



PATIENT

Snoopy Russe Santos

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered male

AGE

13 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Carrasquillo

INVOICE

32030

DATE

7/28/22

PRESENTING CLINICAL SIGNS

History: Presented on 7-27-22 for evaluation of vomiting, anorexia, and weight loss. Pt was at the EC for 3 days and no improvements were seen. Two weeks ago started episodes of vomit, diarrhea and not eating. Lab works were done and appeared unremarkable. At the EC .ddx pancreatitis and enteritis. Meds given were sucralfate, aminopentamide HCL, ondansetron, metoclopramide, and omeprazole. Pt developed intolerant to foods and vomited today and yesterday and also had black diarrhea. The diet consists of science diet/gastro changed consistently. Possible foreign body as pt eats things. The fecal was neg and was given Panacur up to date with preventives and vx.

Abnormal PE/Chem/CBC/UA Results: P: W: 9# Temp 100.5F BW: unremarkable done at EC Abd rads: no major abnormalities noticed.

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. The cystourethral junction was mildly thickened as was the right ureteral papillae. This is likely owing to passage of calculi. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate measured 0.7 cm.

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. The right kidney measured 4.27 cm with occasional parenchymal cysts and pyelectasia measuring 0.22 cm. The left kidney revealed pyelectasia that measured 0.17 cm.

Adrenal Glands

The right adrenal gland revealed an expansive and hyperechoic 1.6 cm nodule at the cranial pole. The caudal pole measured 0.53 cm and 2.83 cm in length. The left adrenal gland measured 0.73 cm at the cranial pole and 0.55 cm at the caudal pole and 1.8 cm in length.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Multi-focal, hyperechoic nodular changes were noted in the liver and measured up to 2.0 cm. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was over distended and expansive with coalescing debris and some striation.



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Gastrointestinal

Gastric stasis was noted. The midabdomen revealed a mixed, hypoechoic 3.4 x 1.9 cm intestinal mass with regional, hyperechoic, surrounding fat. The wall thickness measured 1.0 cm. Minor, variable intestinal thickening was noted elsewhere without loss of detail. The mesenteric lymph node was reactive and measured 1.3 x 0.63 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Extensive intestinal mass, appeared to be jejunum.

Regional lymphadenopathy.

Right adrenal nodule, likely adenoma.

Moderate degenerative renal changes.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic nodules may be metastatic FNA of the intestinal mass, regional lymph node and liver is indicated. Intestinal resection and anastomosis with right adrenalectomy with liver biopsy can be considered. However, I am concerned for regional lymph node metastasis or potential hepatic metastasis. This is likely intestinal carcinoma or lymphoma.



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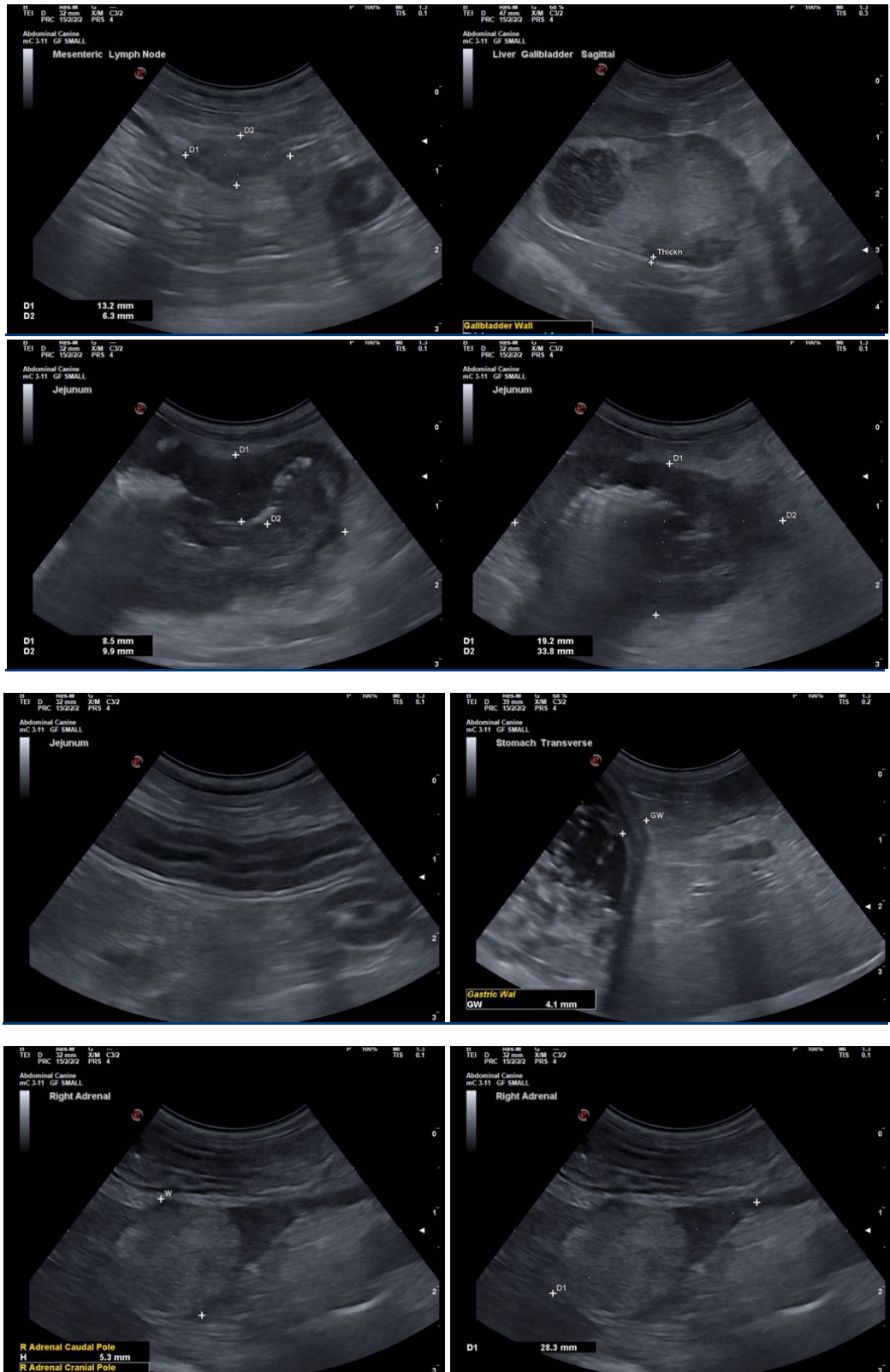
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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