



PATIENT

Misha Hanson

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

All Creatures Great &
Small

REFERRING VET

Dr. Ashmore

INVOICE

23212

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Recheck from u/s 2/6/23 Current meds: cerenia, baytril, flagyl, entyce
Abnormal PE/Chem/CBC/UA Results: WBC 17, mild ^ALP, mild ^SDMA+BUN

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Mineralization was present in the kidneys. The left kidney measured 3.62 cm. The right kidney measured 3.62 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 1.75 cm x 0.85 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 1.59 cm x 0.55 cm at the caudal pole and 0.6 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. Caudal folding of the spleen was noted.

Liver

The **liver** revealed multifocal hypoechoic nodular changes and progressive irregular contour, consistent with metastatic disease. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. The jejunal thickening has progressed to 1.15 cm with wall thickness extending for approximately 3.0 cm in length. Reactive mesentery was noted around the jejunal thickness and associated with the small intestine.

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

Misha Hanson

Free fluid was noted in the abdomen.

SPECIES

Other

Canine

A rapid view of the **heart** revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

BREED

- Progressive intestinal mass with metastatic pattern to the liver
- Free fluid
- Nodular omentum, consistent with abdominal carcinomatosis
- Splenic fold
- Age-related renal changes with mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

FNA of the liver, intestinal mass and free fluid could be considered for further definition.

