



PATIENT

Linny Sharma

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed female

AGE

15 years

WEIGHT

20.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Han

INVOICE

71510

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- 15 yr old spayed female dog. No concerns per the owner. Chronic liver enzyme elevation but this year, it got significantly increased (ALT: 609/ AST: 90/ ALT: 294). slight weight loss

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.34 cm. The right kidney measured 4.3 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 and right adrenal gland measured 0.5 cm each.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings with multi-focal, hypoechoic nodular changes with remodeling. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

A 2.2 cm hypoechoic, **jejunal intestinal** mass was noted deriving from the muscularis layer. The mass was expansive with minor pericapsular inflammatory pattern. This appears isolated. The remainder of the GI tract was unremarkable.

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.

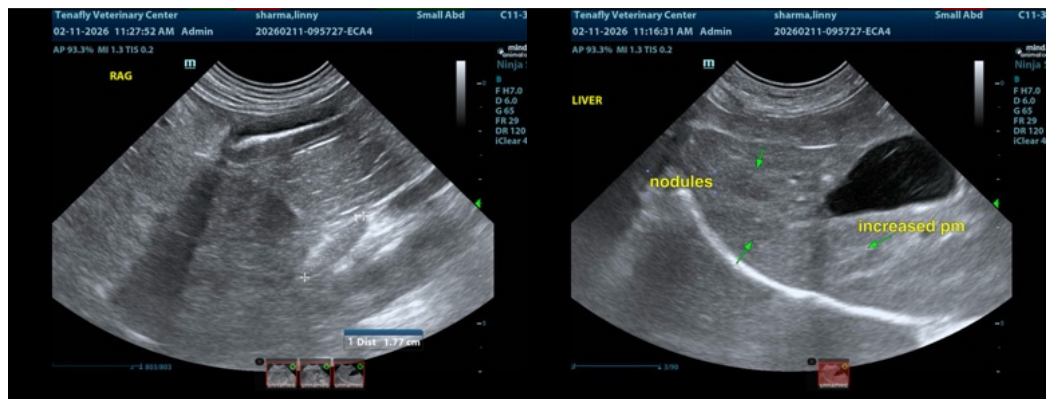
ULTRASONOGRAPHIC FINDINGS

Intestinal jejunal mass, appears isolated. Suspect leiomyoma or leiomyosarcoma, round cell neoplasia or carcinoma is possible. Granulomatous disease is unlikely.

Undefined nodular hepatic changes with remodeling, likely history of inflammatory hepatopathy and nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the intestinal mass I cannot rule out a metastatic lesion. Ultrasound-guided FNA of the intestinal mass and liver nodules are recommended for staging. If the liver is free of evident pathology then intestinal resection and liver biopsy is indicated. Bile acid profile would be indicated.





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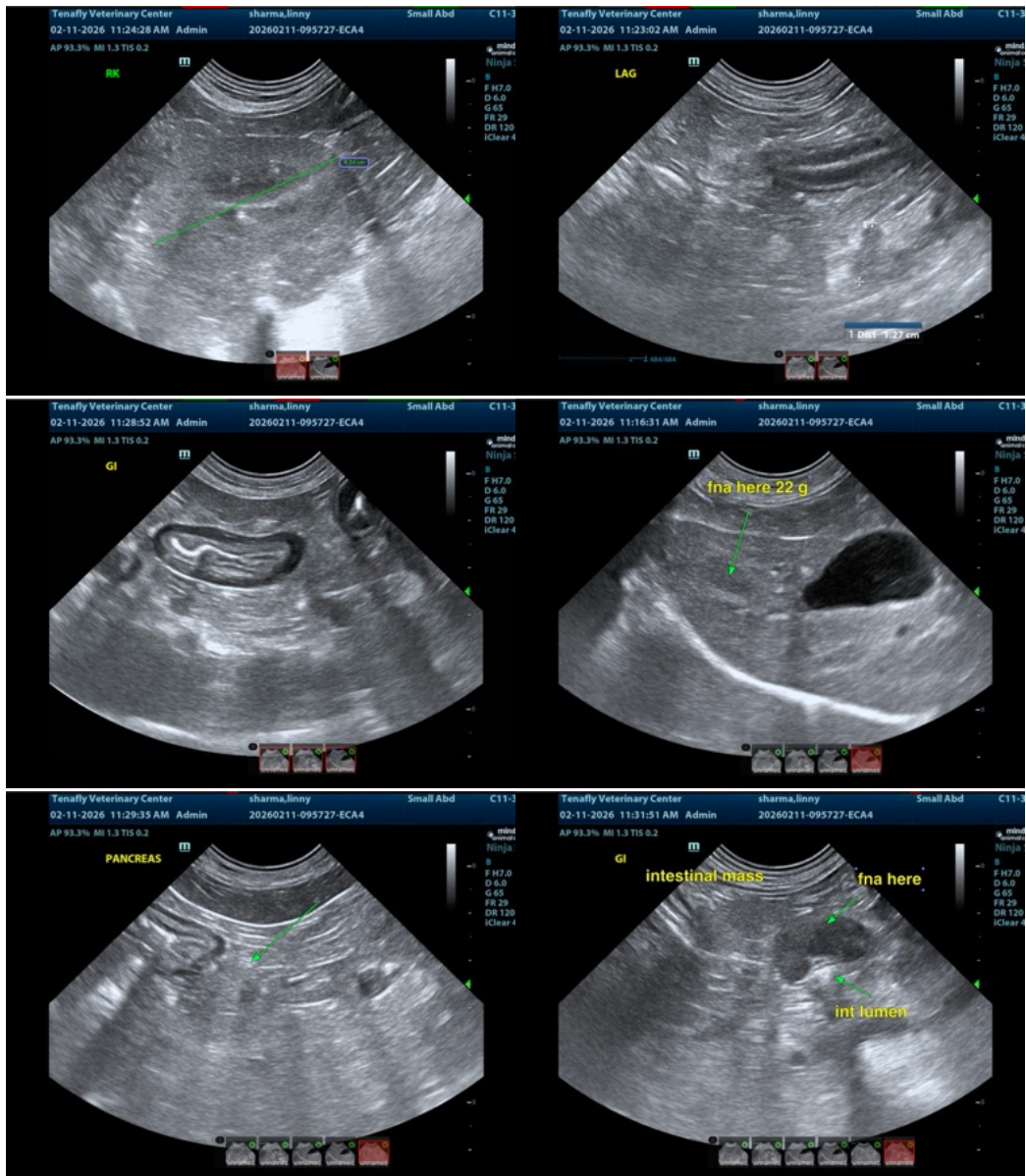
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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