



## PATIENT

Obie Ricchiazzi

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

17.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

East Aurora VH

## REFERRING VET

Dr. Tudini

## INVOICE

69365

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

**History:** Patient referred for a surgical consult and following p/e, an abdominal ultrasound was advised for surgical planning. Patient has been getting managed for presumed IVDD over the last 18 months with massage and physiotherapy. No medications being administered at this time. Patient has appeared to be in good general health overall but in more recent history there has been some mild unexplained weight loss, staying close to owner (but also just had a baby) . An abdominal mass was palpated during one of patients routine massage appointments as an incidental finding.

**Oral:** Patient has generalized dental calculus and associated stage III-IV periodontal disease  
**LN:** Submandibular LN's prominent (reactive vs neoplasia)  
**Abdomen:** Firm palpable mass in the caudal abdomen, appears non painful.  
**Musculoskeletal:** Mild ataxia of hindlimbs from prior IVDD - No bloodwork performed -  
**Submandibular LN:** FNA performed but owner elected to wait on sending out until report returns -  
**Thoracic radiographs:** unremarkable

## 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 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 4.86 cm. The right kidney measured 4.8 cm.

A mineralizing mass was noted in the region of the iliac lymph node and measured 5.0 cm. The exact origin of the mass is unclear. It may be deriving from portion of the prostate or more likely lymph node origin. A separate iliac lymph node measured 1.4 x 0.9 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 1.75 x 0.48 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 1.9 x 0.83 cm at the cranial pole and 0.56 cm at the caudal pole.

### Spleen

The **spleen** revealed a hypoechoic nodule at the mid body. The nodule measured 1.0 cm with disruption of architecture and slight capsular expansion. Other nodular changes were noted in the spleen.



## PATIENT

Obie Ricchiazzi

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

17.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

East Aurora VH

## REFERRING VET

Dr. Tudini

## INVOICE

69365

## DATE

12/4/25

## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The liver revealed left, lateral, heterogenous macronodular change. The lesion measured approximately 1.9 cm. Ultrasound-guided FNA is indicated. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

## 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

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

Splenic nodule.

Mineralizing mass in the region of the iliac lymph nodes.

Liver nodule. Likely hyperplasia, but may be related to the mineralizing pathology in the caudal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic nodule indicated. Palpation and imaging of the anal glands are warranted to assess from primary anal gland carcinoma that may be metastatic to the sublumbar/ilic lymph nodes. Hyperplasia, round cell neoplasia, abscessation and necrosis or hemangiosarcoma is possible. FNA of the liver nodule is recommended.



**PATIENT**

Obie Ricchiazzi

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

17.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jenni Tudini  
MRCVS, SDEP Cert

