



PATIENT

Sunny Cowen

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

31521

DATE

7/7/22

PRESENTING CLINICAL SIGNS

History: Sunny was rescued last year. She has a history of severe stertor, and incidentally found a rectal mass 1cm depth from anus when doing workup and dental. Prior to removal and biopsy, scan to assess abdomen for other masses, etc. Radiographs revealed slightly enlarged liver, normal thorax. Mild non-regenerative anemia. Otherwise, all WNL. Rectal tumor is mucosal, and approx 0.75 cm diameter.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.01 cm. The left kidney measured 4.0 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 left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

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

Liver

The **liver** was largely normal with a hypoechoic, 0.5 cm nodule noted at the left lateral liver adjacent to the pyloric outflow. The hepatic lymph nodes are also enlarged, rounded and hypoechoic. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** revealed areas of hypoechoic mucosal changes with loss of mural detail. The pyloric changes were multi-focal to fairly well distributed and do not appear resectable. The small intestines and colon were unremarkable.



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Pancreas

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The **pancreas** revealed hypoechoic nodules that were medial to the spleen and measured up to 2.0 cm. This may be overlying lymph nodes or pancreatic pathology.

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Free Abdomen

The iliac lymph nodes were enlarged, rounded and hypoechoic measuring 1.5 cm.

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ULTRASONOGRAPHIC FINDINGS

SEX

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Gastric hypertrophy.

Concerning multi-focal lymphadenopathy.

Pancreatic nodules or overlying lymph nodes.

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Splenic nodule.

Iliac lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am strongly concerned for multi-centric neoplasia. I recommend ultrasound-guided FNA of the lymph nodes, hepatic nodule and accessible lymph nodes as well as gastric wall. Sampling is essential. Multi-centric round cell neoplasia is the primary concern. Lymphadenitis and gastritis is possible with nodular hyperplasia of the liver. The prognosis is very guarded. Sampling is essential.

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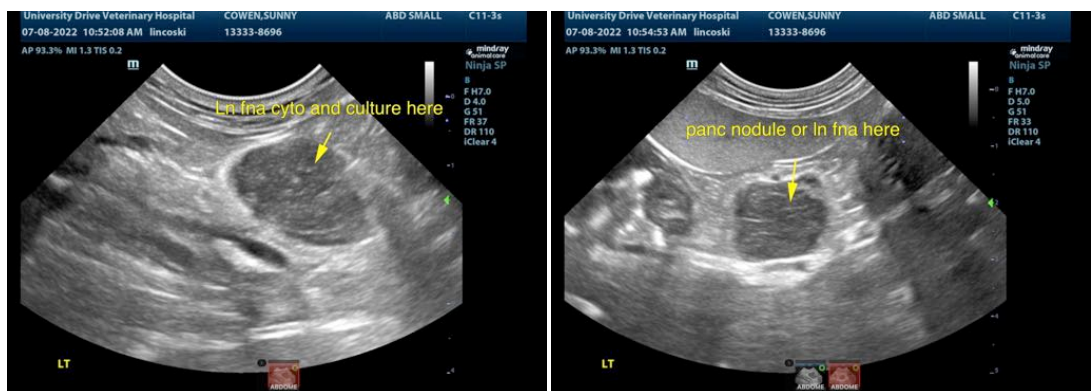
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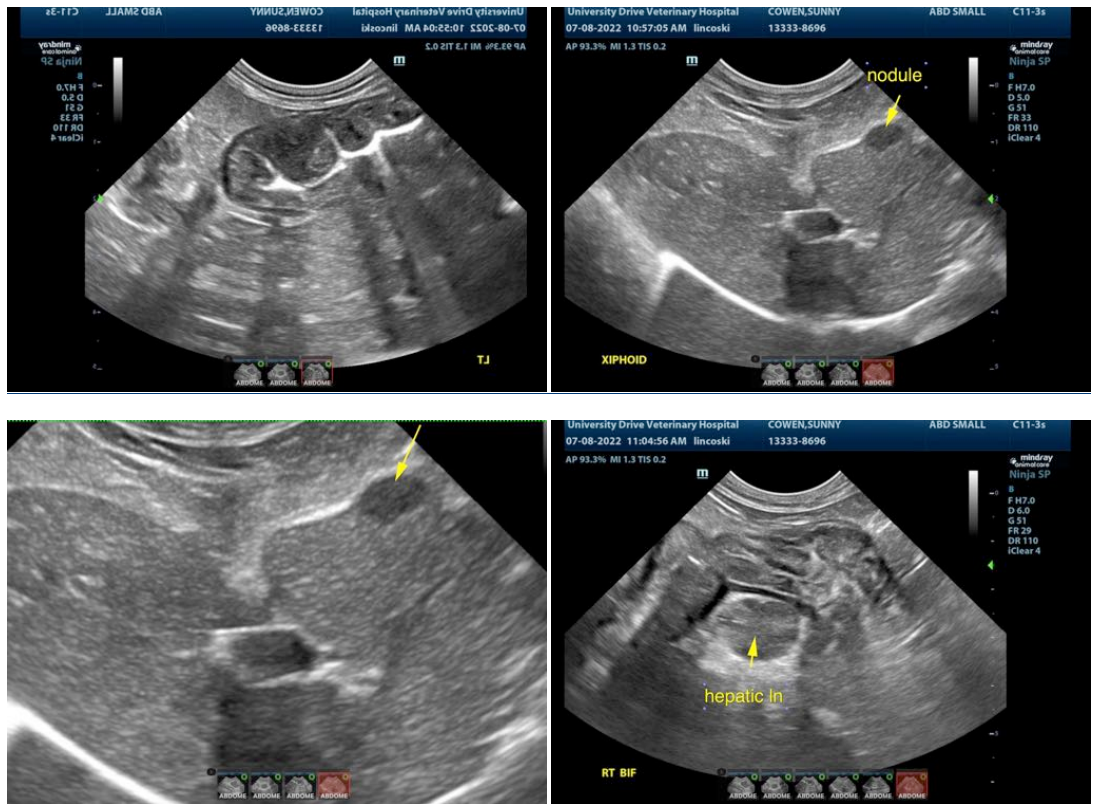
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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