



PATIENT

Zachy Garfinkel

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

12 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Gabreal

INVOICE

94618

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: The patient presents for lethargy, pain, and anorexia. Radiographs showed a possible abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Mild anemia, mild ALT elevation.

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 residual prostate was uniform and measured 1.4 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.38 cm. The left kidney measured 6.61 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 1.69 x 0.43 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland measured 2.44 x 0.73 cm at the caudal pole and 0.86 cm at the cranial pole.

Spleen

The **spleen** revealed a nodule that measured 2.48 cm.

Liver

The **liver** revealed an isoechoic to hypoechoic nodular change. The nodule in the left ventricular liver measured 3.26 cm adjacent to the diaphragm. Other heterogenous parenchymal changes were noted throughout the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The midabdomen revealed a complex, concentric intestinal mass with gas penetration into the wall. The mass measured 4.5 x 4.2 cm. The pylorus appeared free of evident pathology. The upper small intestine



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was unremarkable. An undifferentiated, hypoechoic lymph node mass was noted adjacent to the intestinal mass and measured 4.45 x 3.4 cm.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Neutered male

Multi-centric neoplasia with gas penetrating intestinal mass. Carcinoma, leiomyosarcoma and round cell neoplasia are all differentials.

AGE

Regional lymphadenopathy and regional lymph node mass. Significant inflammation.

12 years

Metastatic pattern to the liver and spleen.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

70 lbs

FNA of the intestinal mass, lymph node and liver lesions are recommended with immediate chemotherapeutic intervention depending upon cytology results. Chest radiographs are warranted if not already performed to assess for metastatic disease. Broad spectrum antibiotics such as Enrofloxacin and Metronidazole given the gas penetration into the intestinal mass and significant inflammation.

