



PATIENT

Alice Carpenter

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

12 years

WEIGHT

17.65 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Venezia

INVOICE

98068

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting + progressive diarrhea Evaluate for neoplasia, IBD, FB, maldigestion
Radiographs attached

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 right kidney measured 4.0 cm. The left kidney measured 4.23 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged at the cranial pole measuring 0.71 cm, caudal pole measured 0.49 cm and 1.58 cm in length.

Spleen

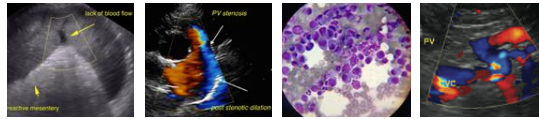
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** was slightly subnormal in size. The gallbladder revealed minor over distension with minor excessive debris, yet not to the level of mucocele formation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The caudal abdomen revealed a complex, mixed, hypoechoic, disruptive and peripherally inflamed intestinal mass that measured 5.8 cm and was moderately vascular. Variable intestinal thickening was noted elsewhere with loss of structural detail. Wall thickness measured up to 0.29 cm.



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Pancreas

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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.

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Free Abdomen

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A moderate amount of free fluid was noted in the abdomen. Free fluid is likely owing to lymphatic obstruction or secondary peritonitis. Regional inflammation was noted throughout.

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ULTRASONOGRAPHIC FINDINGS

Multi-centric intestinal lymphoma pattern with regional, secondary free fluid.

Irregular left adrenal gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the intestinal mass and immediate chemotherapeutic intervention is recommended. Chest radiographs are warranted to assess for metastatic disease if not already performed. This does not appear to be surgical as variable infiltrative patterns are noted throughout much of the small intestine.

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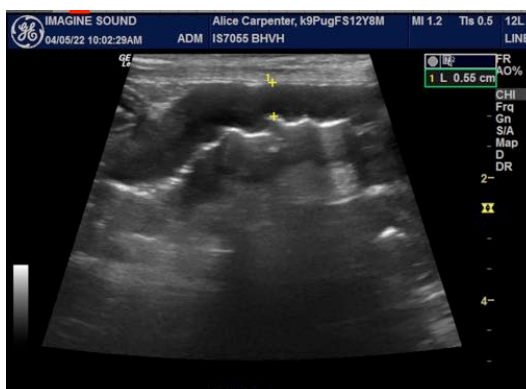
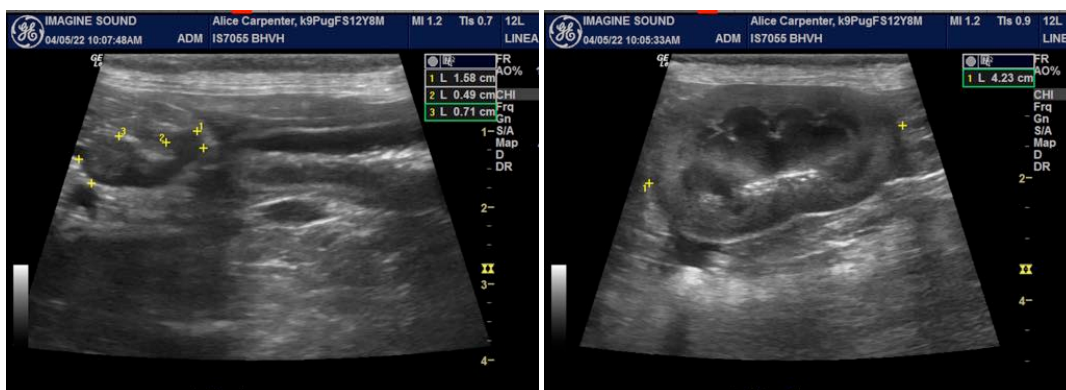
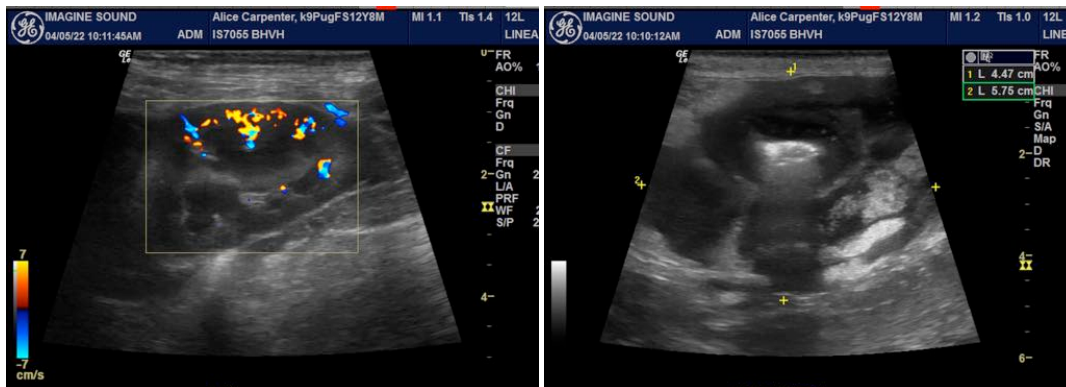
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com