



**PATIENT**

Jackson Dunne

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

60 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Vanderbogart

**INVOICE**

16438

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

History: thickening/mass-like object palpated in caudo-dorsal abdomen. decreased appetite; lethargic; weight loss (was 80# last March/April). not on any meds.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 8.17 cm. The left kidney measured 8.23 cm.

**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 right adrenal gland measured 3.97 cm x 0.69 cm at the caudal pole and 2.26 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 were noted. Cranial folding of the spleen was noted.

**Liver**

The **liver** cranial liver revealed a hypoechoic (1.94 cm x 1.32 cm) nodule. The nodule may represent a metastatic lesion. The remainder of the liver was unremarkable. The gallbladder and common bile duct were normal.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. A 6.0+ cm concentric intestinal mass was noted with obstructive pattern. Wall thickness measured up to 1.3 cm. Upper GI stasis was noted from the stomach to the mass, appears to be in the jejunum. Expansion into the regional tissues was noted. This does not appear resectable.

**Pancreas**



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The **pancreas** was prominent and hypoechoic with irregular parenchyma. Low-grade inflammation is suspected. Generalized enlargement was noted, measuring up to 2.0 cm.

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**ULTRASONOGRAPHIC FINDINGS**

- Non-resectable intestinal mass with regional omental spread
- Possible metastatic lesion to the liver
- Hypoechoic pancreas
- Splenic fold
- Age-related renal and urinary bladder changes

**BREED**

Standard Poodle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

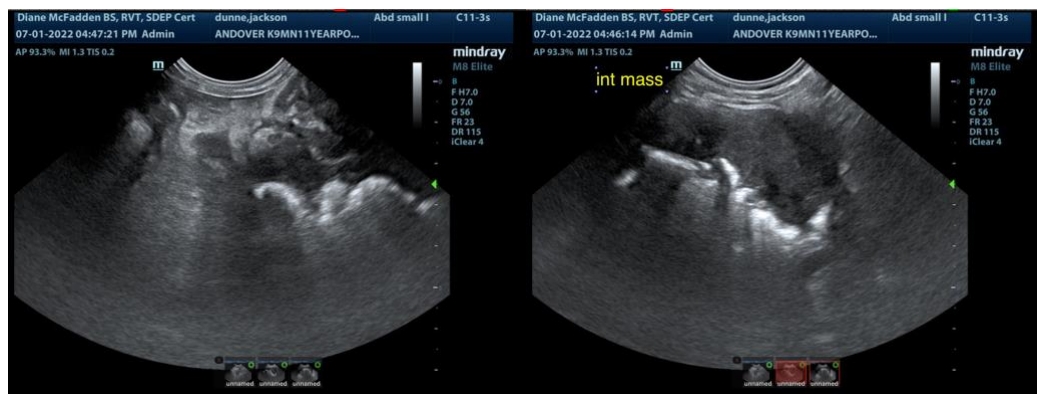
**SEX**

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FNA of the intestinal mass is recommended with immediate chemo-reduction. Prognosis is guarded to poor. Intestinal lymphoma versus carcinoma are primary differentials. Leiomyosarcoma is less likely.

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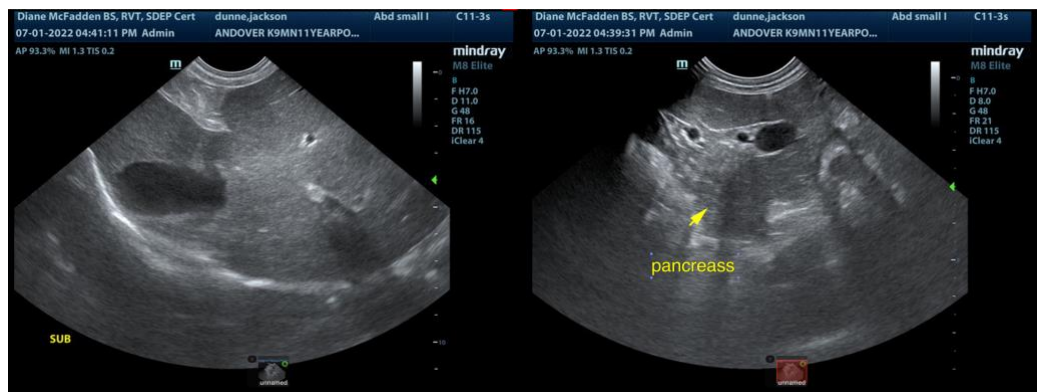


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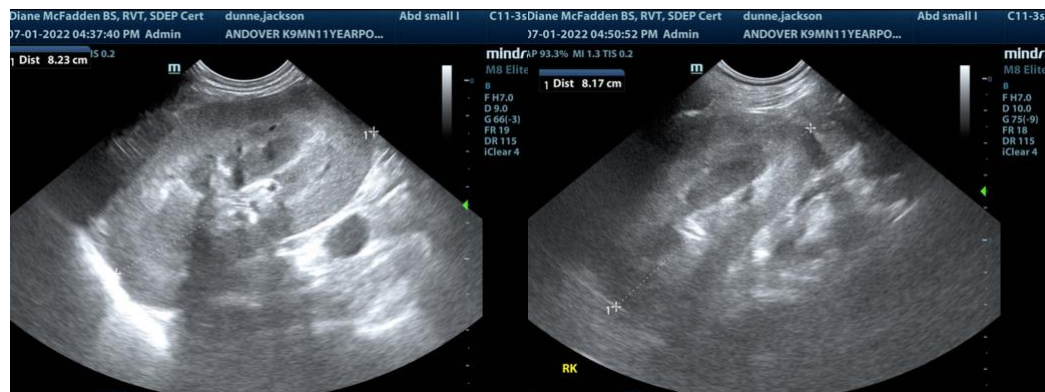
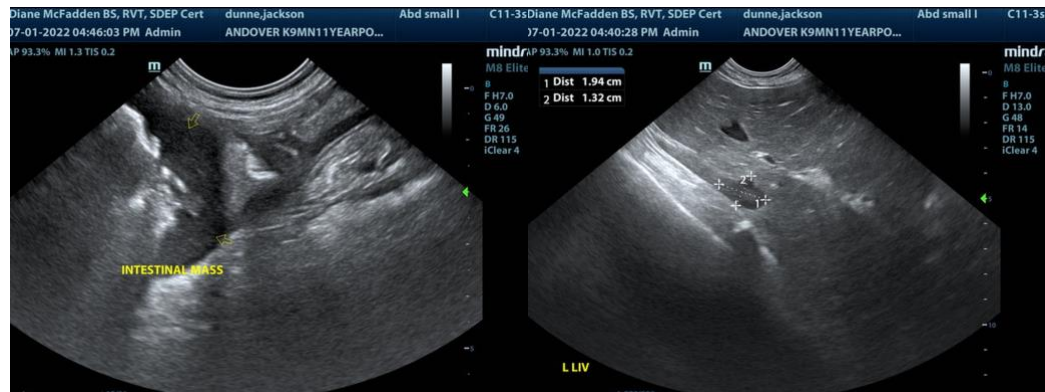
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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