



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Sammie Rivero

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

14 years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marcela Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

39493

DATE

9/20/22

History: Ultrasound 9/21: ULTRASONOGRAPHIC FINDINGS Geriatric abdomen with hepatic remodeling. Non-specific inflammatory hepatopathy pattern. Caudal abdominal lipoma. INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS FNA of the liver can be considered for further definition. Otherwise, the changes are unexpected. There was no evidence of neoplasia. and ultrasound on 7/22: PRIMARY FINDINGS • Lipogranulomatous type mass in mid cranial abdomen SECONDARY FINDINGS • Age related renal and hepatic changes INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS FNA of the lipogranulomatous type mass could be considered for further definition. This appears resectable. It may be related to or completely independent from the weight loss. Other causes of weight loss should be evaluated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered pet had idexx ibd assay consistent with git inflammation. b12/folate wnl. pet has started to exhibit a cough, and has had progressive wt loss despite a healthy appetite. vetsc/cbc wnl. Pet now has a R sided Facial Nerve Paralysis and exhibits what we believe are intention tremors episodically. concern for occult neoplasia vs progressive IBD and an emerging bronchial/alveolar lung pattern? Only current treatment is Hydrolyzed Protein Diet. Today we aspirated the caudal abd mass- suspect Lipoma based on in-house cytology.

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 kidneys measured 4.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.



PATIENT

Liver

Sammie Rivero

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. Occasional isoechoic to hypoechoic nodular change was noted in the liver. 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.

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

AGE

14 years

Pancreas

WEIGHT

13.5 lbs

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Free Abdomen

A lipomatous structure was noted in the caudal abdomen and measured approximately 4.0 cm.

IMAGING PERFORMED BY

Marcela Salas

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Tenafly VC

Structurally unremarkable geriatric abdomen.

Caudal abdominal lipoma.

REFERRING VET

Dr. Salas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of pathology that would be directly related to the clinical history.

INVOICE

39493

DATE

9/20/22



PATIENT

Sammie Rivero

SPECIES

Canine

BREED

Rat Terrier

SEX

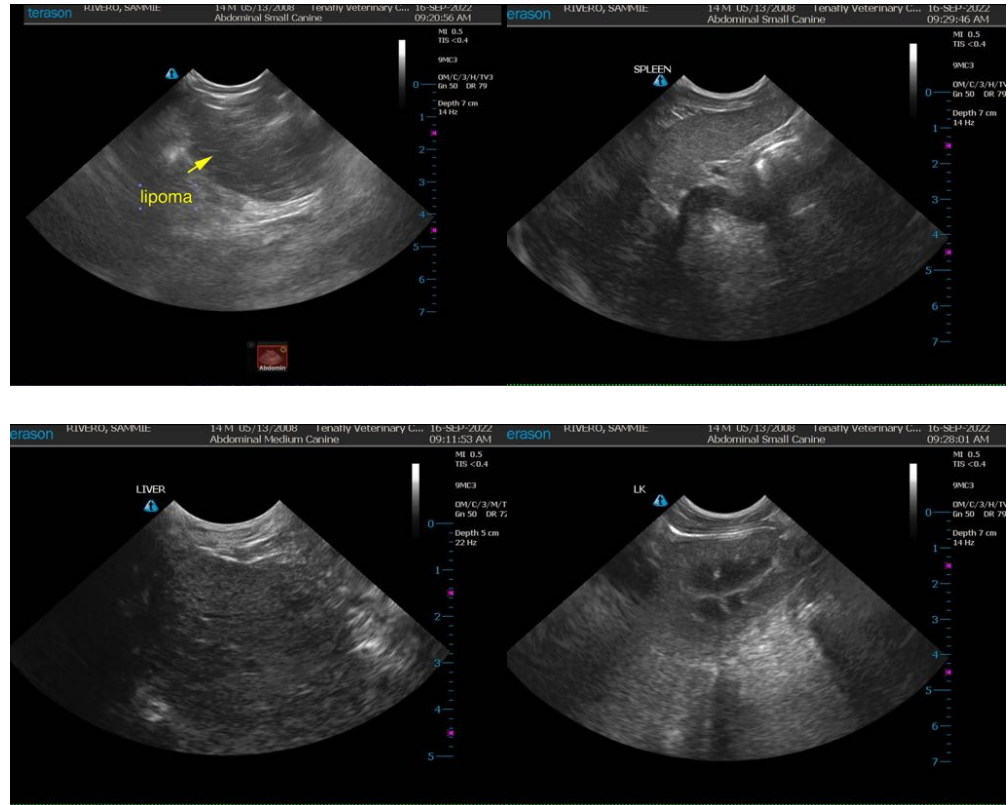
Neutered male

AGE

14 years

WEIGHT

13.5 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marcela Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

39493

DATE

9/20/22

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