



PATIENT PRESENTING CLINICAL SIGNS

Sweetie Goldman

Progressive weight loss and decreased appetite. Presented 8/16 for lethargy and inappetence for 2 days. Small mass felt in caudal abdomen Sr panel 2 weeks ago - unremarkable.

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Rat Terrier

SEX

The **kidneys** revealed subtle hypoechoic nodular changes with target type appearance and minor swollen contour. Potential metastatic disease. FNA indicated. The right kidney measured 4.35 cm. The left kidney measured 4.5 cm.

Spayed Female

AGE

Adrenal Glands

10 Years

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 1.13 cm x 0.40 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 1.8 cm x 0.48 cm at the cranial pole and 0.45 cm at the caudal pole.

WEIGHT

7.9

INTERPRETED BY

Spleen

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

Liver

HOSPITAL NAME

The **liver** was mildly subnormal in size with normal structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly overdistended, likely owing to anorexia or secondary to GI issues.

Stewart's Mtn View AH

REFERRING VET

The transdiaphragmatic view revealed comet tail lung pattern, potentially owing to metastatic disease. Chest radiographs warranted.

Dr. Jennie Stewart

INVOICE

Gastrointestinal

44687

The **stomach** was empty. The jejunum revealed a regional mural mass with surrounding inflammation. Reactive mesentery noted. The mass measured 2.6 cm x 1.8 cm.

DATE

8/16/23



PATIENT

Pancreas

Sweetie Goldman

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

BREED

Rat Terrier

- Jejunal mass with reactive surrounding mesentery – appears to be an isolated lesion.
- Target type nodules in the kidneys
- Age related hepatic changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying differentials for the intestinal mass are focal lymphoma, carcinoma, leiomyosarcoma, non-neoplastic granulomatous lesion. The reactive mesentery is concerning for potential local spread. FNA of the intestinal lesion could be considered yet could be difficult to exfoliate. The lesion does meet neoplastic criteria. Chest radiographs warranted to assess for metastatic disease. No evidence of penetrating foreign body noted yet cannot be ruled out. FNA of the kidneys warranted.

WEIGHT

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

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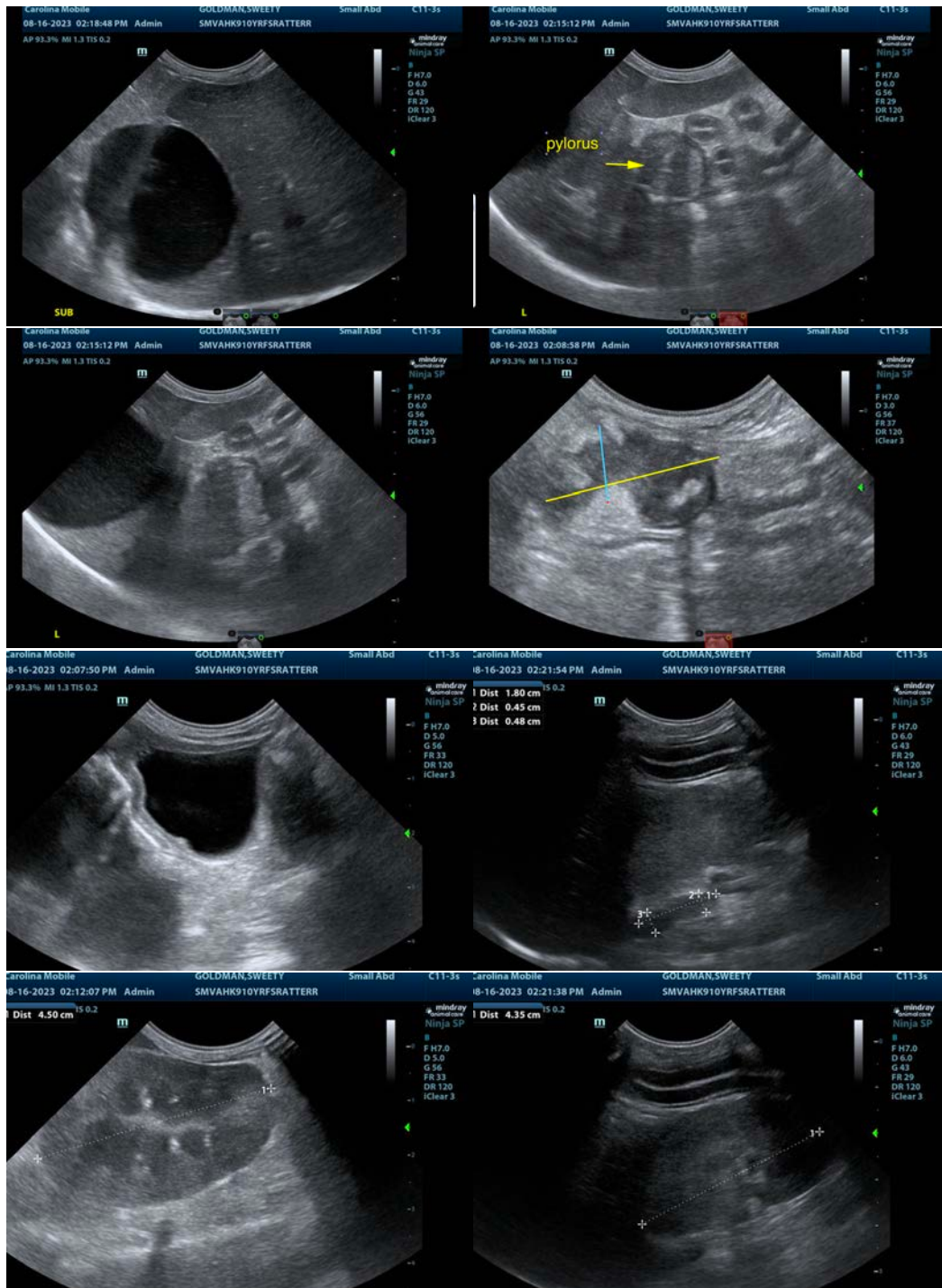
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com