



**PATIENT**

Lilly Reyes

**SPECIES**

Canine

**BREED**

Terrier/Yorkshire

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

6.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Paul Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Paul Kim

**INVOICE**

25343

**DATE**

9/11/21

**PRESENTING CLINICAL SIGNS**

Patient came in for decreased appetite for three days and every time the dog is given food she will vomit. The patient is also having diarrhea; the patient is drinking and urinating normally. The patient has also been acting lethargic.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*Multiple JPEG and AVI images submitted. Please submit in DICOM format. The videos were converted and evaluated.**

**Urinary System**

The **urinary bladder** revealed minor wall thickening with a minimal amount of urine present.

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. Minor pyelectasia noted in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.62 cm in width. The right adrenal gland measured 0.53 cm in width.

**Spleen**

Reactive mesentery was noted in the cranial abdomen where a large, cavitated mass was present, likely deriving from a portion of the **spleen**. Much of the visible spleen was unremarkable. However, the exact origin of the mass could not be ascertained and appeared to superimpose upon the pancreas.

**Liver**

The cranial aspects of the **liver** were unremarkable. Minor increased portal markings noted. A gallbladder calculus was noted.

**Gastrointestinal**

Minor **gastric** stasis noted. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**Other**

Tissue thickening was noted in the area of the uterine stump. However, the exact origin of the tissue thickening could not be ascertained and should be evaluated at surgery.



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**ULTRASONOGRAPHIC FINDINGS**

- Large cavitated cranial abdominal mass – suspected to be derived from the spleen, however could not be defined. Possible pancreatic origin.
- Minor bladder wall thickening
- Renal pyelectasia
- Gallbladder calculus
- Minor gastric stasis
- Tissue thickening in area of uterine stump – origin unclear

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation would be ideal. Otherwise, exploratory surgery indicated. This is a particularly aggressive mass. Ultrasound guided FNA of the parenchymal portions of the mass could be considered to assess origin as well as type of neoplasia.





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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](mailto:info@SonoPath.com)