



PATIENT

Circe Negron

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Martes

INVOICE

41524

DATE

9/22/22

PRESENTING CLINICAL SIGNS

Patient was presented on 9/21 for evaluation of vomiting and anorexia. Patient started vomiting on 9/20; she has vomited around 6 times. She also had soft stool. There has not been changes in diet.

Abnormal PE/Chem/CBC/UA Results: PE - periodontal disease, lenticular sclerosis OU; rigid posture (pain vs stress); large firm fixed subcutaneous mass at right ventral abdomen; dilated pupils fecal - negative CBC - monocytosis, eosinopenia Chem - hyperglycemia 166, decreased amylase 438, hyponatremia 142, hypokalemia 2.7 and hypochloremia 103 radiographs - soft tissue opacity at ventral abdomen and spondylosis at T12-T13 Rads were including as supporting documents.

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.4 cm. The left kidney measured 4.4 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 right adrenal gland measured 0.50 cm. The left adrenal gland measured 0.56 cm.

Spleen

The **spleen** presented multifocal hypoechoic nodular changes with mild disruption of architecture. Nodules measured up to 5.0 mm. The spleen measured 1.3 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

The **stomach** itself was unremarkable. Mild distal small intestinal thickening noted.

Pancreas

The **pancreas** was hypoechoic and irregular. Enhanced surrounding mesentery noted, suggestive for inflammation.



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Free Abdomen

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A mixed hypoechoic undifferentiated mass was noted in the caudal abdomen with reactive surrounding mesentery and free fluid. This is likely the primary cause of pathology. The exact origin is unclear, may be residual uterus. Ultrasound guided FNA performed without complication. A portion of the mass appeared to be tubular.

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ULTRASONOGRAPHIC FINDINGS

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- Caudal abdominal mass - suspect residual uterine pathology.
- Splenic nodules
- Mild intestinal thickening
- Hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated. No evidence of organ metastasis. Chest radiographs warranted prior to intervention.

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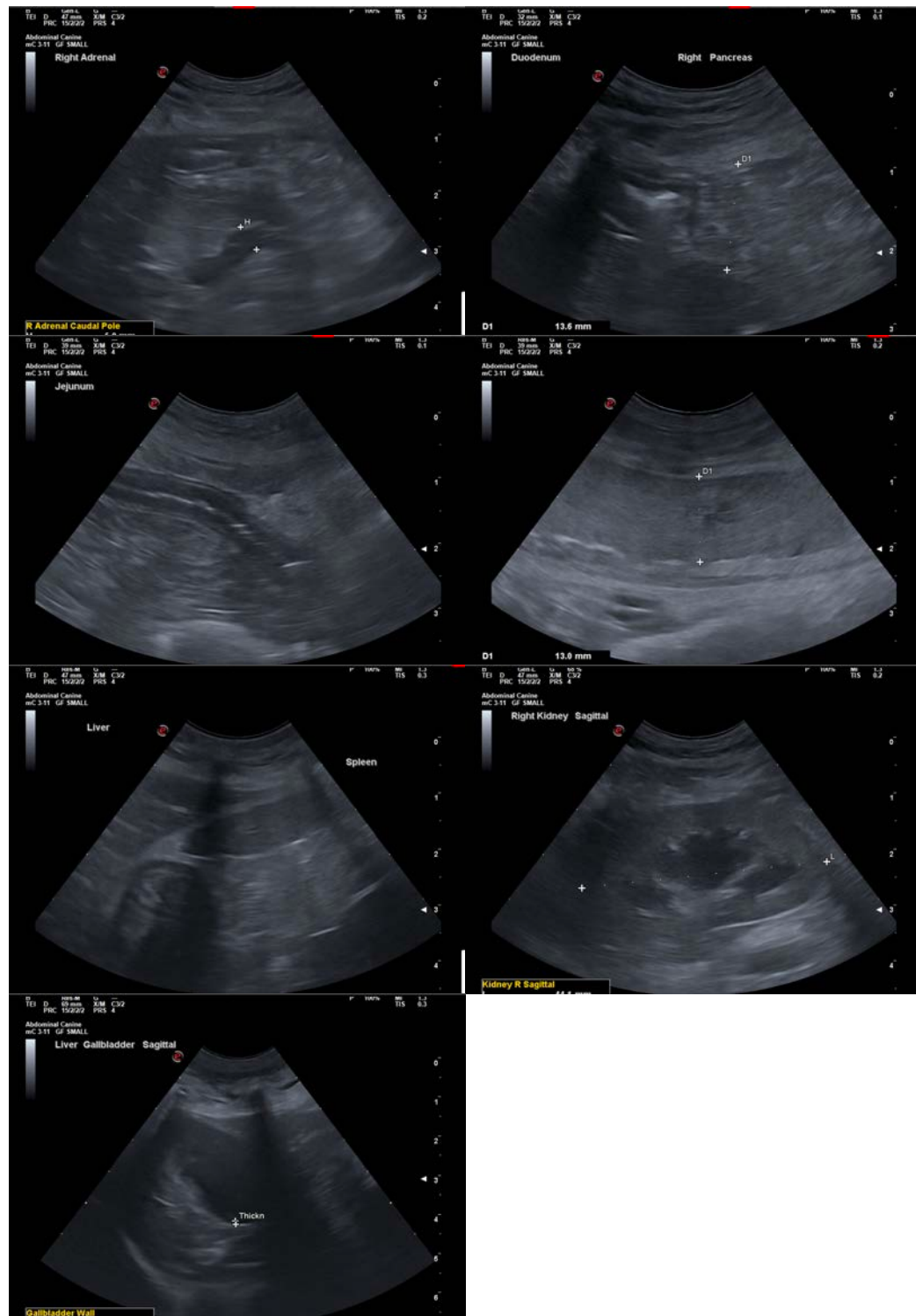
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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