



**PATIENT**

Corona Vetter

**PRESENTING CLINICAL SIGNS**

History: Mass seen along right side on AXR. Not eating. Lethargic.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

43 still images and 7 videos were submitted.

**BREED**

Peke Mix

**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.

**SEX**

Female

**AGE**

14 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm.

**WEIGHT**

7.2 kgs

**Adrenal Glands**

The right **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 right adrenal gland measured 0.51 cm. The left adrenal gland was at the upper limits of normal and measured 0.68 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Chris Belan VS

**Spleen**

The **spleen** revealed mild scalloping contour with hypoechoic parenchyma and enhanced surrounding mesentery.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. A hyperechoic, left cranial liver nodule was noted and measured 1.94 cm. This is consistent with lipogranuloma. There is a minor potential for carcinoma. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Hepatic lymph nodes were also enlarged.

**REFERRING VET**

Dr. Qi

**INVOICE**

91641

**DATE**

9/2/21



**PATIENT**

**Gastrointestinal**

Corona Vetter

Minor **gastric** wall thickening was noted. A small intestinal mass in this patient measured 4.0 cm with regional inflammation. The mass wall thickness measured 1-1.5 cm. This appears to be jejunum; however, the mass is significantly undifferentiated. Escape into the regional omentum was also noted. Regional lymph nodes were also enlarged.

**SPECIES**

Canine

**Pancreas**

**BREED**

Peke Mix

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**

Female

**ULTRASONOGRAPHIC FINDINGS**

Gastrointestinal neoplastic pattern with regional lymphadenopathy.

**AGE**

14 years

Emerging gallbladder mucocele.

Otherwise, geriatric abdominal changes.

**WEIGHT**

7.2 kgs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA is indicated of the small intestinal mass, lymph nodes and liver are all indicated for staging purposes with immediate chemotherapeutic intervention. Clean resection will not be possible.

