



PATIENT

Lexi Stark

PRESENTING CLINICAL SIGNS

History: Weight loss, vomiting. No reported meds or blood work.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle

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 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 right kidney measured 5.92 cm. The left kidney measured 4.76 cm.

AGE

11 years

WEIGHT

37 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 2.0 x 0.56 cm at the caudal pole and 0.39 cm at the cranial pole. The left adrenal gland measured 2.08 x 0.44 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Franklin Lakes AH

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hypoechoic, splenic nodule was noted and measured 0.95 x 0.94 cm. 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.

REFERRING VET

Dr. Ward

Liver

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.

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Gastrointestinal

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The **gastric** wall presented regional thickening measuring up to 1.3 cm with areas of loss of mural detail. The gastric wall thickening continued into the gastroesophageal inlet with minor luminal free fluid. Regional inflammation was noted around the stomach. The small intestines and colon were unremarkable. Epigastric lymph node was enlarged and measured 0.8 cm.

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Pancreas

The regional inflammation around the stomach extended to the **pancreas**. However, the pancreas is not the primary issue in this patient.

ULTRASONOGRAPHIC FINDINGS

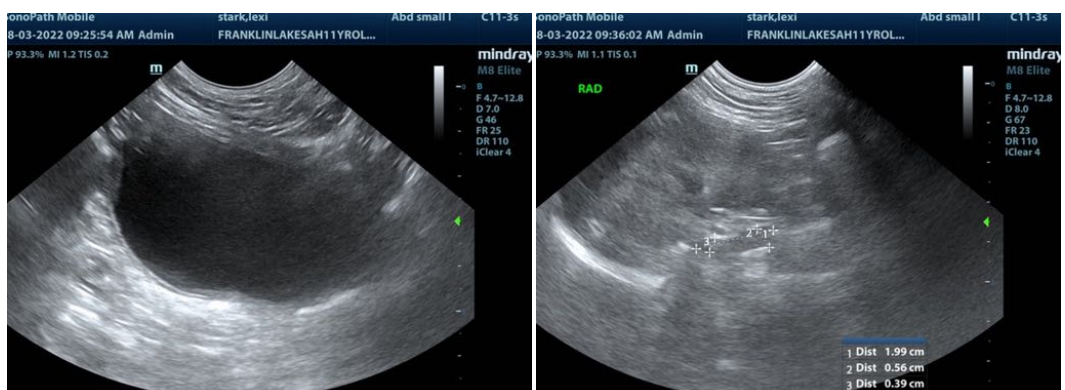
Concentric gastric wall thickening from the fundus to the gastroesophageal inlet. Loss of mural detail.

Splenic nodule.

Epigastric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroscopy is recommended or better yet full thickness gastric and lymph node biopsies are recommended. The splenic nodule could be sampled with FNA but may not be representative of a multi-focal process. FNA of the gastric wall is possible; however, this type of presentation is difficult to exfoliate. Therefore, surgical biopsies or at least gastroscopy would be appropriate. Personally surgical biopsies would be the best approach in this case. Prognosis is extremely guarded. Severe gastritis is possible. Gastric lymphoma and carcinoma are the primary concerns.





