



PATIENT

Chase Entwistle

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Lover

INVOICE

12553

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Anorexia/Vomiting 2 Weeks. Treated end of July for Cervical Pain (had med and Gabap. /off now). Abnormal CBC/Chem Findings: ALT 452, ALT 3.816, GGT 24

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 residual prostate measured 1.09 cm.

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. Mineralization was present in the kidneys. The left kidney measured 3.19 cm. The right kidney measured 4.58 cm with slight pyelectasia.

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 1.83 cm x 0.68 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 1.71 cm x 0.54 cm.

Spleen

The **spleen** presented a 2.0 cm isoechoic swelling, may be a positional issue.

Liver

The **liver** presented multifocal microcystic expansive nodular changes coalescing to create a 6.23 cm x 5.56 cm mass in the left cranial liver, however, extends into the right cranial liver with separate microcystic nodular changes in the right liver up to 2.5 cm x 2.35 cm with deviation of the gallbladder caudally.

Gastrointestinal

The **stomach** presented hypertrophied and/or remodeling of the mucosa and empty lumen- no evidence of neoplasia, however, gastritis is likely. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern



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- Mild to moderate degenerative renal changes with calculi (non-obstructive)
- Multifocal liver masses, subjectively low grade- pronounced nodular hyperplasia or granulomatous disease possible, underlying carcinoma possible
- Spleen, isoechoic swelling- may be a positional issue

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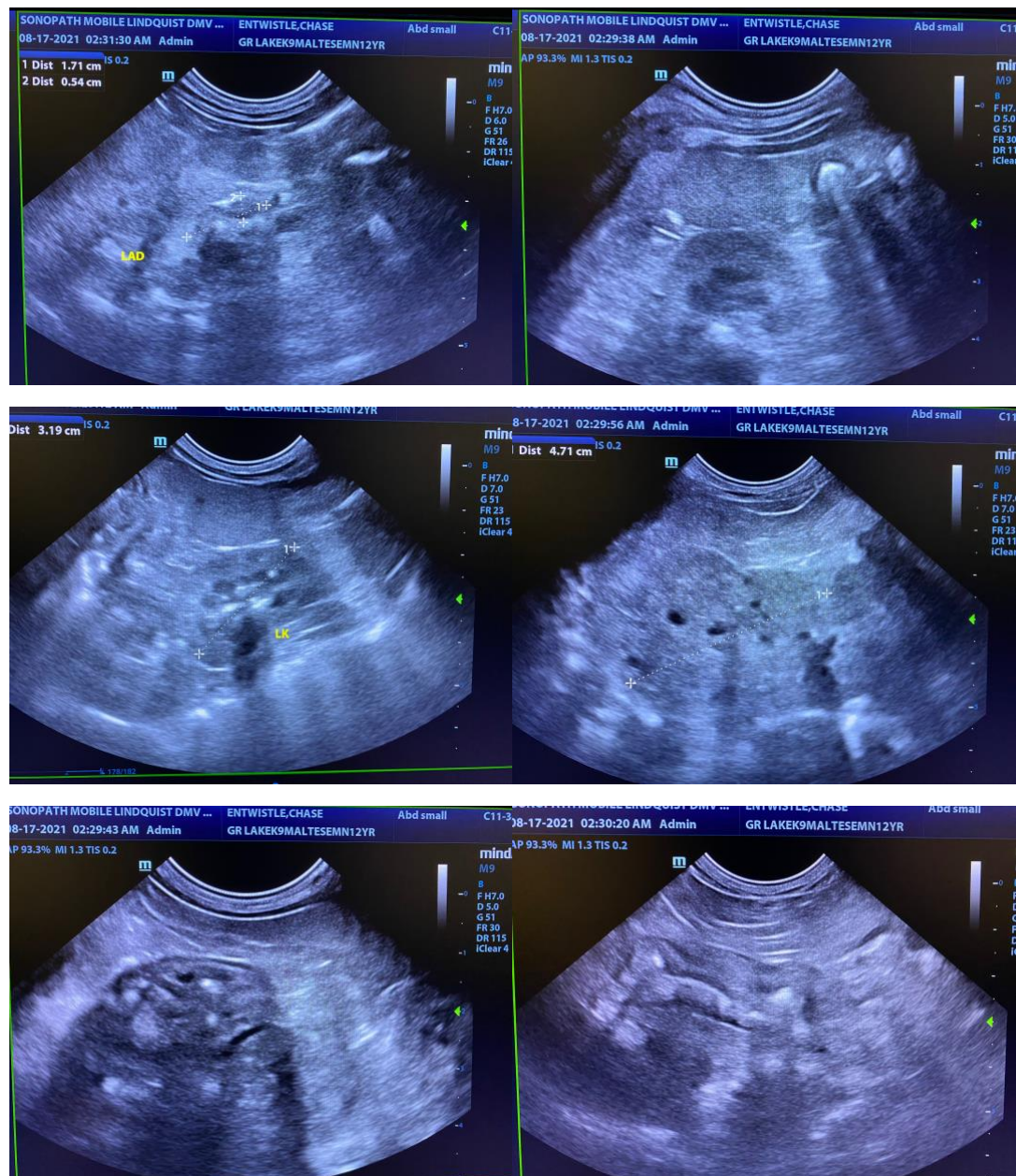
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further investigation could be performed with ultrasound guided FNA of the spleen and the parenchymal liver masses. GI protectant protocol warranted in the meantime given the gastric presentation and the immediate clinical signs. The liver pathology is non-resectable.





