



PATIENT

Lua Martino

SPECIES

Canine

BREED

Pekingese Shih Tzu
mix

SEX

Spayed Female

AGE

4 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. ElShafie

INVOICE

30642

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Patient with previous history of cancer (abdominal mass - gastrointestinal stromal cell tumor treated with chemo) presents for recheck abdomen. Mesenteric lymphadenopathy with lymph node cyst found on previous scan.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.24 cm. The left kidney measured 3.73 cm with trace pyelectasia.

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 1.2 x 0.39 cm at the caudal pole and 0.3 cm at the cranial pole.

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 cranial abdomen revealed a complex cystic and parenchymal mass. The mass appeared to be deriving from the **liver** and occupied the areas of the pancreas impinging upon the spleen. This appeared to be deriving from the medial aspect of the liver. However, the exact origin cannot be made. Deviation of regional tissues was noted with mass effects. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Complex cystic mass, likely hepatic origin.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be necessary to assess if there is a surgical option. Given the patient's history metastatic disease is suspected. FNA of the parenchymal portion of the mass may allow for a definitive diagnosis. However, the cystic components would not be diagnostic.

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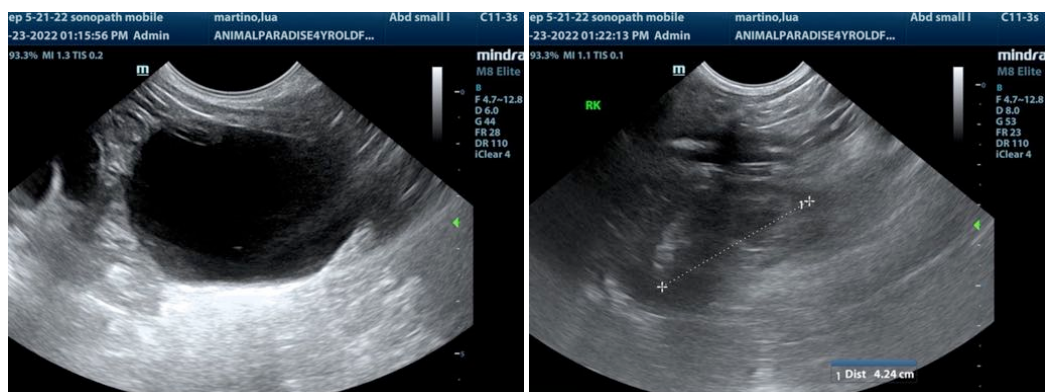
Dr. ElShafie

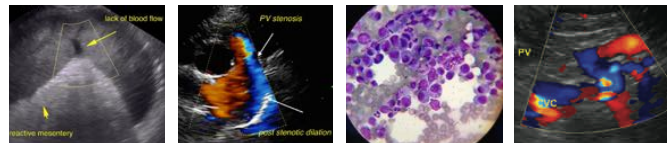
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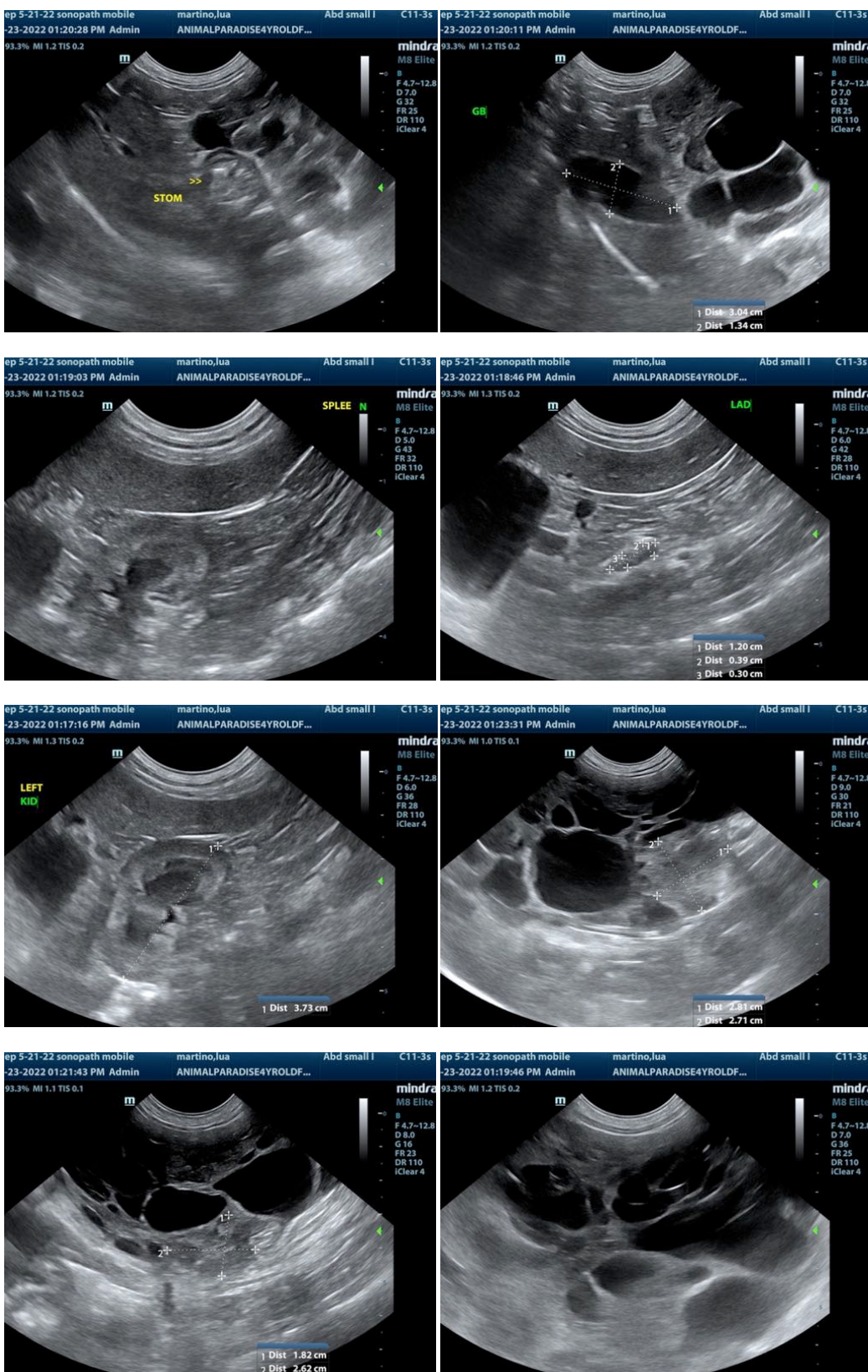
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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