



**PATIENT**

20230219-011236-249A

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Male

**AGE**

8 years

**WEIGHT**

5.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Giuliani

**HOSPITAL NAME**

The Pet Hospital of  
Stafford

**REFERRING VET**

Dr. Giuliani

**INVOICE**

42885

**DATE**

2/21/23

**PRESENTING CLINICAL SIGNS**

History: AUS was done on decreased pt, had possible cancerous lesion on lip and near left anal gland. Declined work-up, elected euthanasia. No need for medical report, but would like Podcast for comments on technique, please.

**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** were swollen with loss of mural detail. The corticomedullary definition was decreased. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.16 cm with pyelectasia. The right kidney also revealed pyelectasia with echogenic debris. The right kidney measured 5.4 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 0.5 cm.

**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** 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were enlarged, rounded and hypoechoic measuring 2.0 x 1.0 cm.



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**Gastrointestinal**

The **stomach** presented a thickened wall with anechoic stasis. The gastric wall measured up to 1.0 cm with loss of mural detail. Reactive mesentery was noted around the stomach and regional lymph nodes. The small intestine and colon were unremarkable.

**Pancreas**

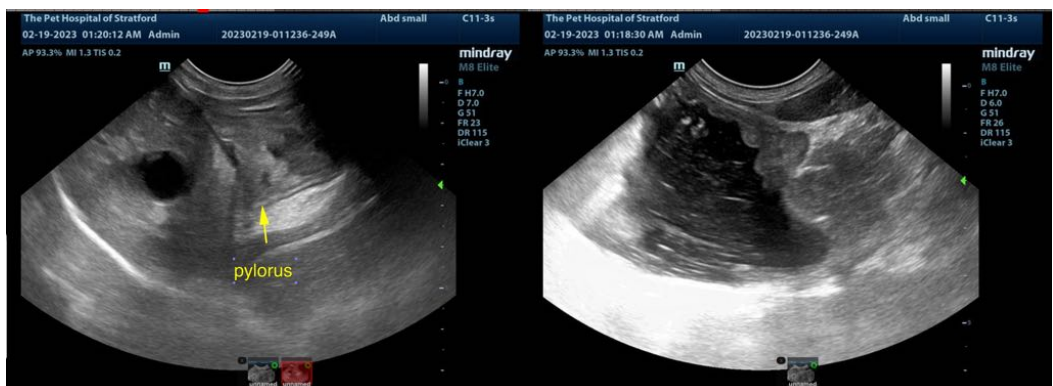
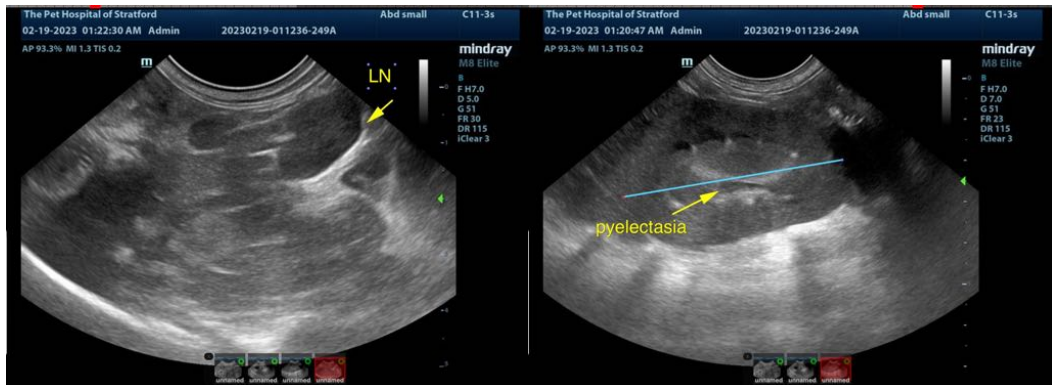
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Hepatic lymphadenopathy and gastric wall thickening, some loss of mural detail.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is concern for emerging round cell neoplasia.





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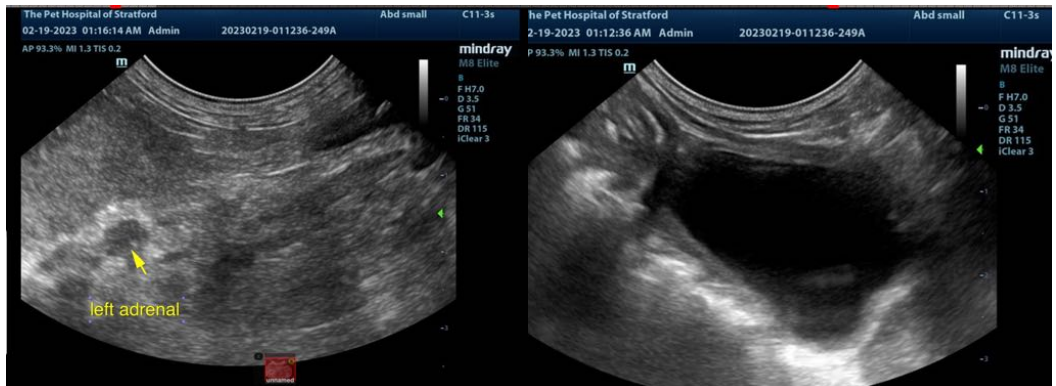
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com