



**PATIENT**

Homer West

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. McGarvey

**INVOICE**

39460

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss of 6.6 lbs, emaciated and weak. Not eating much.  
Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/9 with severe muscle wasting. Depressed. WBC 32k, Neut 29k, Mono 1.6k. Glucose 49, BUN 8, TP 4.7, Alb 1.9, K 140, CK 429.

**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. The right kidney measured 4.0 cm. The left kidney measured 4.19 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 left adrenal gland measured 0.33 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 0.94 cm at the cranial pole and 0.45 cm at the caudal pole.

**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 was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

Homer West

A 4.6 cm undifferentiated, hypoechoic mass was noted in the gastric fundus and appears to be mineralized. The mass enters into the gastroesophageal inlet. The pylorus, small intestine and remainder of the GI tract were unremarkable. A separate undifferentiated 3.0 cm nodule was noted in the region and is likely lymph node origin.

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**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Gastric fundic mass entering into the gastroesophageal inlet.

**AGE**

12 years

Separate undifferentiated mass, likely lymph node in origin. Noted in the dorsal cranial abdomen. The exact origin cannot be differentiated.

**WEIGHT**

9.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass appears to be isolated; however, given the position of the mass it appears to enter into the gastroesophageal inlet. Therefore, resection is unlikely. FNA is indicated. Given the position and echotexture of the mass gastrinoma, leiomyosarcoma, round cell neoplasia, sarcoma and carcinoma are all potentials. Sampling and chemotherapy is indicated. Otherwise, endoscopy would be another direct option for sampling. Serum gastrin levels are warranted. Given the low albumin concurrent protein losing disease may be an issue. If no significant proteinuria is present then protein losing enteropathy is possible. There is a minor potential for underlying Addison's.