**INTERPRETED BY**

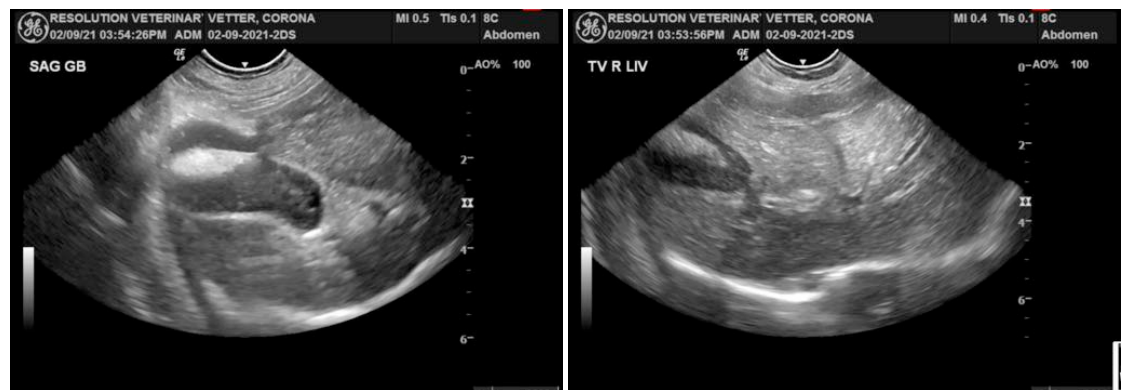
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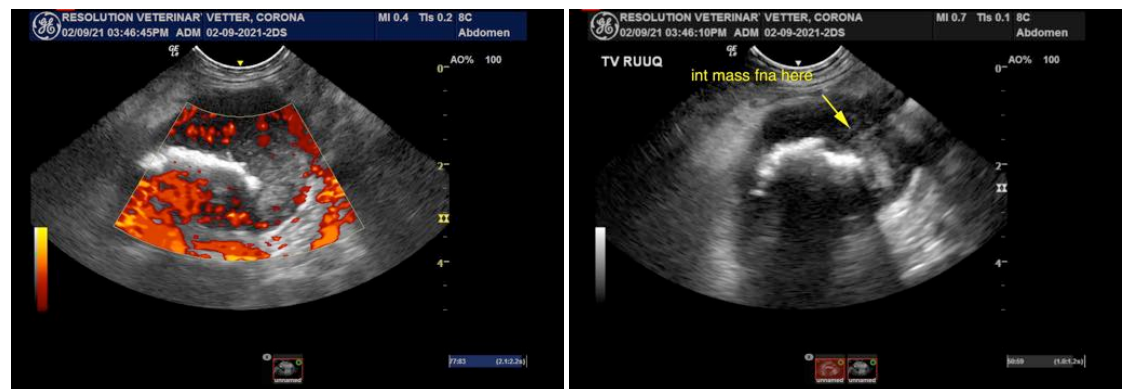
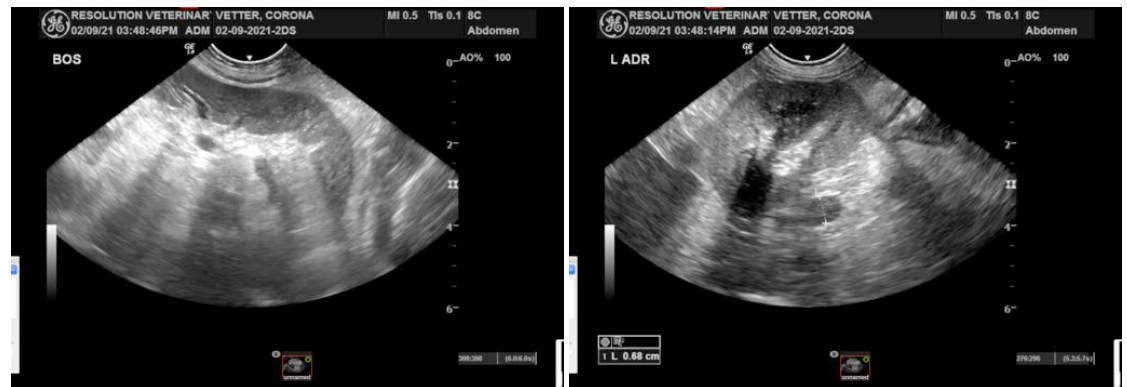
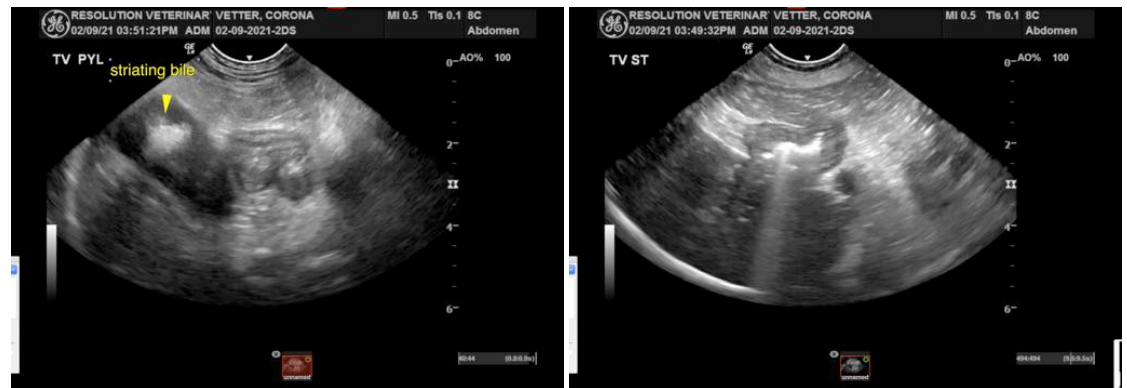
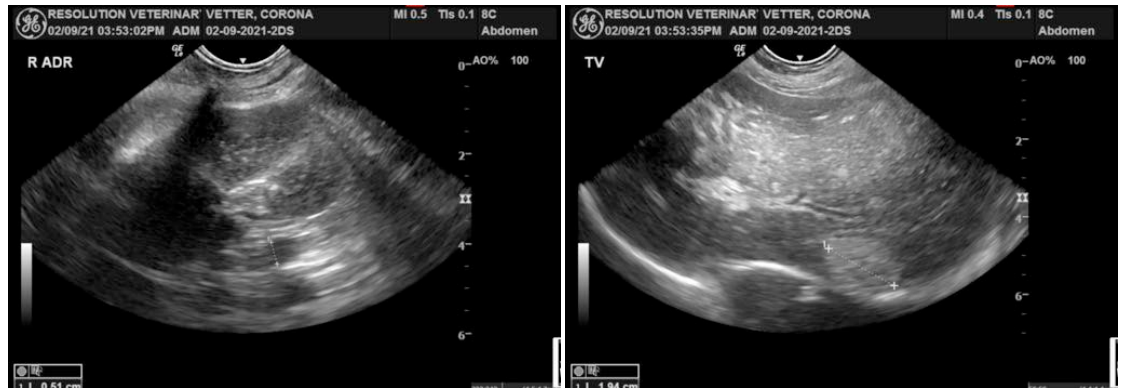
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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