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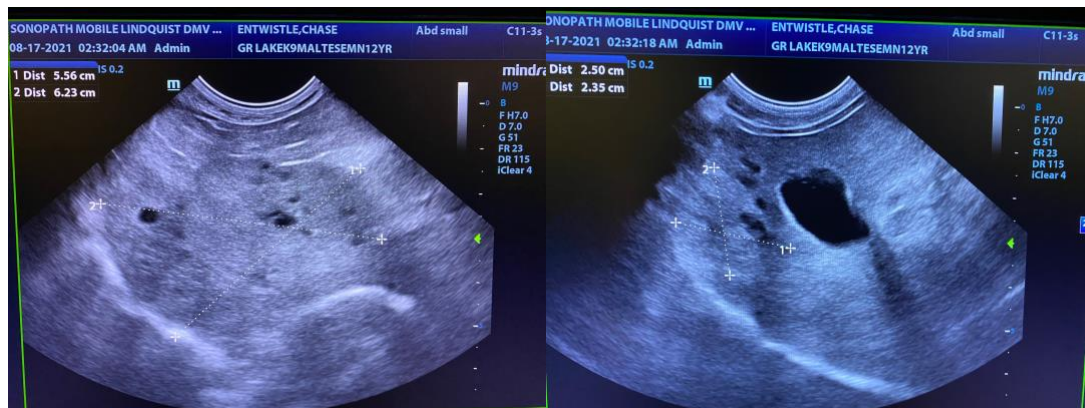
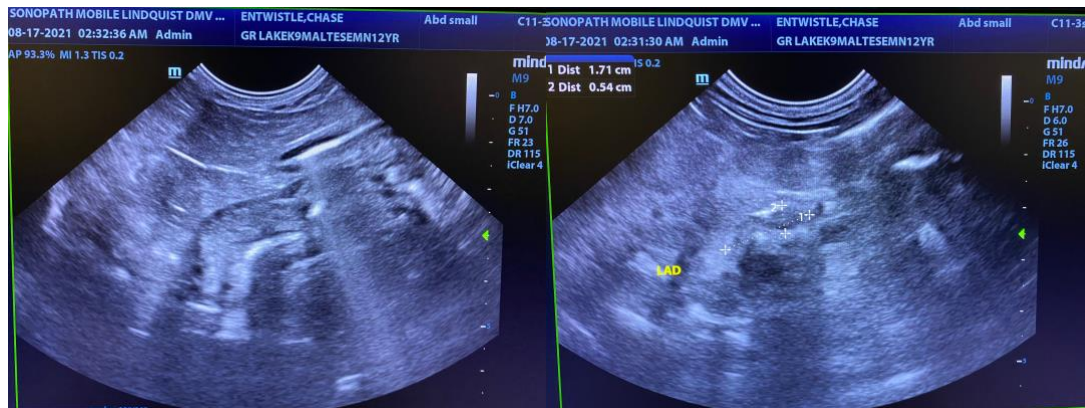
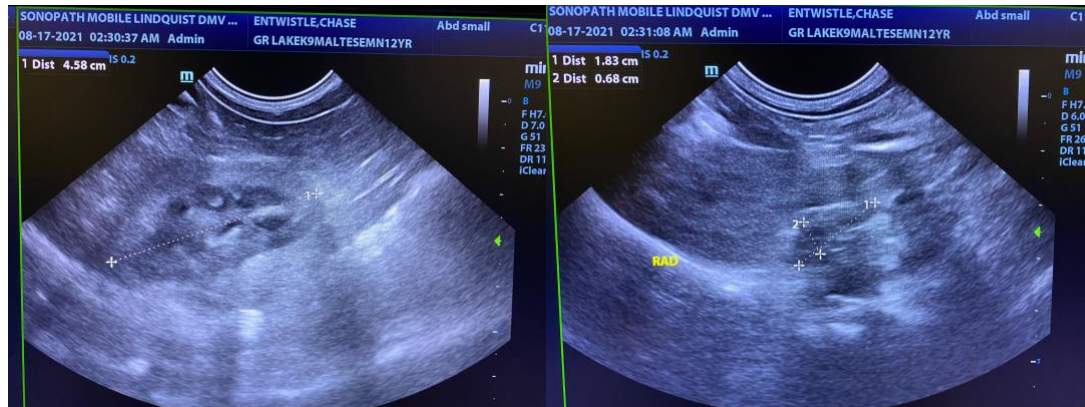
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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