



**PATIENT**

Henry Freykhom

**PRESENTING CLINICAL SIGNS**

Recheck ultrasound and jejunal mass as well as enlarged left adrenal gland.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Coton De Tulear

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**

Neutered male

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. Slight mineralization was noted in the kidneys. The left kidney measured 4.44 cm. The right kidney measured 4.74 cm.

**AGE**

14 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 1.54 x 0.78 cm. The left adrenal gland was enlarged with capsular expansion and measured 1.84 x 0.97 cm at the cranial pole and 0.6 cm at the caudal pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Ward

**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.

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**Gastrointestinal**

The mid cranial abdomen revealed an undifferentiated mixed, hypoechoic annular, small intestinal mass that measured 6.14 cm with regional inflammation. The intestinal mass was vascular.



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**Pancreas**

Henry Freykhom

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Intestinal mass appears resectable.

Coton De Tulear

Enlarged left adrenal gland with capsular expansion.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

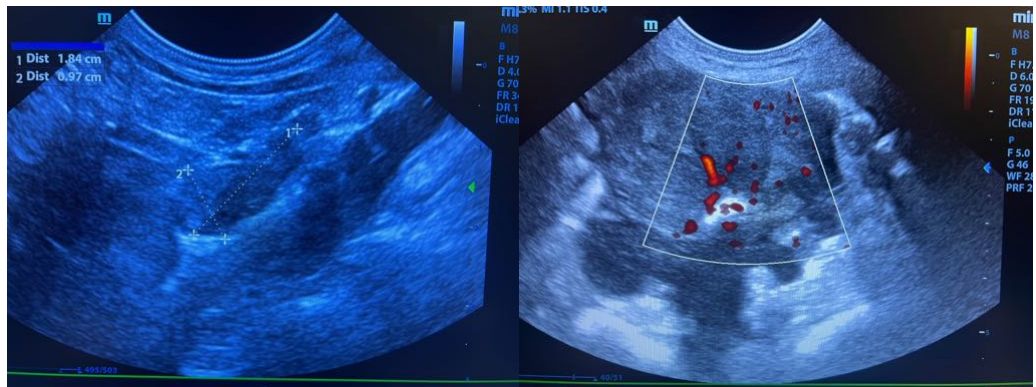
Chest radiographs and/or chest CT are recommended to assess for metastatic disease. Exploratory surgery, resection and anastomosis, and left adrenalectomy is indicated. I suspect leiomyosarcoma.

**AGE**

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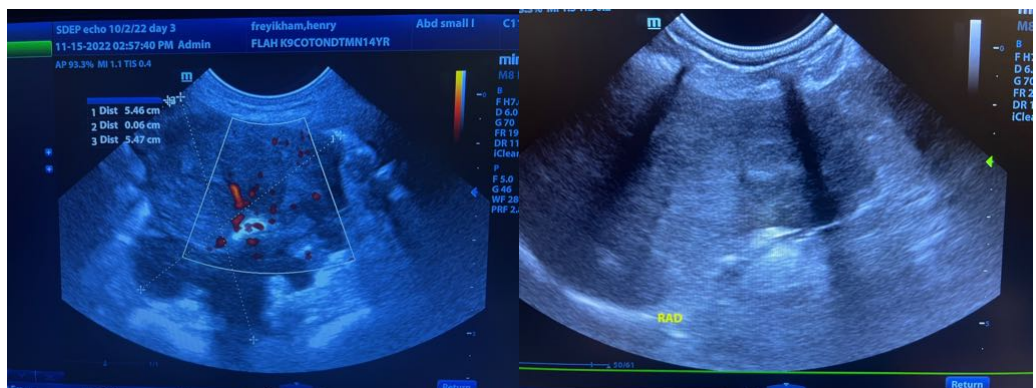


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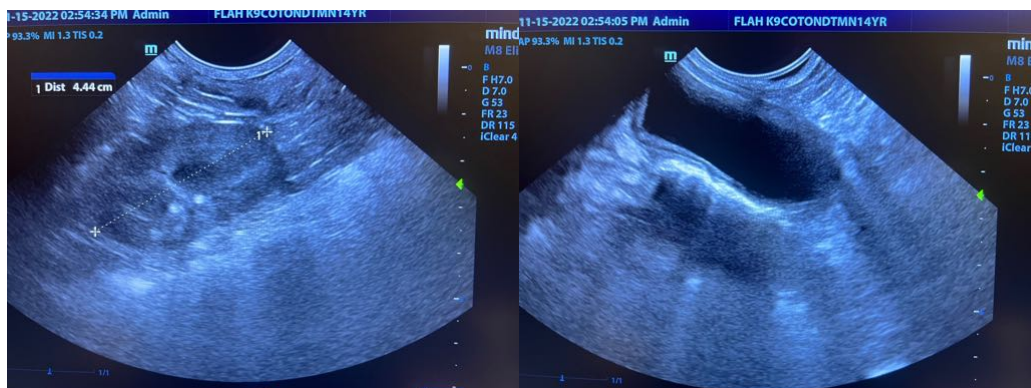
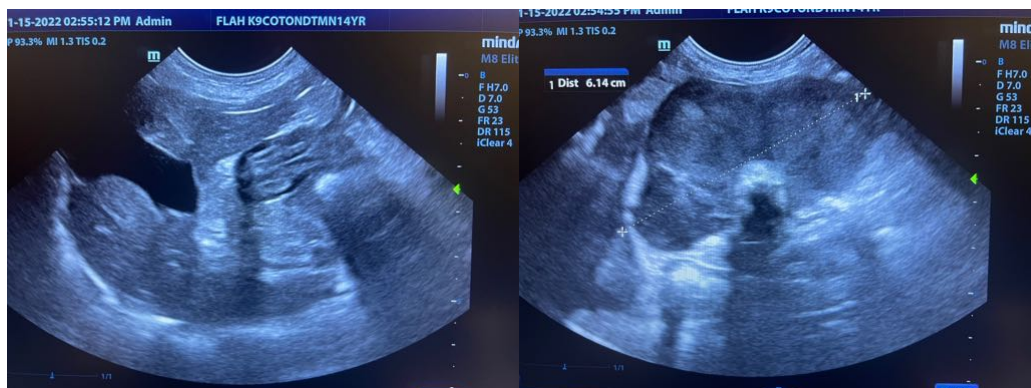
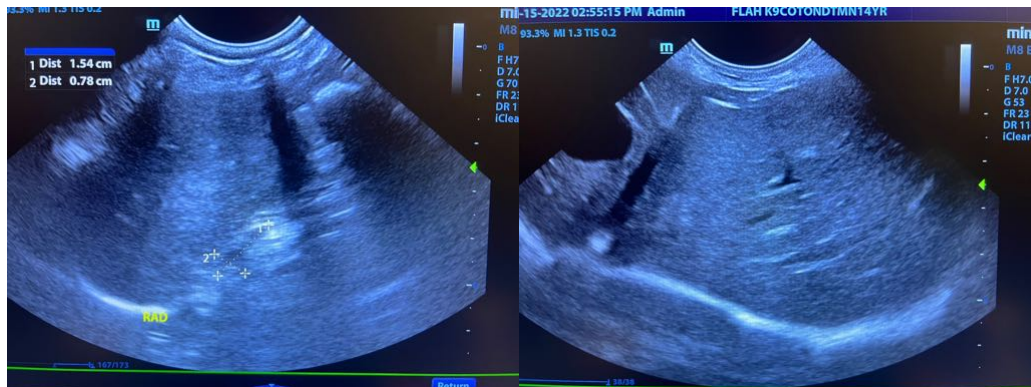
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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