



**PATIENT**

Tiera Celli

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

27.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Newton Veterinary  
Hospital

**REFERRING VET**

Dr. Chan

**INVOICE**

16401

**DATE**

05/21/26

**PRESENTING CLINICAL SIGNS**

HM, elev. alt, pancreatitis, AP+, V+ not eating

Abnormal PE/Chem/CBC/UA Results: ALT-580 GGT-13 plt-88 nue-12.5 mono-1.21 lipas >2000

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.0	2.8	1.1	1.4	40	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.8	--	27.6	2.7	--	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Doppler revealed measurable mitral and tricuspid insufficiency. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed minor pulmonic insufficiency. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

**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



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was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 5.21 cm in length. The right kidney measured 5.55 cm in length.

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**Adrenal Glands**

**SEX**

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 2.3 cm x 0.53 cm width at the cranial pole and 0.65 cm width at the caudal pole. The right adrenal gland measured 2.01 cm x 0.98 cm width at the cranial pole and 0.55 cm width at the caudal pole.

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**Spleen**

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The **spleen** presented enlarged and folded upon itself with fairly uniform parenchyma.

**Liver**

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The **liver** was significantly enlarged, irregular with isoechoic masses present consistent with round cell neoplasia, cirrhosis less likely but possible. Enhanced mesentery was noted around the liver. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

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The upper **gastrointestinal tract** was enveloped by the pancreatic and omental pathology.

**Pancreas**

Extensive mixed hypoechoic undifferentiated **pancreatic** parenchymal changes were noted consistent with underlying neoplasia or possible necrosis.

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**Free Abdomen**

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A moderate amount of **free fluid** was noted in the abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

- Stage B1 valvular disease.
- Age-related renal changes.
- Multiple hepatic masses- consistent with round cell neoplasia, potential end stage cirrhosis yet thought less likely.
- Pancreatic neoplasia.
- Splenic enlargement.
- Free abdominal fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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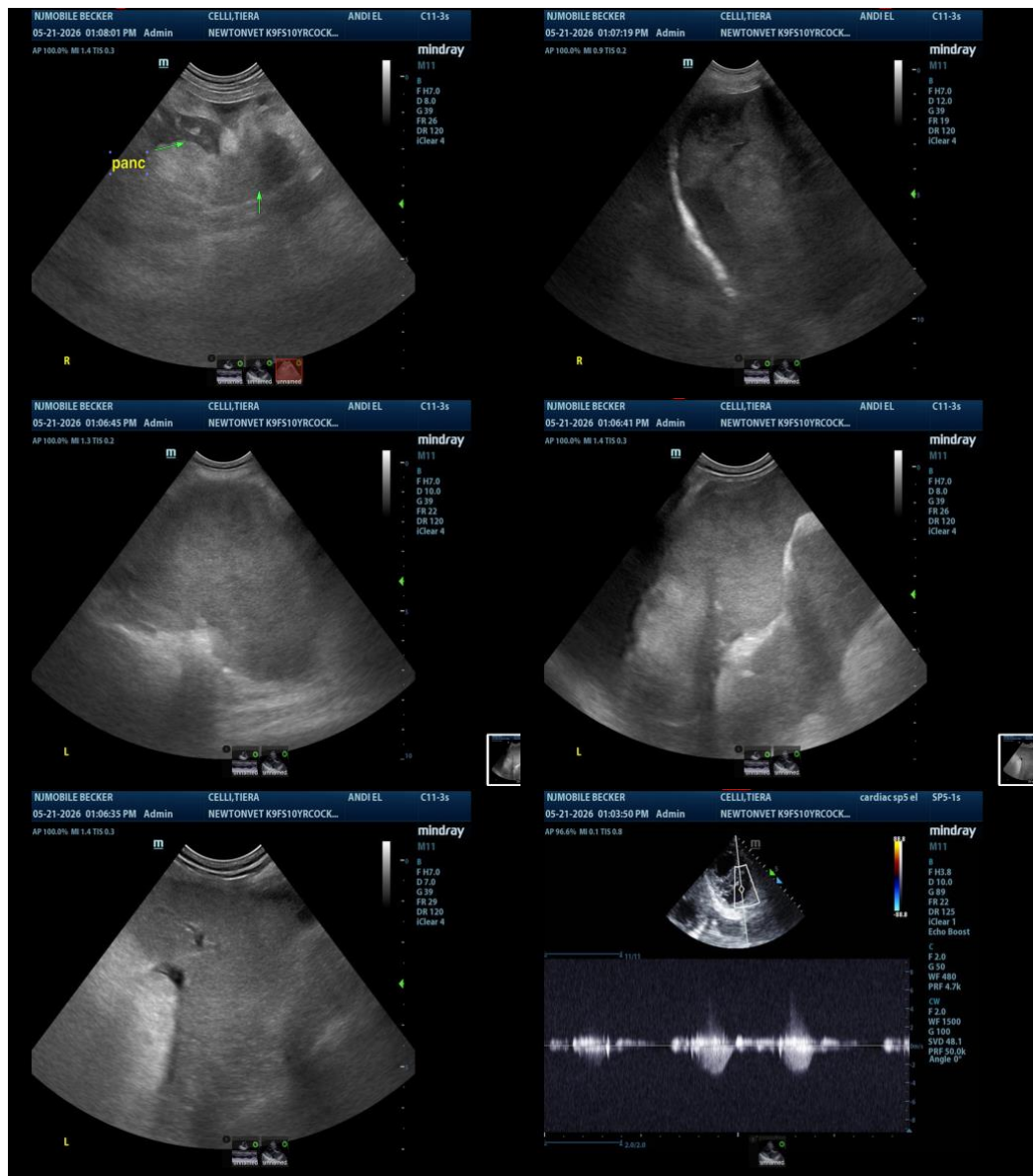
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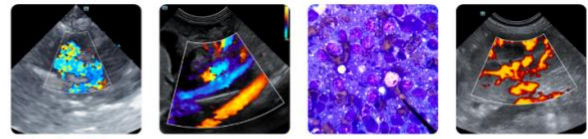
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Given the hepatic presentation, pancreatic neoplasia and metastatic disease to the liver is suspected. FNA of the pancreas and liver is indicated.





