



**PATIENT**

Katie Musetti

**PRESENTING CLINICAL SIGNS**

History: Lethargy, anorexia, and anemia.  
Abnormal PE/Chem/CBC/UA Results: PCV - 36%.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador Retriever

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**

Spayed female

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 7.24 cm. The left kidney measured 6.09 cm.

**AGE**

13 years

**WEIGHT**

83 lbs

**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 3.16 x 1.6 cm at the cranial pole and 0.9 cm at the caudal pole. The left adrenal gland measured 2.55 x 0.75 cm at the caudal pole and 0.85 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Glen Rock VH

**Liver**

**REFERRING VET**

Dr. Stekler

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.

**INVOICE**

32384

**DATE**

8/17/22



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**Gastrointestinal**

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The **stomach** revealed a mixed, hypoechoic mucosal derived 4.3 cm mass in the gastric fundus. Retention of ingesta was noted in the stomach. The pylorus appeared free of pathology. There was a minor amount of ingesta present. The gastric mass appears to be at the level of the gastroesophageal inlet.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**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**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Mass at the gastroesophageal inlet. The position would suggest possible gastrinoma.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy is indicated. The gastric mas may prove to be resectable However, the surgeon should be prepared to work within the area of the gastroesophageal inlet as it appears to impinge upon the gastroesophageal inlet. The gastroesophageal sphincter appears to be free of evident pathology. There was no evidence of metastatic disease. Three view chest radiographs and endoscopy guided biopsy is indicated. Ultrasound-guided FNA can be considered, but may be difficult to exfoliate as the sampling would have to go through normal portions of the gastric wall.

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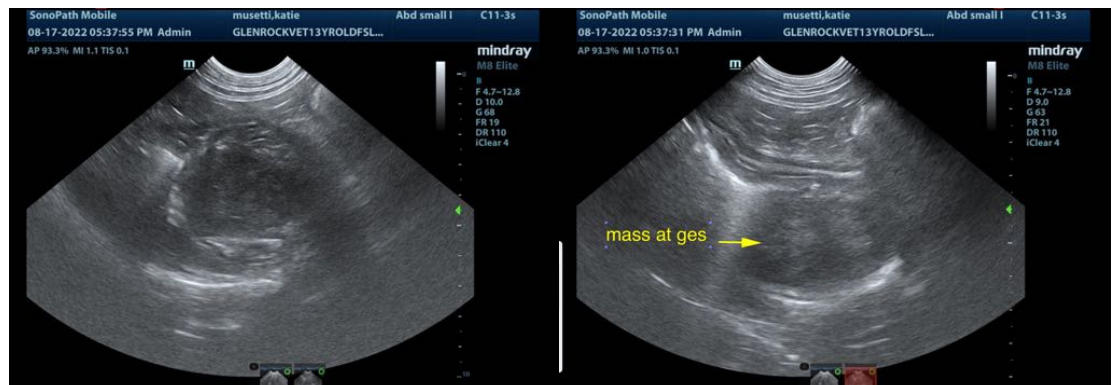
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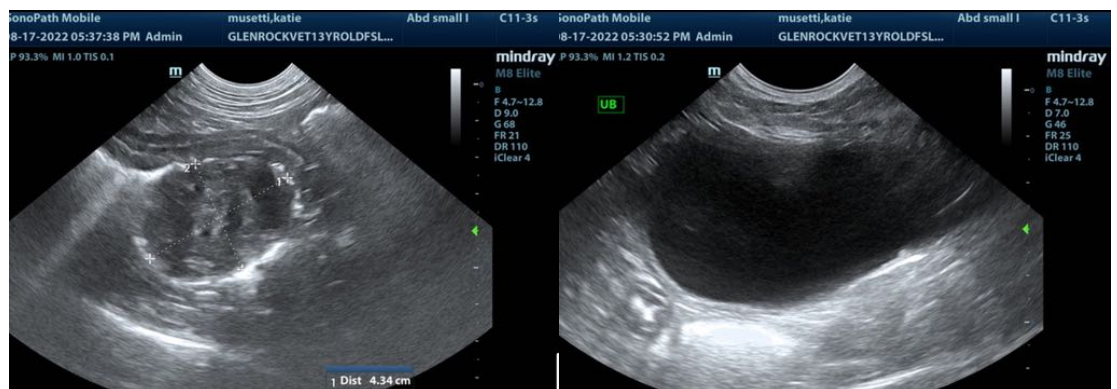
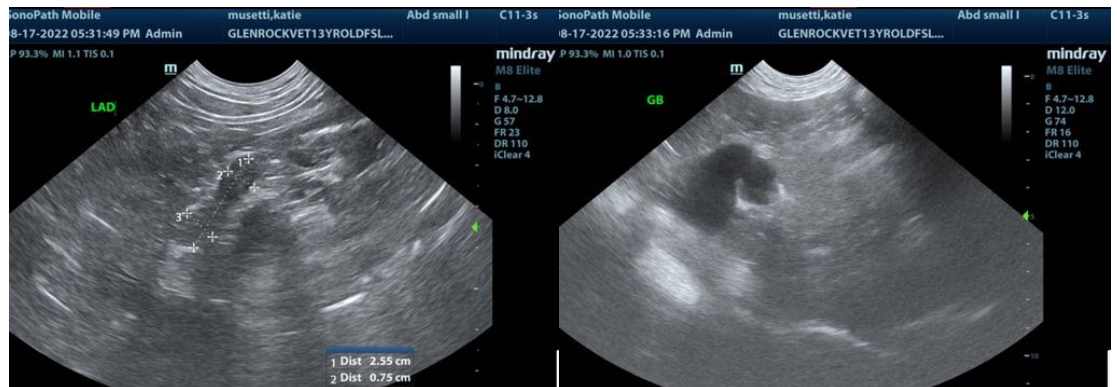
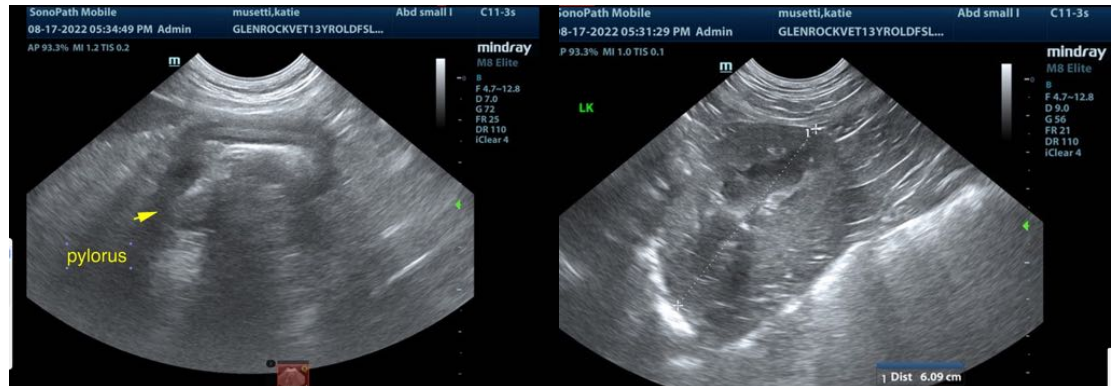
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com

**SEX**

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