

**PATIENT**

Toto Pistorio

**SPECIES**

Canine

**BREED**

Westie

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

18 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Graceful Paws Pet  
Clinic

**REFERRING VET**

Dr. Santiago

**INVOICE**

46446

**DATE**

8/4/23

**PRESENTING CLINICAL SIGNS**

History: Pet presented to urgent vet last night for an episode of disorientation, decreased appetite, vomiting and possible pale mm. On PE, large mass effect was found on mid abdomen. Pet has also been having soft, gelatinous stools. Radiographs showed a mass effect but unable to identify source  
Abnormal PE/Chem/CBC/UA Results: CBC PLT: 625,000 Rest nsf Chem SDMA: 16 BUN: 56 lyses NSF T4: within therapeutic levels

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional parenchymal cyst was noted. The left kidney measured 4.9 cm.

**Adrenal Glands**

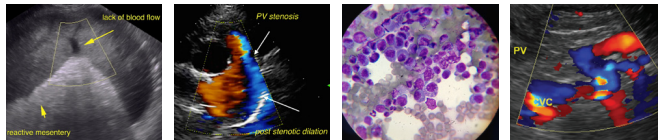
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland was not visualized.

**Spleen**

A mixed, hypoechoic, complex mass measured 10+ cm with regional inflammation. The exact source of the mass is unclear. The mass is presumed to be splenic in origin. However, it impinges on the right kidney and therefore may be right kidney in origin. A significant amount of regional inflammation was noted.

**Liver**

The **liver** was enlarged, irregular and heterogenous with passive congestion liver pattern. Dilated hepatic veins were noted. 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.



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***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

***Pancreas***

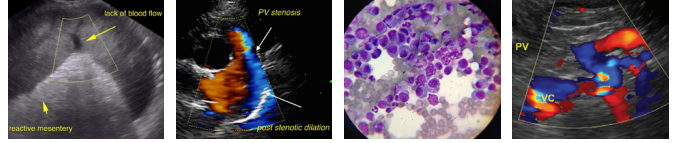
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Cranial abdominal mass, splenic or right renal in origin.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation is recommended to assess for potential resection. FNA of the mass and liver can be considered as well as chest radiographs to assess for metastatic disease and staging. Assessment for right sided heart disease or obstructive thoracic disease is recommended.