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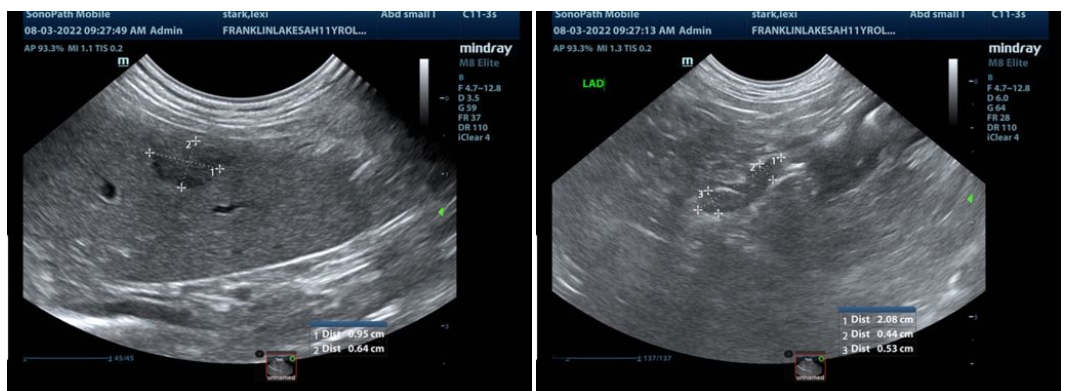
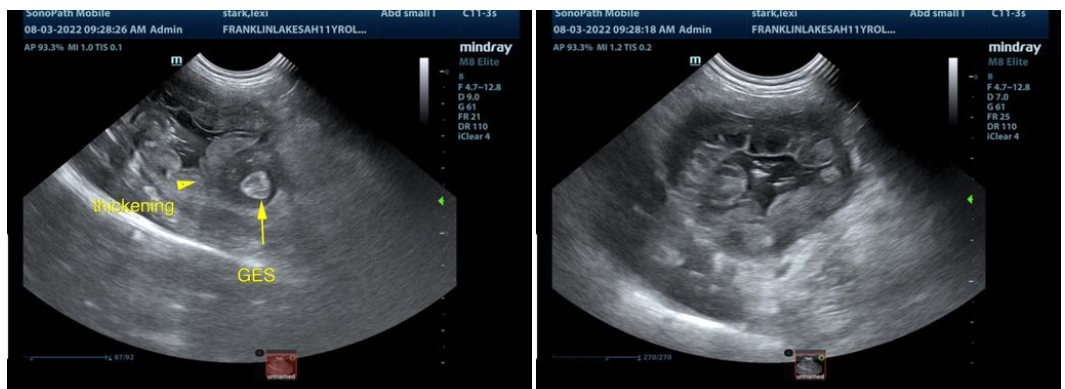
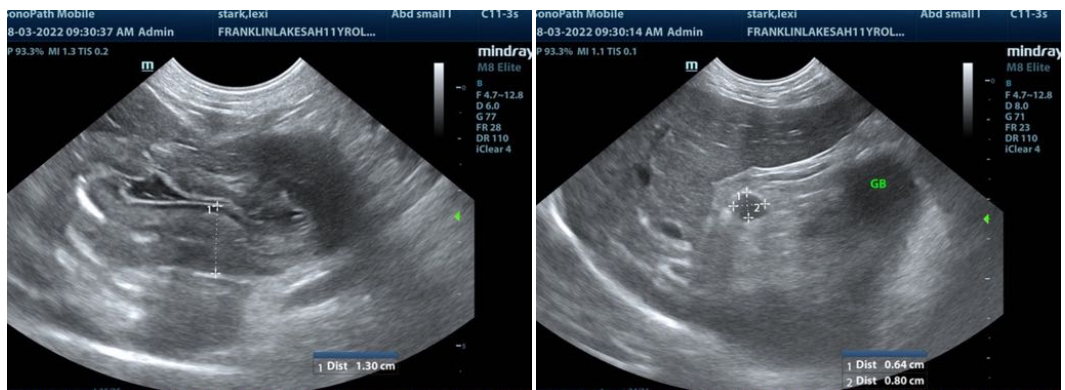
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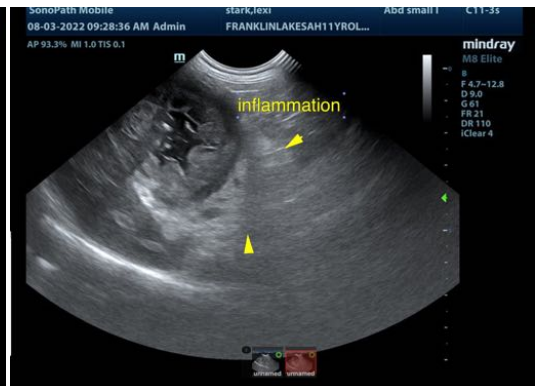
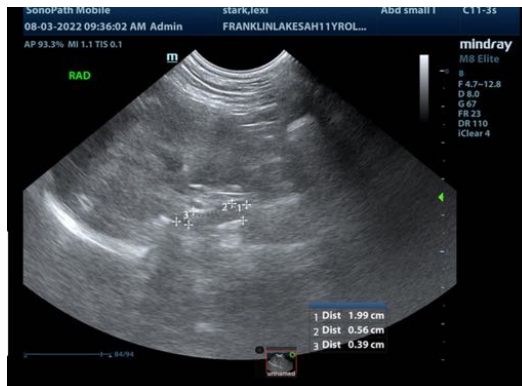
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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