



**PATIENT**

Carmine Costlow

**PRESENTING CLINICAL SIGNS**

Small firm abdominal mass on palpation mid-cranial abdomen

**SPECIES**

Canine

**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 were noted. Ureteral papillae were normal.

**BREED**

Yorkie X

**SEX**

Neutered Male

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.9 cm. The left kidney measured 5.0 cm.

**AGE**

15.5 Years

**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 2.03 cm x 0.69 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 1.83 cm x 1.21 cm at the cranial pole and 0.66 cm at the caudal pole, mildly heterogeneous.

**WEIGHT**

11.1 Pounds

**Spleen**

The **spleen** revealed an expansive parenchymal 3.77 cm mass. The splenic mass also revealed hyperechoic lipogranulomatous type changes within the mass. Mild heterogeneous changes noted elsewhere in the spleen.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Liver**

The **liver** revealed an anechoic left lateral cyst measuring 4.0 cm x 1.6 cm, a 0.85 cm cyst, as well as a 1.13 cm cyst in the left and right lobes, respectively. The liver was mildly swollen with coarse architecture and increased portal markings. Minor gallbladder sand noted.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Newton Vet Hospital

**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.

**REFERRING VET**

Dr. Wyman-Greenwald

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**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.

**DATE**

5/17/22



**PATIENT** *Heart*

Carmine Costlow Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

**SPECIES** **ULTRASONOGRAPHIC FINDINGS**

- Canine
- Hepatomegaly with cysts and remodeling – appears subjectively benign.
- Age related renal and adrenal changes
- Parenchymal splenic mass with heterogeneous changes elsewhere

**BREED** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Yorkie X The splenic mass may very well be benign. However, stromal tumor, round cell neoplasia, and hemangiosarcoma are all possible. No evidence of metastatic disease. Chest radiographs, splenectomy and liver inspection and biopsy would be appropriate. The pedunculated contour of the splenic mass puts this patient at risk for potential splenic torsion.

**SEX**

Neutered Male

**AGE**

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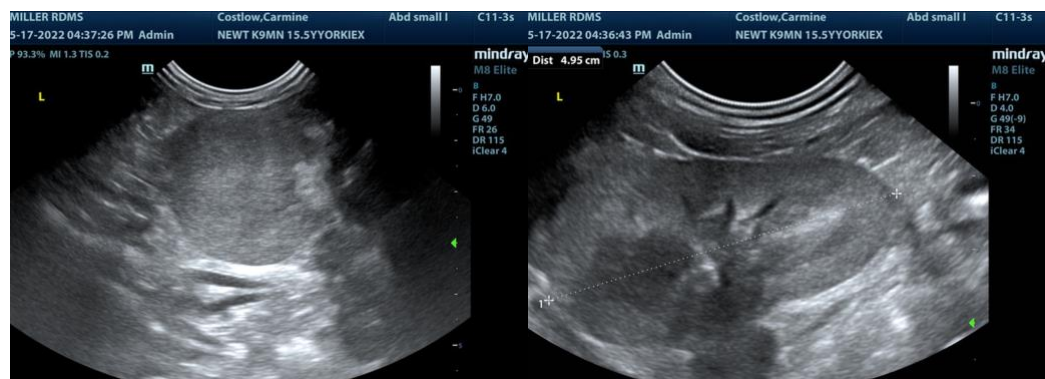
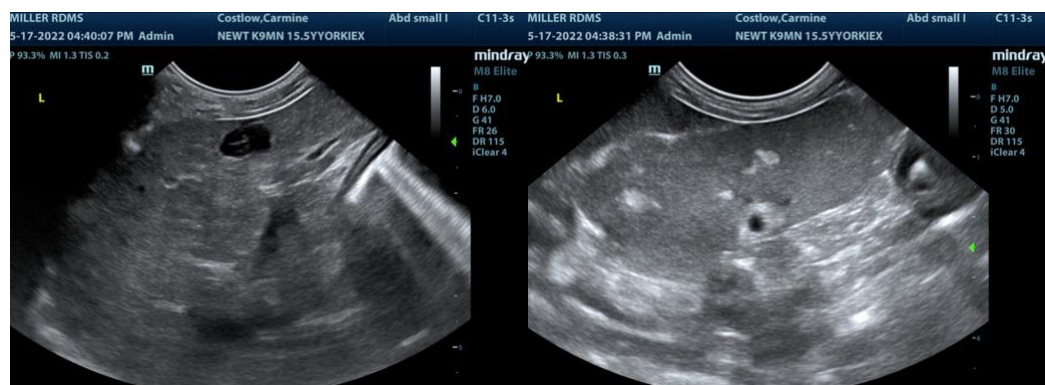
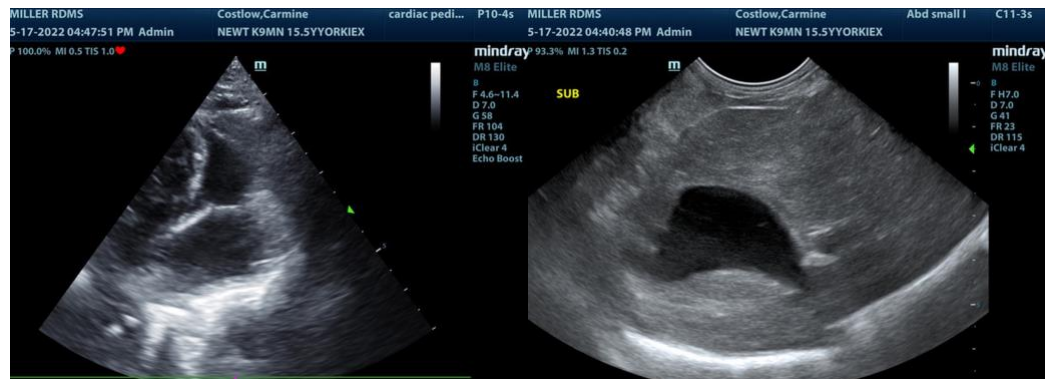
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**SPECIES**