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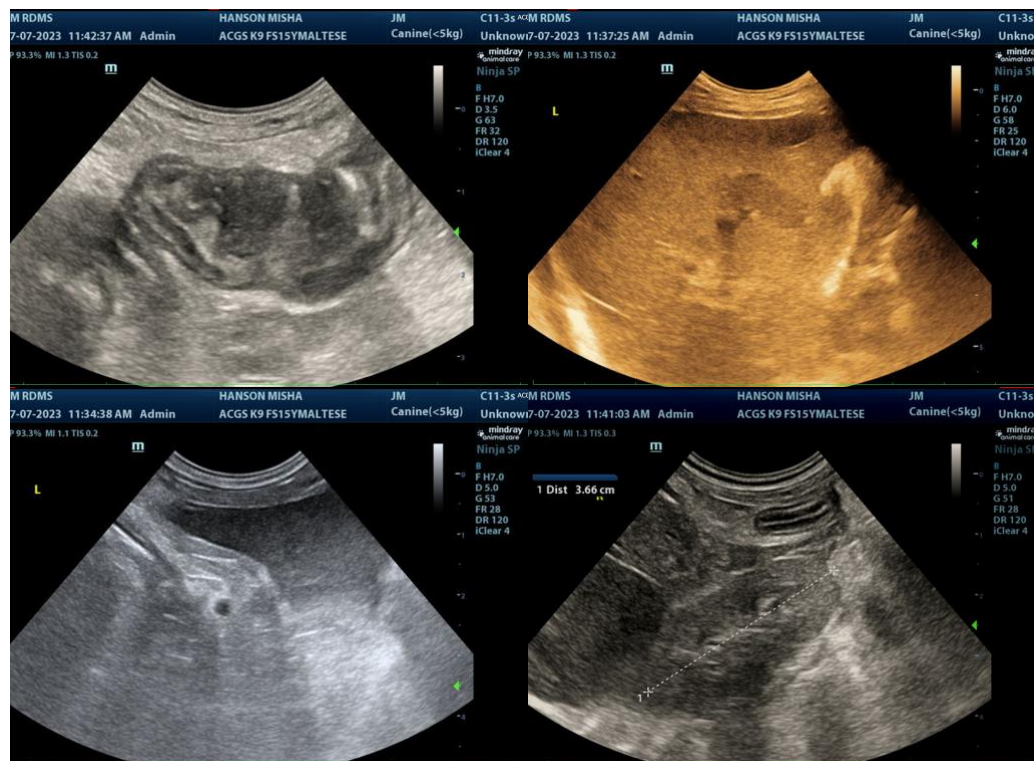
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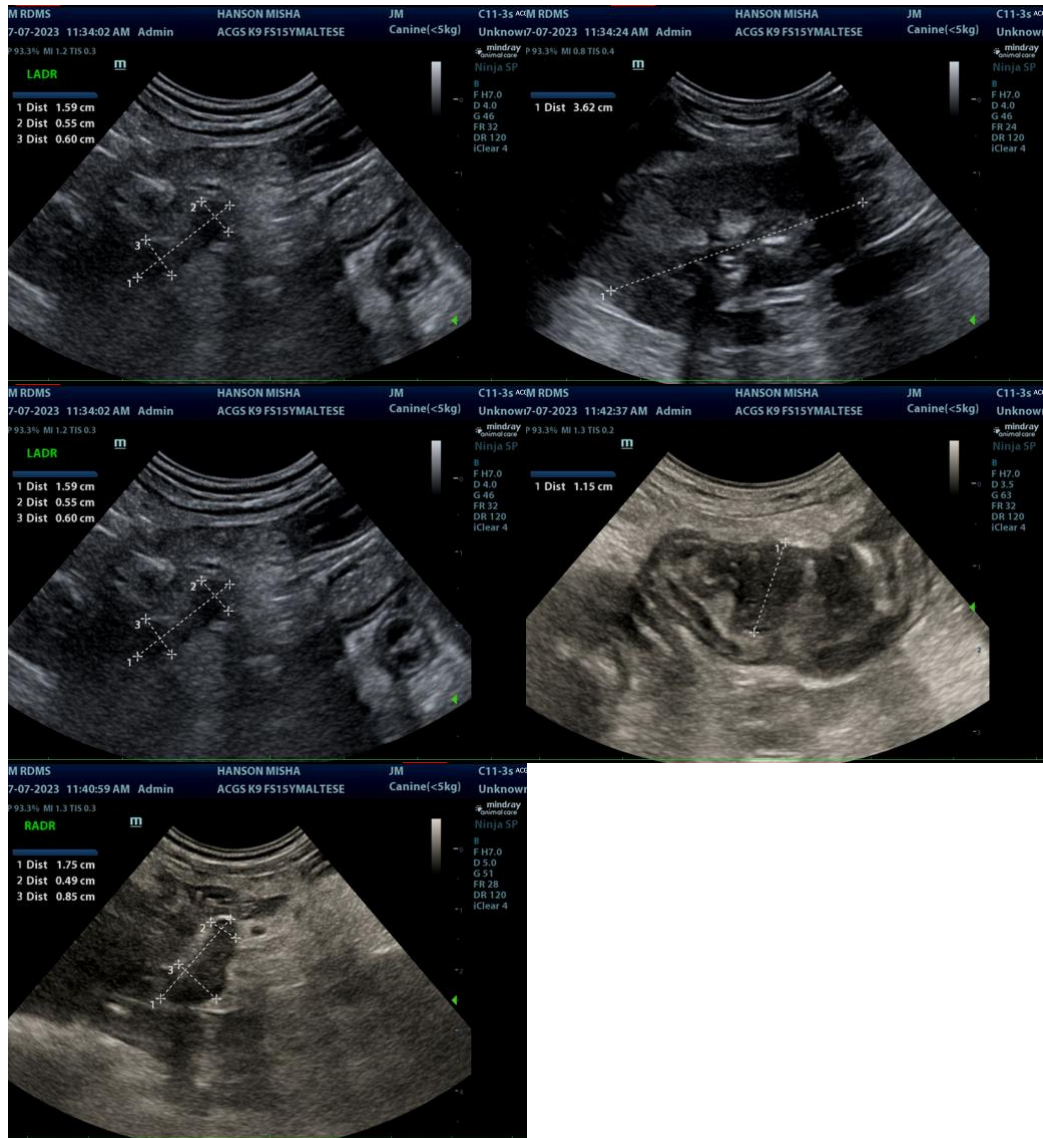
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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