



**PATIENT PRESENTING CLINICAL SIGNS**

**Lizzie Gibbons** Chronic G.I. issues, weight loss, anorexia, and intermittent diarrhea. Current meds: mirtazapine 7.5 mgs 1/2 tab SID, Denamarin, Metro 50 mgs 1/2 BID, Amoxi 64 mgs BID.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 408, ALT 148, glob. .5, TP 7.9, WBC 17.6, platelets 473, neut. 14256, monos. 1408. U/A: pH 6.0, protein +1. bilu. +1, USG 1.049.

**BREED**

Maltipoo

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

8 Years

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measures 3.72 cm. The left kidney measured 3.79 cm.

**WEIGHT**

8.4 Pounds

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 measures 1.31 cm x 0.27 cm at the caudal pole and 0.30 cm at the cranial pole.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Spleen**

The **spleen** revealed a mass measuring 6.6 cm x 5.05 cm with disrupted architecture and enhanced surrounding mesentery.

**HOSPITAL NAME**

Whippany VH

**Liver**

The **liver** was riddled with multiple expansive hypoechoic parenchymal masses up to 3.0 cm x 2.5 cm and multiple target lesions, consistent with metastatic sarcoma. Significant disrupted architecture noted. The gallbladder was unremarkable. Hepatic lymph nodes were also enlarged, creating mass effects up to 3.0 cm.

**REFERRING VET**

Dr. Cordero

**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.

**DATE**

7/13/23



**PATIENT**

**Pancreas**

Lizzie Gibbons

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric splenohepatic and lymph node based sarcoma pattern with reactive mesentery

**BREED**

Maltipoo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FNA spleen, liver and lymph nodes. Immediate chemotherapeutic intervention recommended. However, prognosis is poor. Chest radiographs warranted to assess for comorbidities if not already performed.