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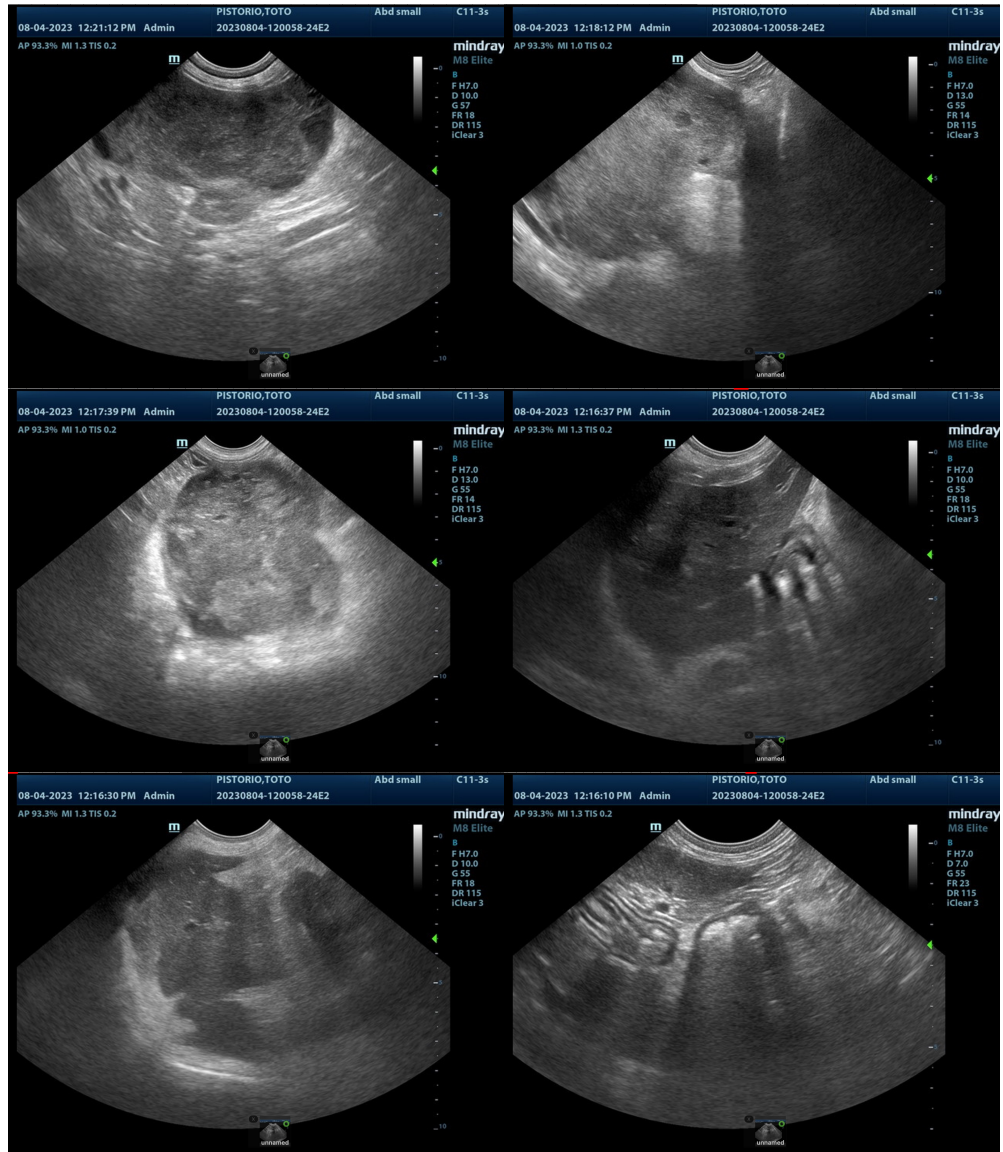
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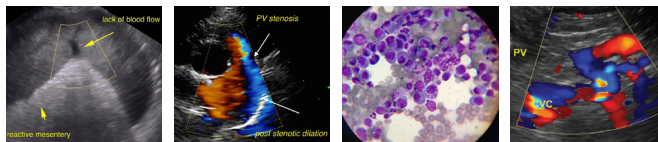
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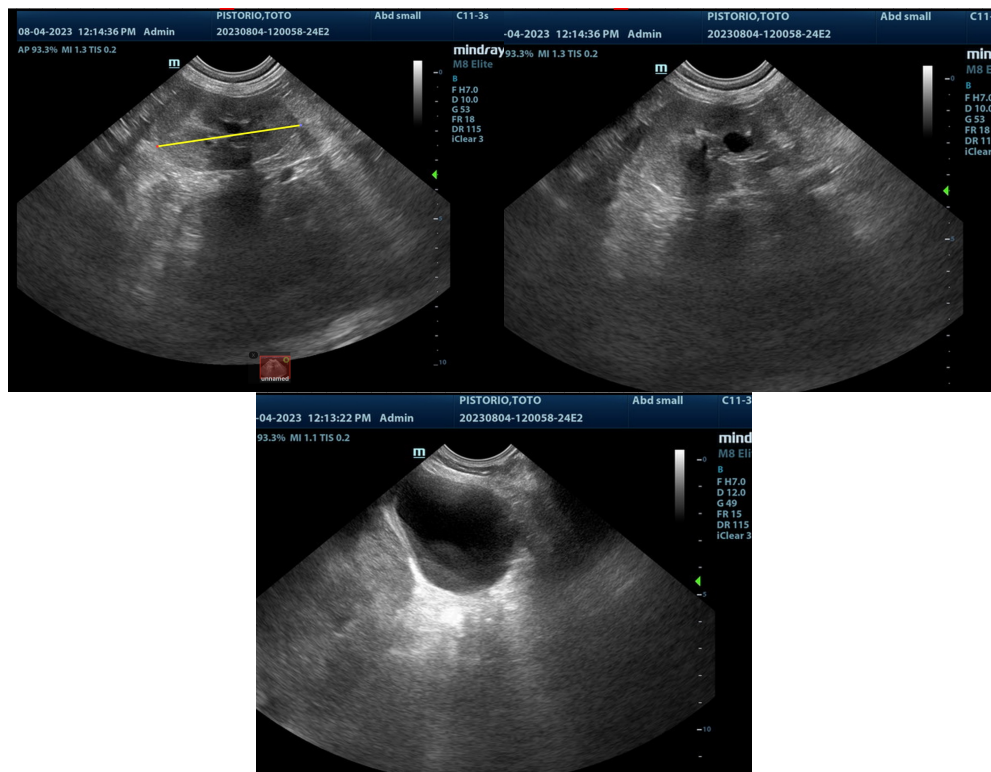
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com