



**PATIENT PRESENTING CLINICAL SIGNS**

Einstein Hovey P lethargic, decreased e/d, and febrile. P has been on Pred EOD x 1 month, gabapentin, and vitamin k. P had splenic tumor removed Sept of last year

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: See attached labs: anemic, increased WBC, Increased ALT/ALKP/CREA/BUN See attached rads: Mass effect

**BREED**

Poodle X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**AGE**

10 Years

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 left kidney measured 4.07 cm. The right kidney measures 5.0 cm. Pinpoint mineralizations noted, non-obstructive.

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

**Adrenal Glands**

The **adrenal glands** were not visualized.

DABVP, Cert. IVUSS

**Spleen**

The region of the **splenic fossa** was unremarkable.

**IMAGING PERFORMED BY**

Jasmine Palacios

**Liver**

An undifferentiated hypoechoic parenchymal mass is noted measuring 6.0 cm in the cranial abdomen with a separate **liver** mass in the right cranial liver measuring 7.0 cm x 4.5 cm, mixed echogenic and significantly disruptive. The pattern of the hepatic mass would suggest metastatic disease, as other nodular changes were noted throughout the liver with distorted target-type appearance. The mass caudal to the stomach appears to possibly derive from the splenic fossa.

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. David Gray

**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.

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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.



**PATIENT**

**Free Abdomen**

Einstein Hovey

Rapid view of the heart revealed no evident pathology.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric neoplasia metastatic pattern, possibly related to the prior splenic pathology
- Undifferentiated mass in the region of the left cranial abdomen/omentum with aggressive metastatic hepatic masses noted.
- Age related renal changes

**BREED**

Poodle X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

FNA of the splenic and cranial abdominal masses could be considered for further definition, and immediate chemotherapeutic intervention.

**AGE**

10 Years

Radiographs: Mid abdominal mass noted on radiographs, clear chest.

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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Jasmine Palacios

**HOSPITAL NAME**

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**REFERRING VET**

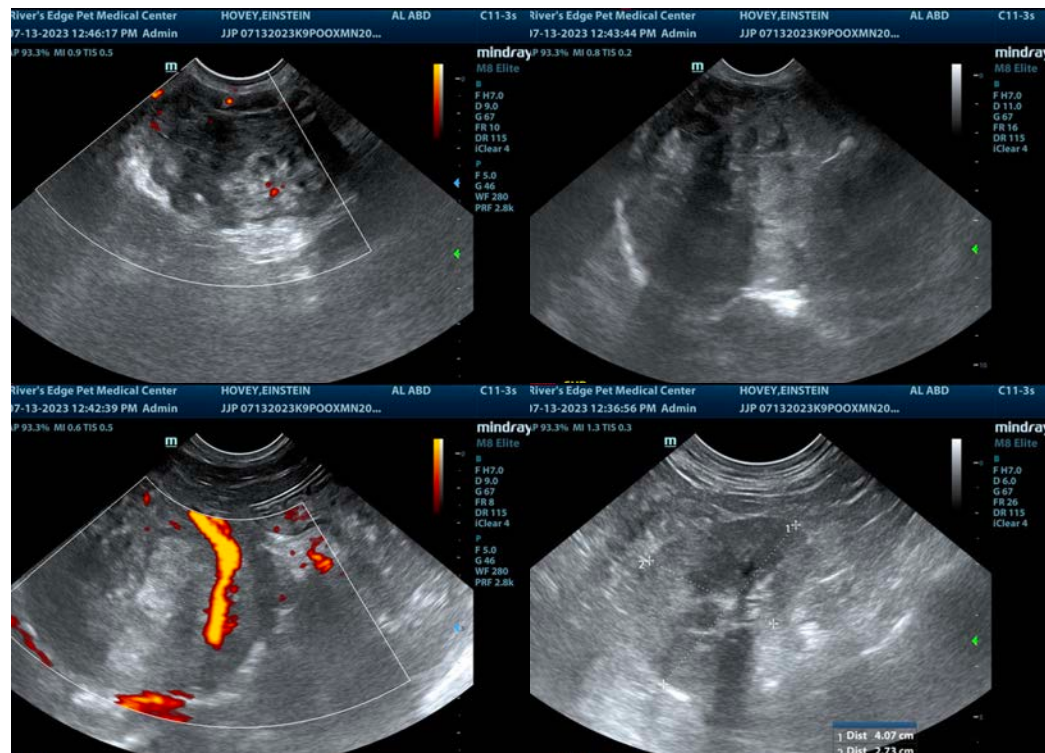
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**PATIENT**

Einstein Hovey

**SPECIES**

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**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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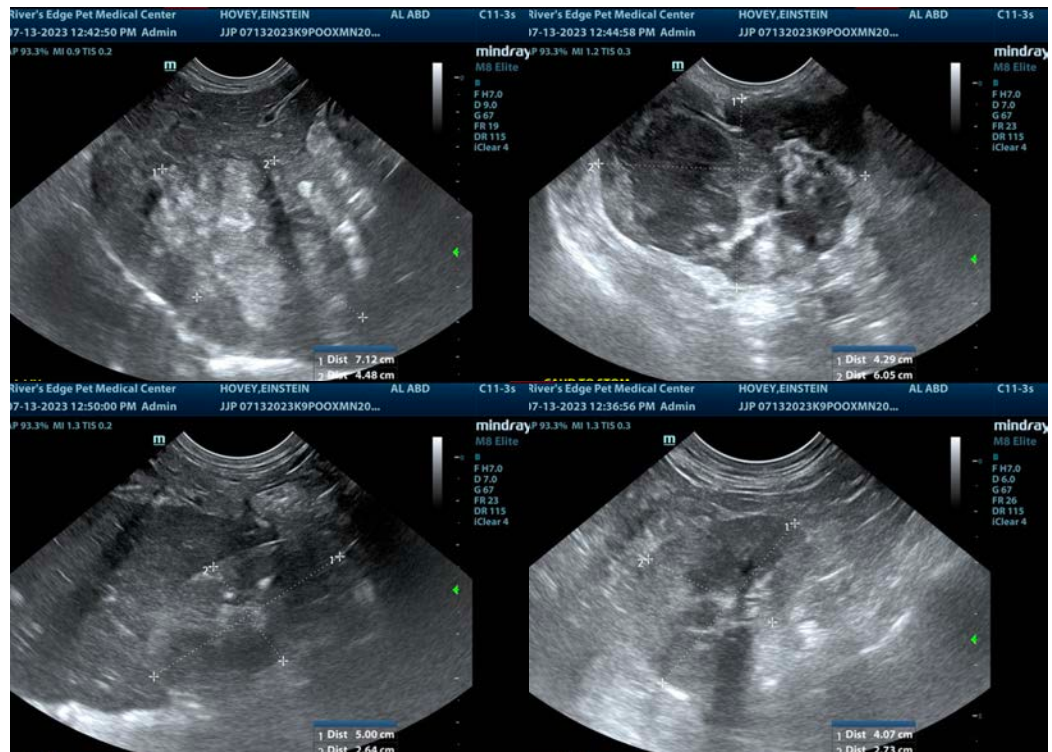
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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