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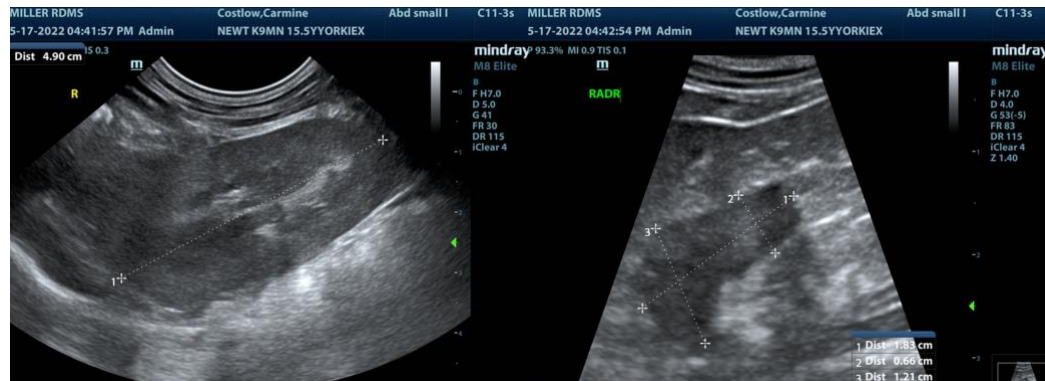
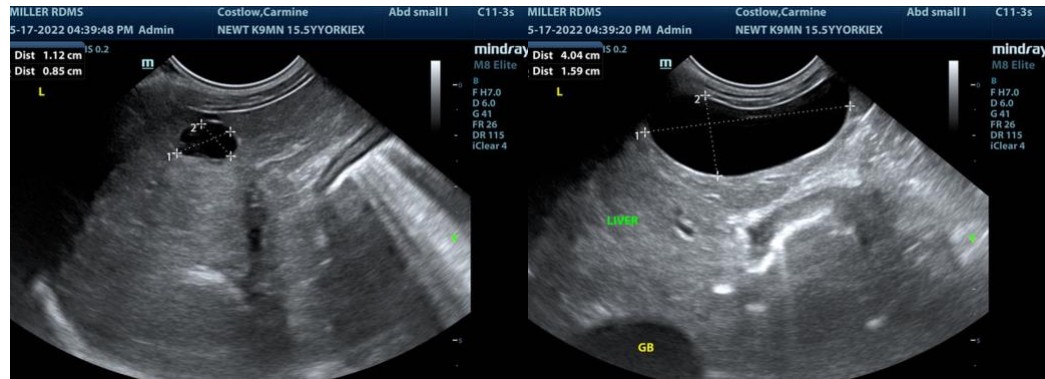
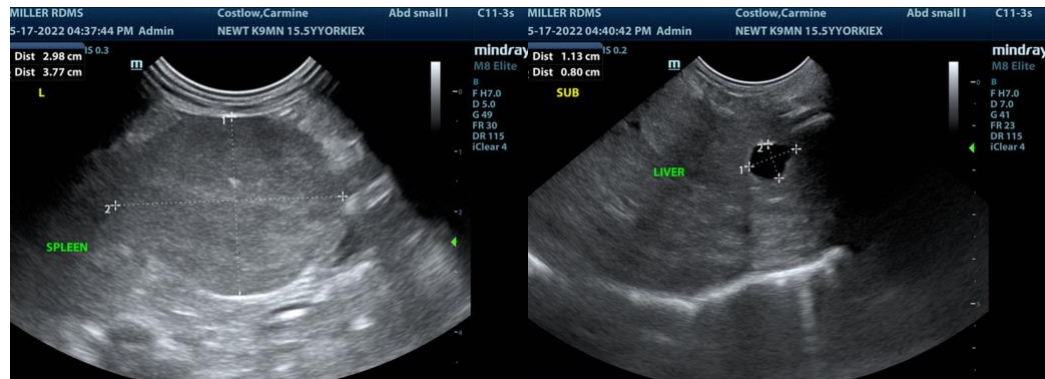
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**PATIENT**

Carmine Costlow

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.

**SPECIES**

Canine

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**

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