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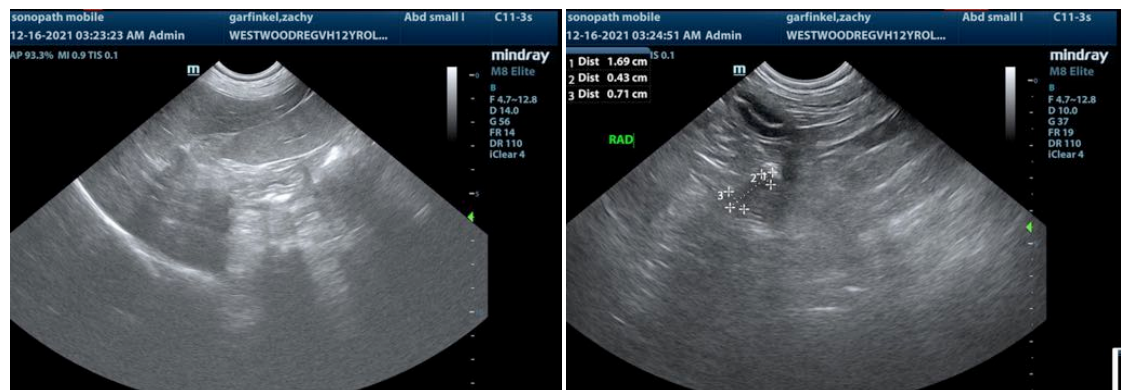
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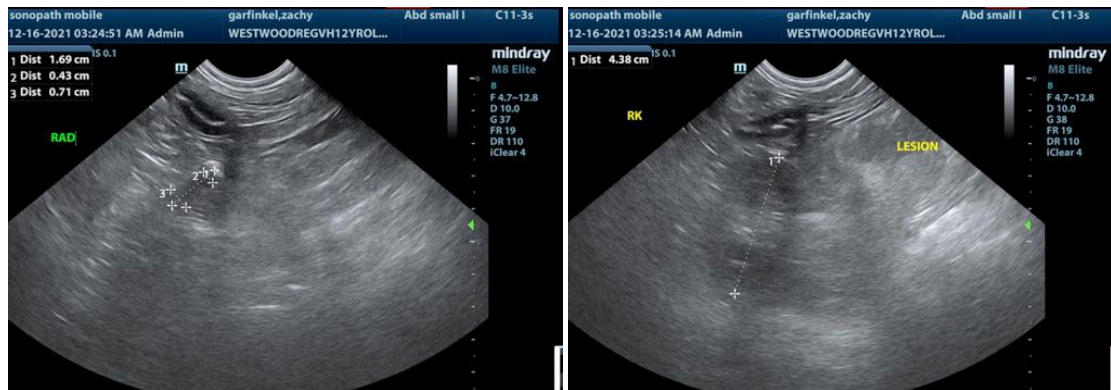
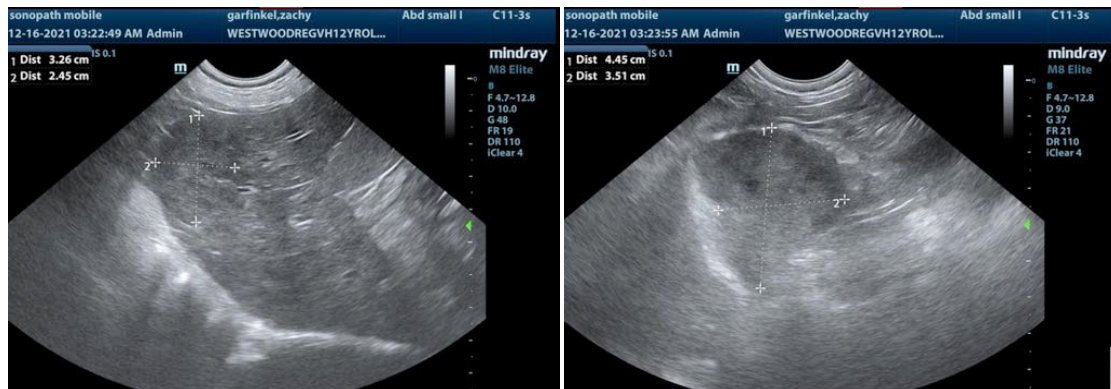
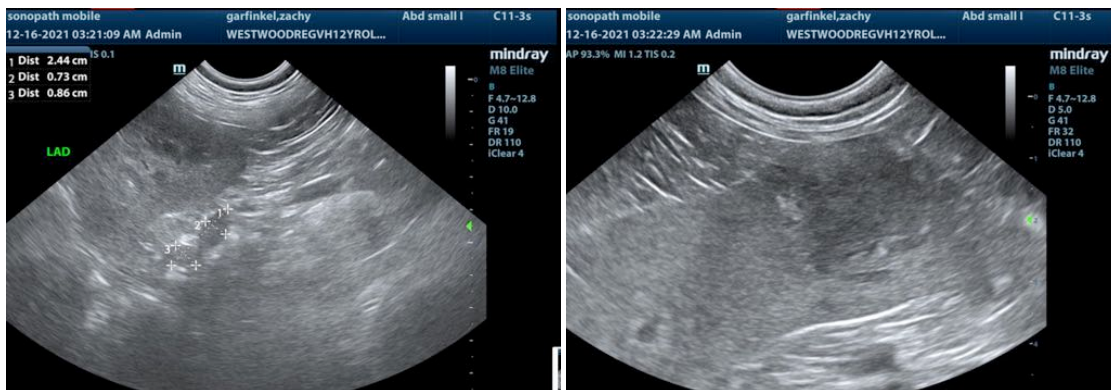
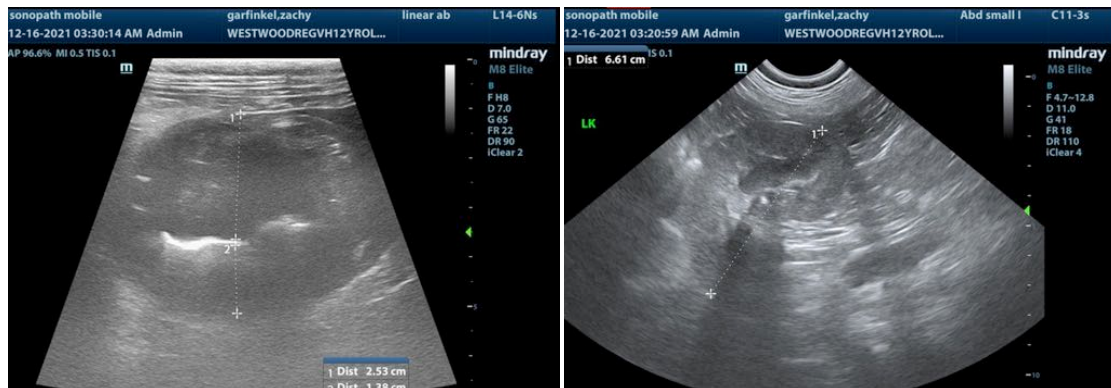
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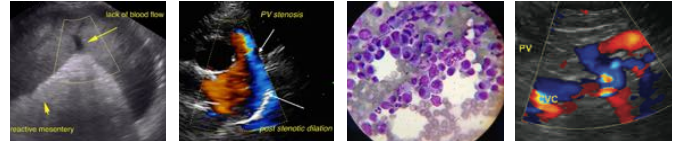
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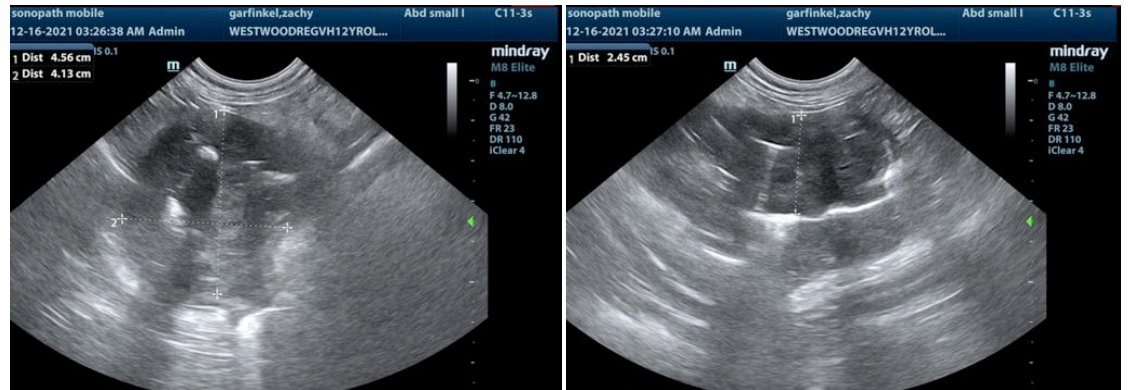
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com