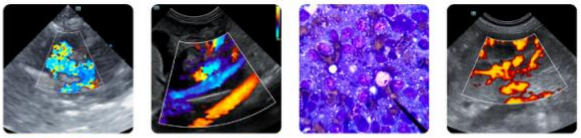

PATIENT

Mia Pangiotupolous

SPECIES

Canine

BREED

Lab

SEX

Not Provided

AGE

Not Provided

WEIGHT

70 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Franklin Lakes Animal Hospital

REFERRING VET

Dr. Pomerantz

INVOICE

13656

DATE

02/10/26

PRESENTING CLINICAL SIGNS

10 pound weight loss over 2 months. Some GI V/D. Elevated ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Some slight mineralizations were noted. The left kidney measured 6.01 cm in length. The right kidney measured 5.87 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.92 cm x 0.82 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland measured 2.22 cm x 1.16 cm width at the cranial pole and 0.90 cm width at the caudal pole.

Spleen

The **spleen** revealed scalloping irregular contour and minor heterogenous parenchymal changes.

Liver

The **liver** was riddled with multiple hypoechoic mildly disruptive target type lesions with mild coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an aggressive infiltrative pattern involving the gastric fundus to the pyloric antrum. Gastric wall thickness measured to a maximum of 2.77 cm with loss of mural detail continuing into the gastroesophageal inlet. Regional hyperechoic inflammatory pattern/steatitis was noted around the stomach. Regional lymph nodes enlargement were also noted measuring up to 2.0 cm.

Pancreas

PATIENT

Mia Pangiotupolous

SPECIES

Canine

BREED

Lab

SEX

Not Provided

AGE

Not Provided

WEIGHT

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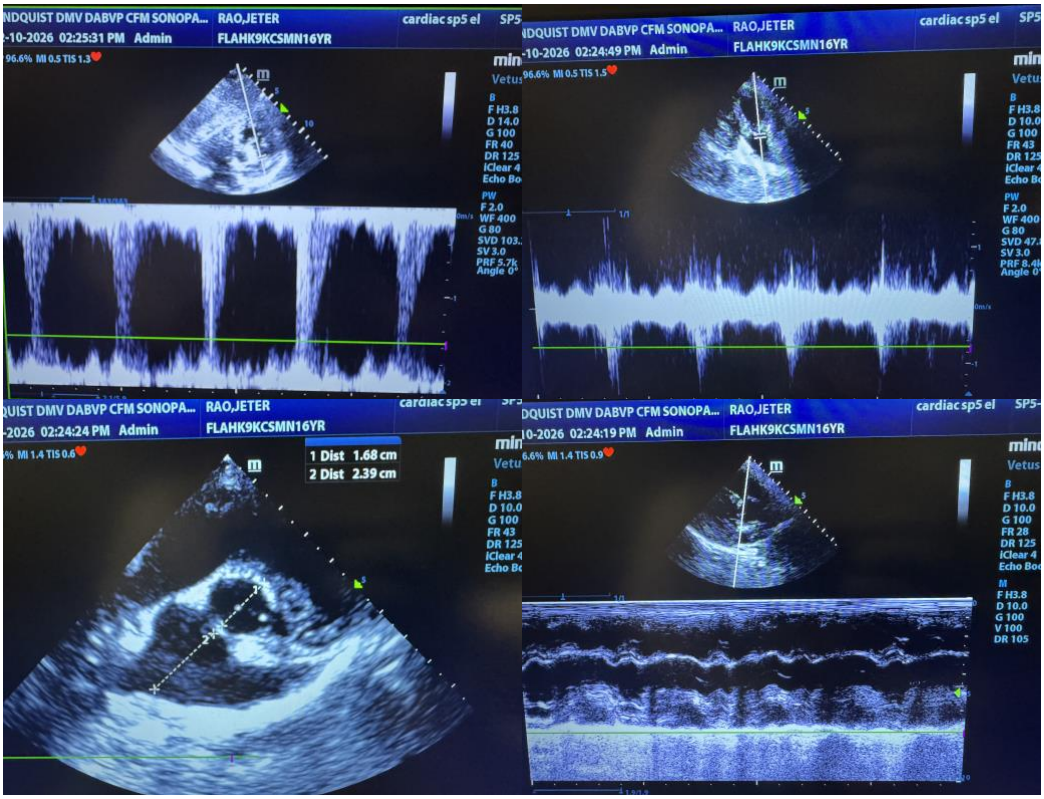
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

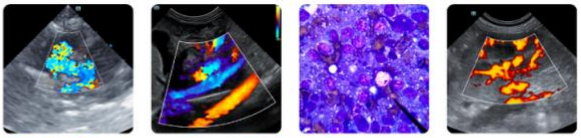
- Infiltrative gastric pattern- round cell neoplasia or carcinoma less likely with metastatic pattern to the liver with potential splenic involvement.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver, spleen +/- gastric wall would be indicated which may be difficult to exfoliate, however, full thickness surgical and/or endoscopy guided biopsies would also prove fruitful. Multicentric neoplasia is suspected. Immediate chemotherapeutic intervention is recommended.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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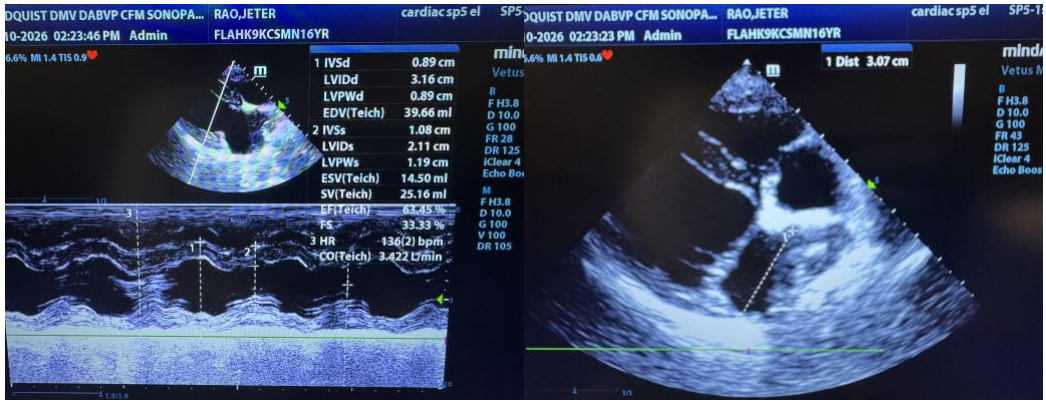

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com