 and no evidence of pelvic dilation was present. The right kidney measured 3.0 cm. The left kidney measured 3.0 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 right adrenal gland measured 0.67 cm at the cranial pole and 0.31 cm at the caudal pole. The left adrenal gland measured 0.4 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.



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Gastrointestinal

A 3.4 x 3.25 cm, undifferentiated intestinal mass was noted with peripheral inflammation and air penetration within the wall. The intestinal mass appeared to be isolated in the jejunum. The pylorus was free of evident pathology as was the remainder of the upper intestinal tract.

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Pancreas

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The **pancreas** revealed mild, irregular, hypoechoic parenchyma in the right and left limb. Some level of pancreatitis is possible.

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ULTRASONOGRAPHIC FINDINGS

Intestinal mass appears to be jejunal, partially obstructive, appeared mineralized with gas penetration of the wall, possible carcinoma versus lymphoma. Appears potentially resectable.

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Possible, minor concurrent pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lymphadenopathy was noted. Chest radiographs and exploratory surgery is indicated or ultrasound-guided FNA. Leiomyosarcoma is less likely. The albumin loss is likely a paraneoplastic manifestation through the GI tract.

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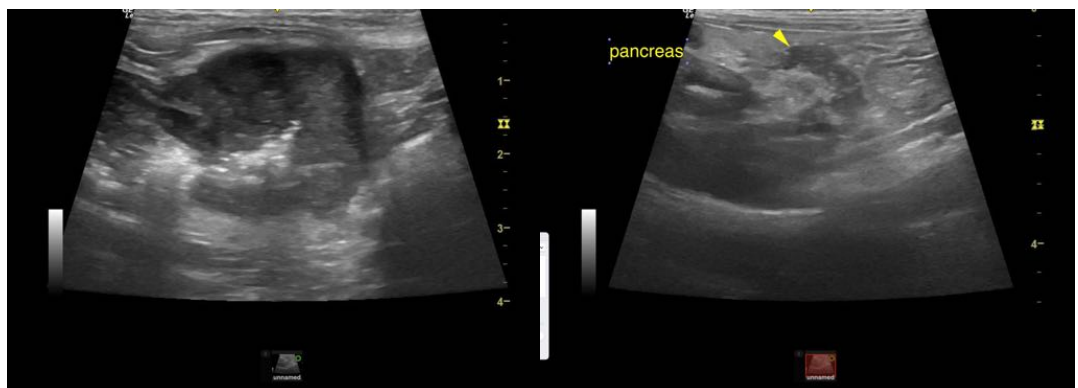
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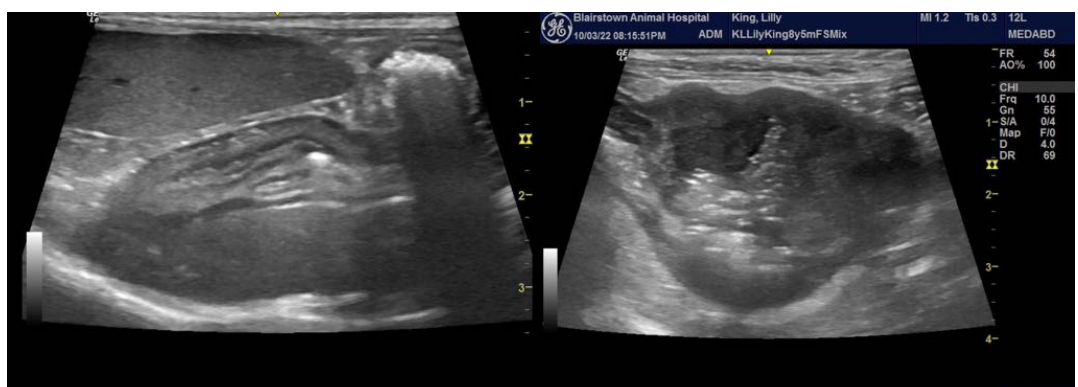
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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