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

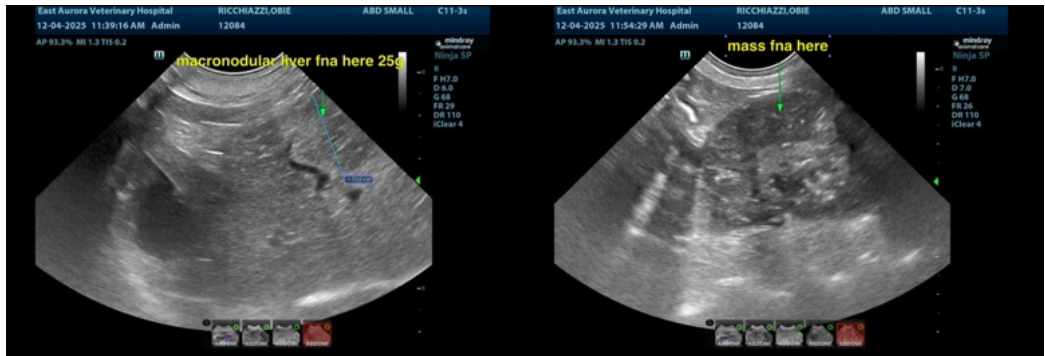
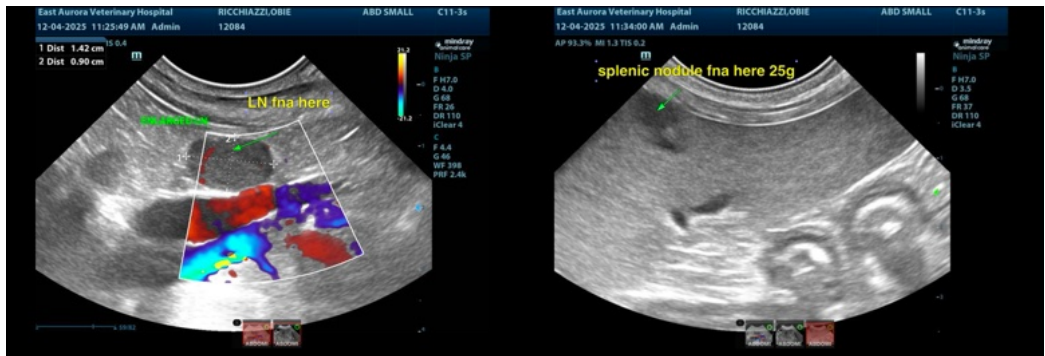
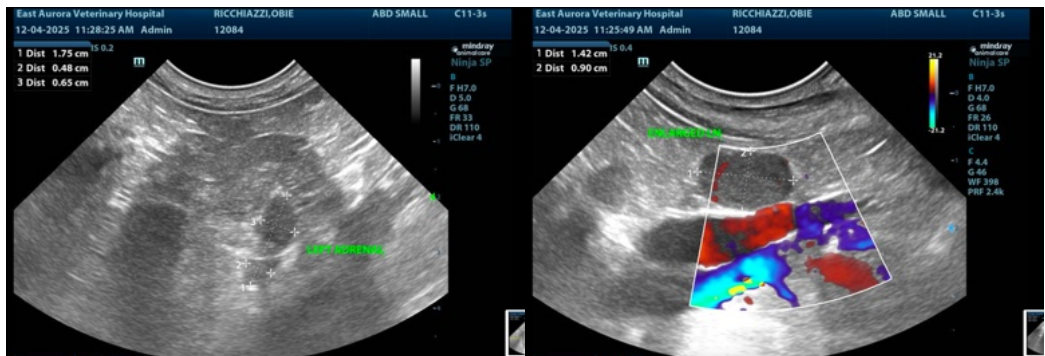
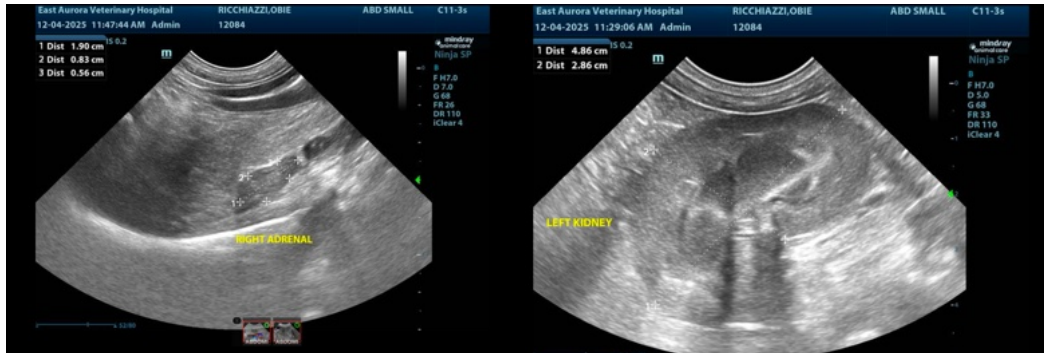
Dr. Tudini

**INVOICE**

69365

**DATE**

12/4/25





## PATIENT

Obie Ricchiazzi

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

17.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

East Aurora VH

## REFERRING VET

Dr. Tudini

## INVOICE

69365

## DATE

12/4/25



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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)