



**PATIENT**

Chelsea Gittings

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

53.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

A.Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A.Rodriguez

**INVOICE**

12849

**DATE**

8/28/21

**PRESENTING CLINICAL SIGNS**

History: Chronic decreased appetite. Chronic IBD on metro and atopica  
Abnormal PE/Chem/CBC/UA Results: Alb: 2.6,

**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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.04 cm. The right kidney measured 6.45 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 2.86 cm x 0.84 cm. The left adrenal gland measured 3.23 cm x 0.77 cm.

**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.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

In the caudal aspect of the **gastric fundus**, a 3.23 cm x 3.16 cm mass was noted, appears to be polypoid and may be resectable. A separate hypoechoic (1.0 cm) mural lesion was noted in the caudal aspect of the gastric fundus. Concentric thickening also noted in the pyloric outflow. Echogenic mucosal remodeling was noted in multifocal fashion throughout the stomach. The small intestine and colon were unremarkable.

**Pancreas**



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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.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Mucosal polypoid changes, some appear resectable, others not

**BREED**

Poodle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

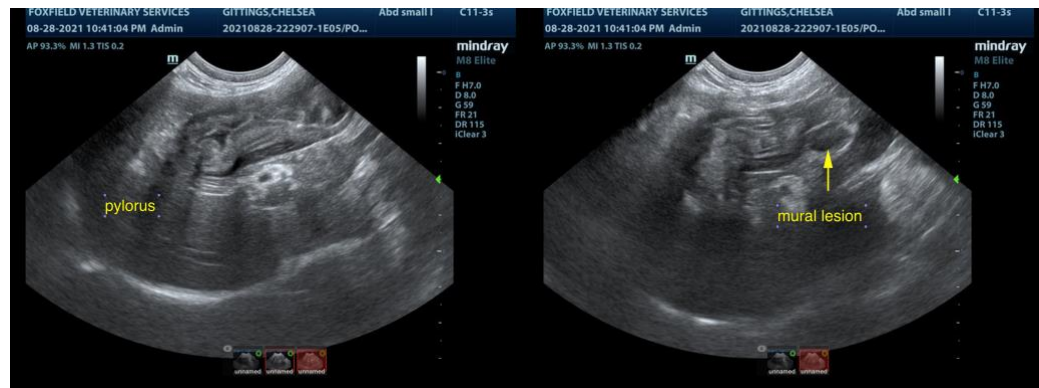
Endoscopy could be considered; however, one mural lesion would not be accessible with endoscopy. Therefore, surgical exploratory with gastric resection and biopsies would be appropriate. Carcinoma is a strong potential versus polypoid hyperplasia or low-grade epithelial tumor with possible ulcerative disease. The remainder of the abdomen was unremarkable.

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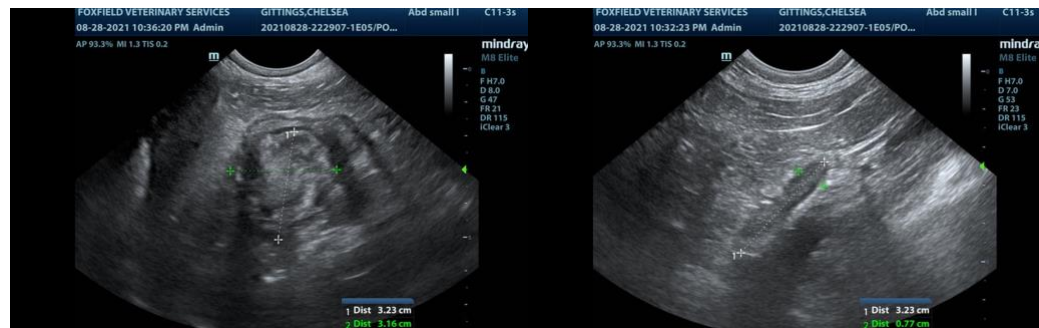


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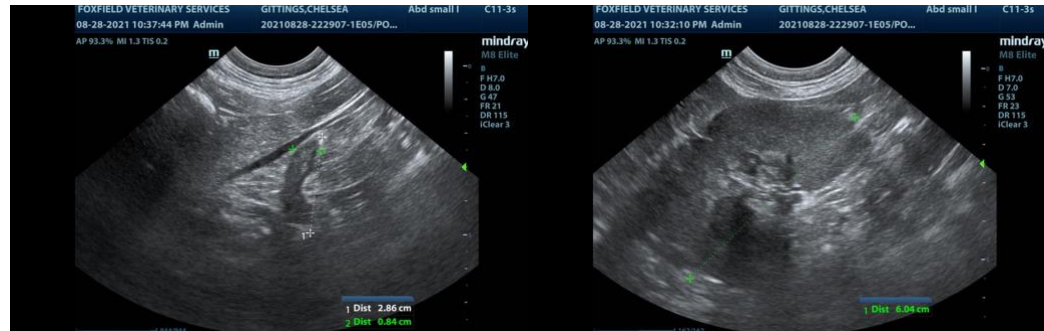
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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