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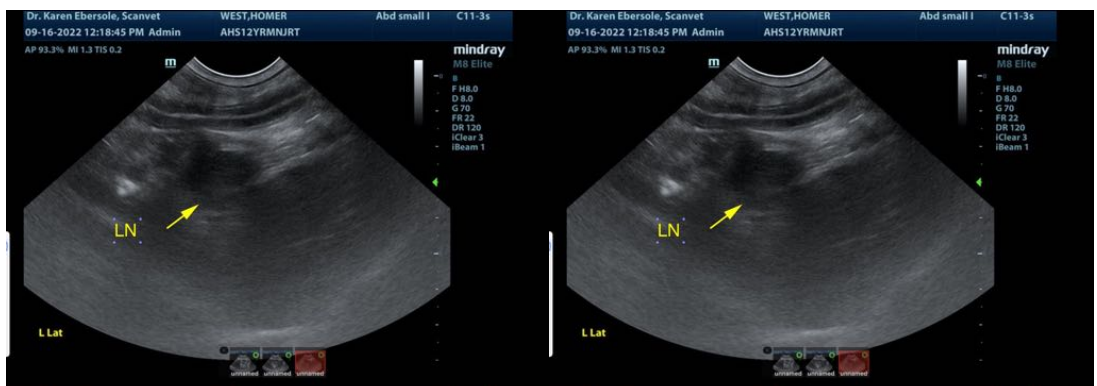
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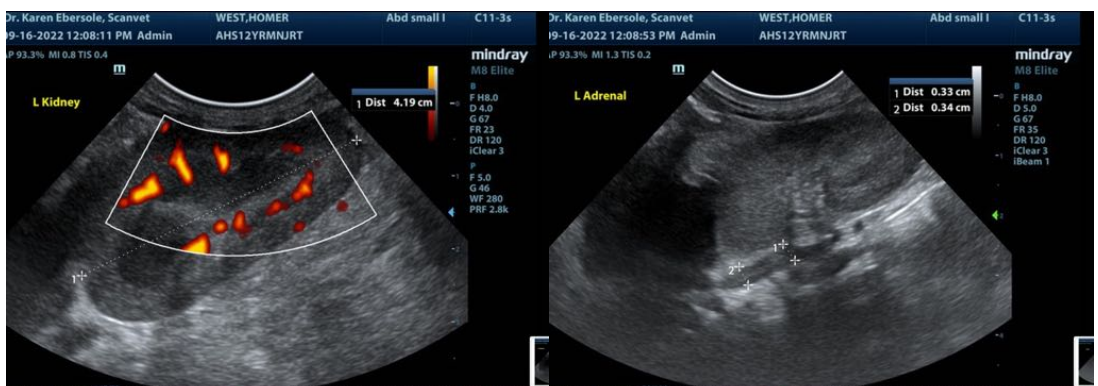
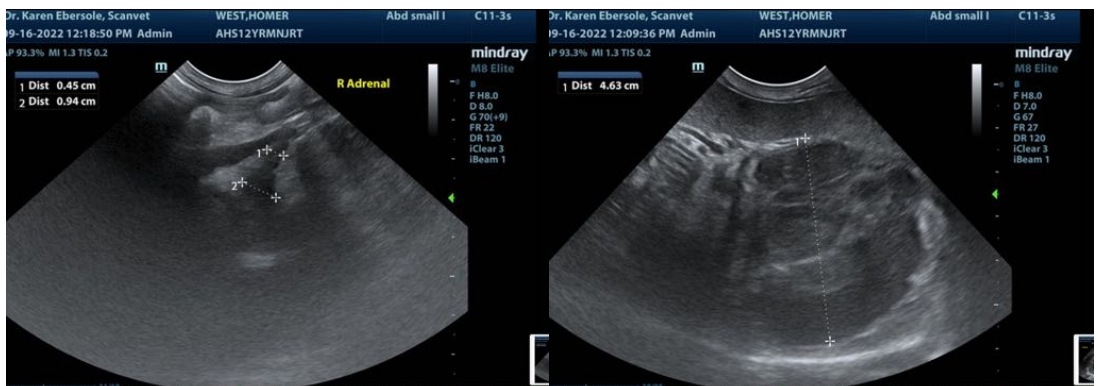
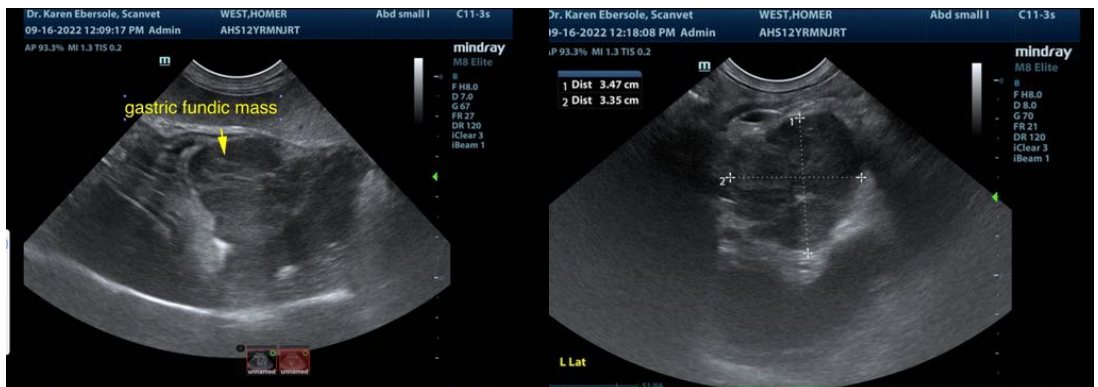
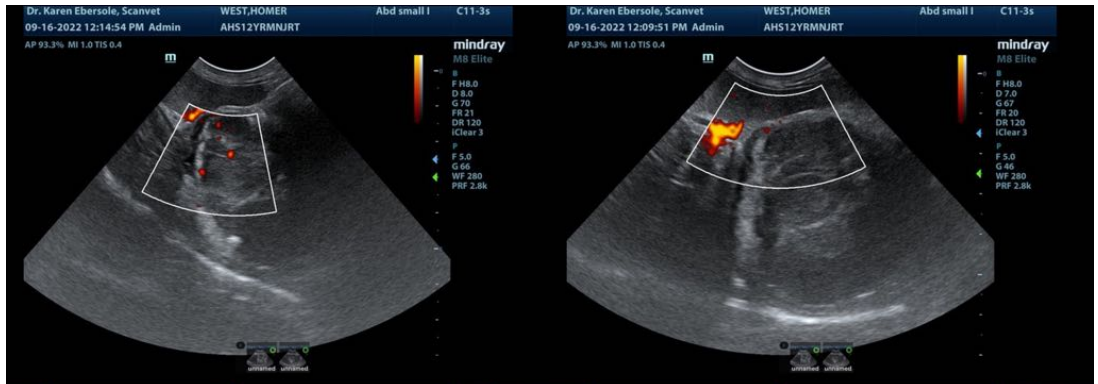
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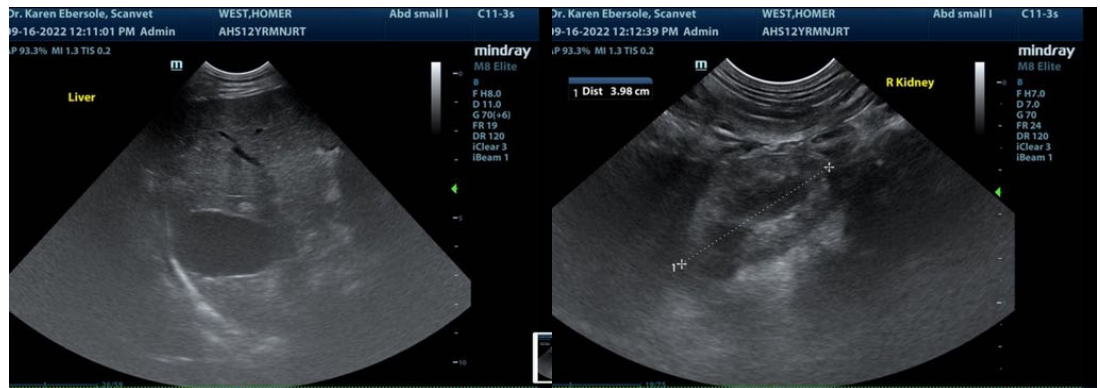
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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