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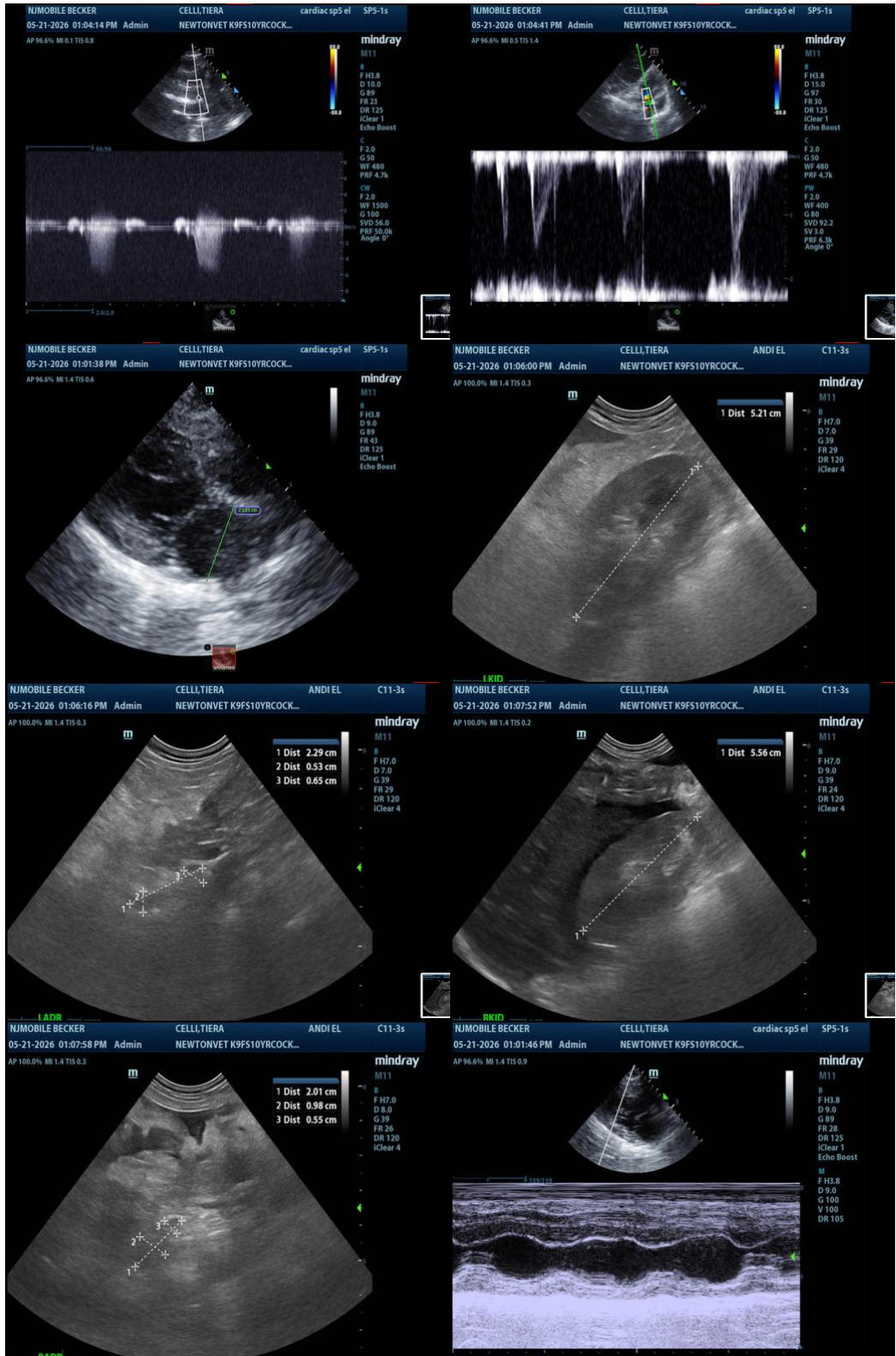
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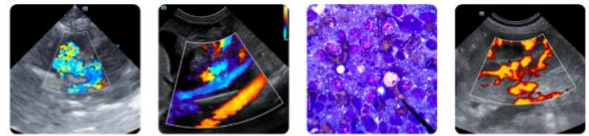
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

Cocker Spaniel

**Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,**

CEO, Owner, Founder -- SonoPath.com

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[info@SonoPath.com](mailto:info@SonoPath.com)

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