Spayed Female

**AGE**

8 Years

**WEIGHT**

8.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Whippany VH

**REFERRING VET**

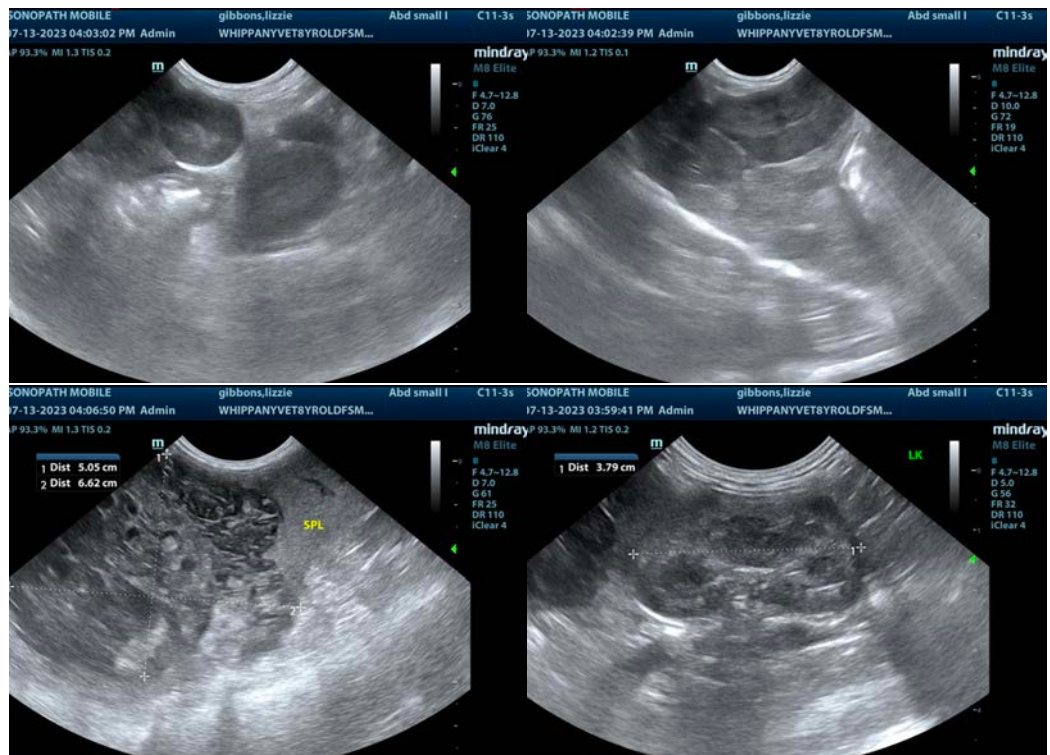
Dr. Cordero

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**PATIENT**

Lizzie Gibbons

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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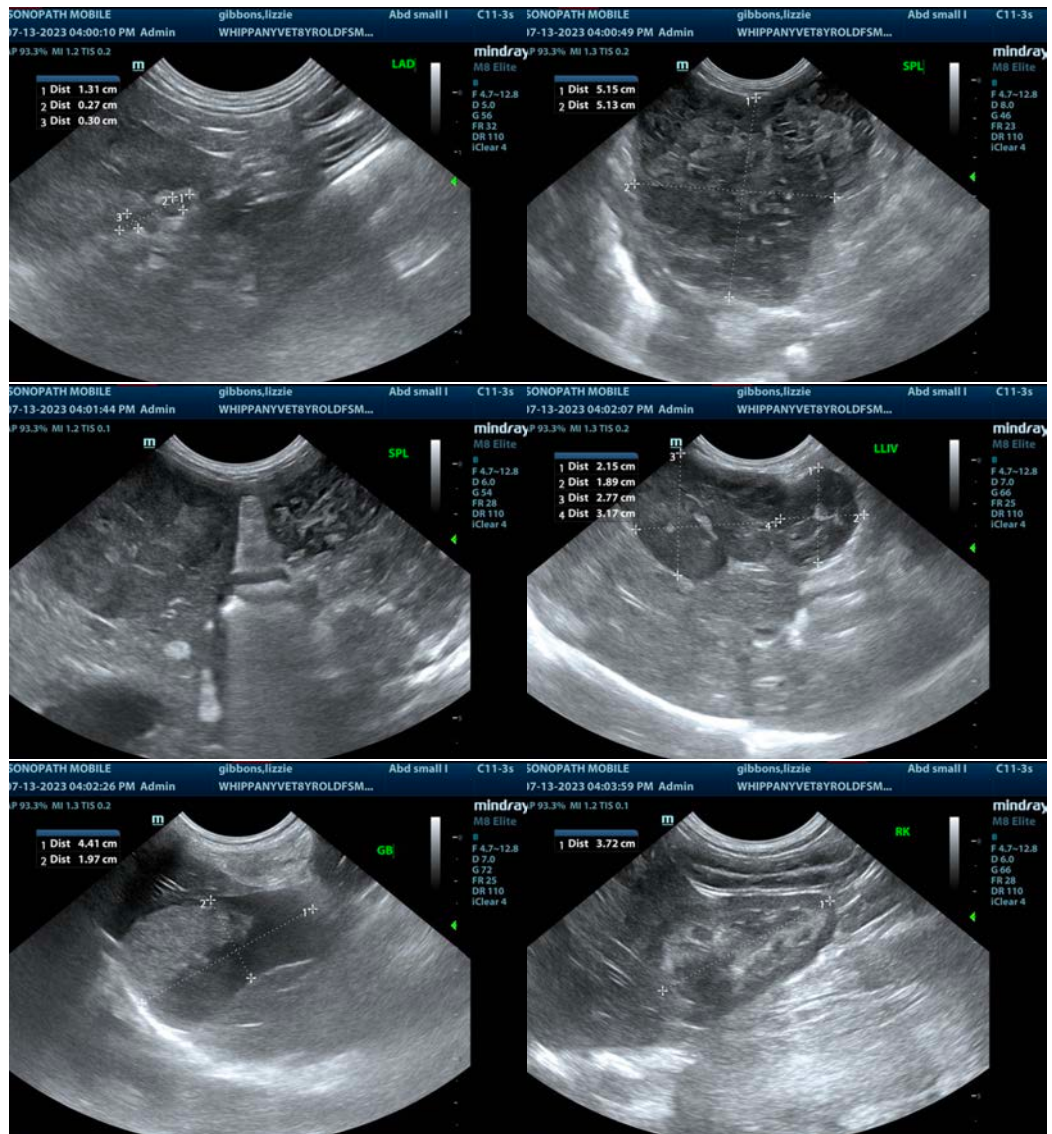
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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