



**PATIENT**

Sophia Cunatolo

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

15 Years 10 Months

**WEIGHT**

7.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

Dr. McConnell

**INVOICE**

21826

**DATE**

4/3/23

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values on senior panel, not having clinical signs Current meds: Denamarin, metro  
Abnormal PE/Chem/CBC/UA Results: AST 324, ALT 2838, ALP 663, GGT 105, Cre 0.3, Glu 33, Ca 8.7, PLT 451, UA: Protein 2+, SG 1.050

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was structurally unremarkable with a minimal amount of anechoic urine present. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The left kidney measured 3.17 cm. The right kidney measured 3.72 cm. Nephrolithiasis was noted, nonobstructive at the time of the sonogram.

**Adrenal Glands**

The **left adrenal gland** was enlarged, irregular and heterogenous, measuring 2.3 cm x 1.2 cm. The left adrenal was moderately vascular.

The **right adrenal gland** was not visualized.

**Spleen**

The **spleen** was not visualized, it may have been displaced by the liver and cystic pathology.

**Liver**

The **liver** was riddled with multiple masses, occupying the majority of the left liver. These are possibly resectable yet unlikely. Some right liver appeared unremarkable. The masses were coalescing and moderately vascular. The gallbladder was deviated caudally.

**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. \*See Free Abdomen and Findings.

**Free Abdomen**



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The cranial abdomen revealed a **cystic structure**, measuring 4.9 cm.

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## ULTRASONOGRAPHIC FINDINGS

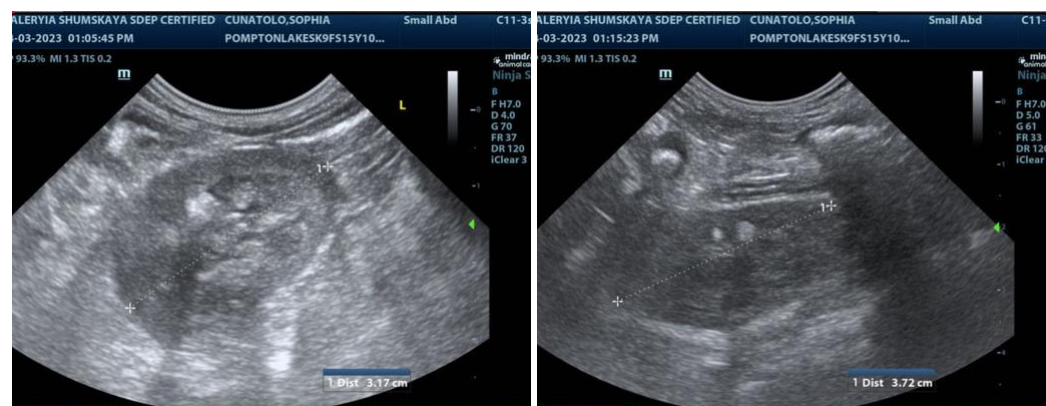
- Multiple hepatic masses owing to primary carcinoma or metastatic disease, possibly deriving from the left adrenal gland
- Enlarged irregular left adrenal gland- carcinoma vs pheochromocytoma. Adenoma is possible yet less likely.
- Undefined cystic structure in the region of the pancreas- pancreatic cyst suspected.
- Minimal urine in the bladder
- Age-related renal changes with nephrolithiasis, nonobstructive at the time of the sonogram

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for further definition, as a large amount of artifact was present, however, I do not believe that this is a surgically resolvable situation. CT with particular interest of the left adrenal, cystic structure and liver masses are all indicated. Prognosis is guarded to poor.

## ABOUT SONOPATH CT SERVICES:

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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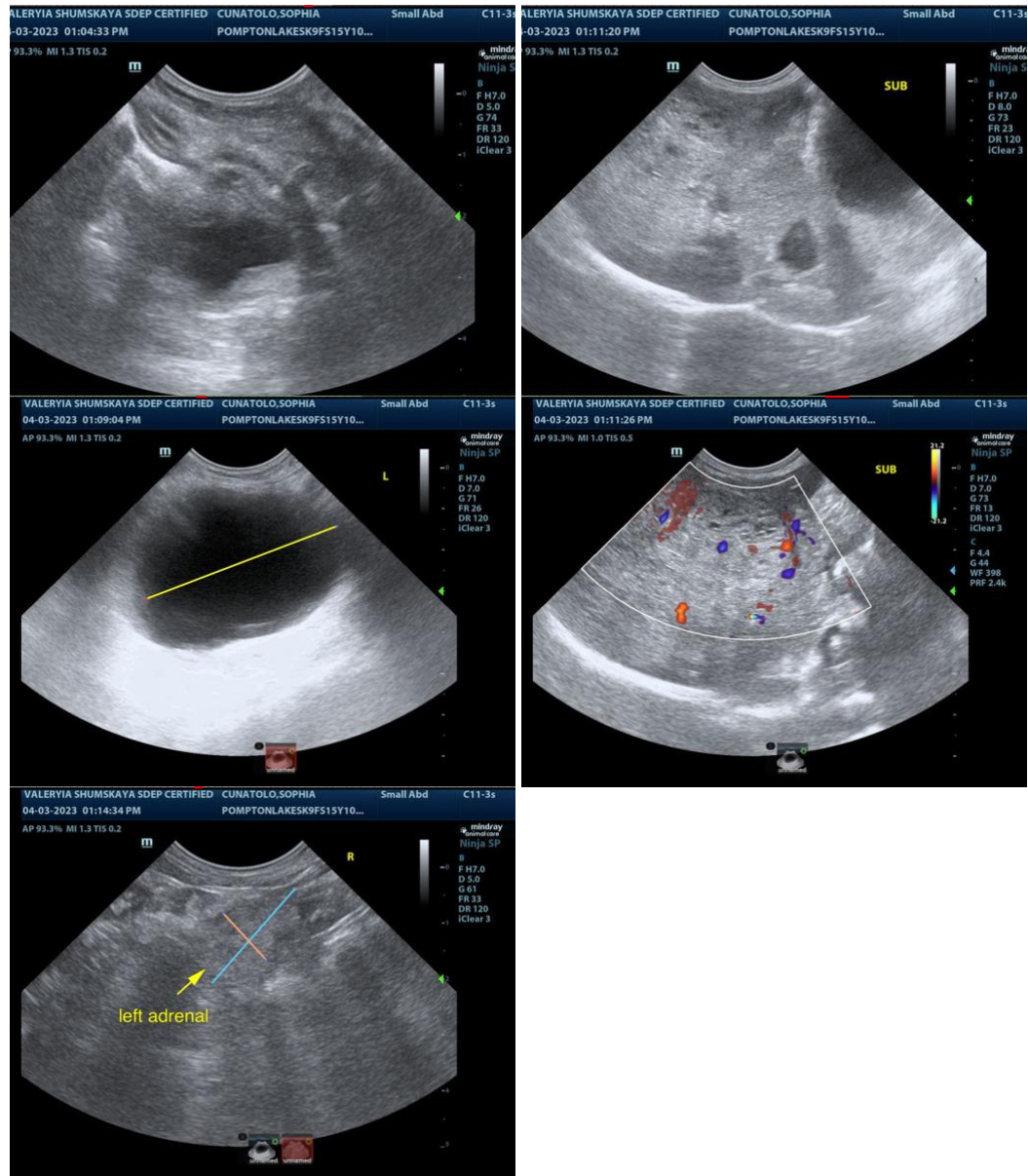
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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