



PATIENT

Lincoln Madrid

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

Neutered Male

AGE

9 Years

WEIGHT

38.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Woodside

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Wustenberg

INVOICE

17291

DATE

9/12/22

PRESENTING CLINICAL SIGNS

History: Seen at ER 9/5 for vomiting and diarrhea of 24 hours duration. No change in diet, no new treats, etc. Contractors at house 9/3. ER recommended bland diet but was too busy for further care. Vomiting/diarrhea resolved by 9/6. Lincoln slipped on 9/6 and was limping. Seen at SFPC on 9/10 for lameness and continued decreased appetite, eating only 2 cups chicken/rice combo per day. No vomiting. Stool formed but soft. Splenomegaly suspected on PE. Ultrasound recommended to assess spleen and to look for explanation of continued hyporexia.

Abnormal PE/Chem/CBC/UA Results: Mass on left forelimb, RH lameness (CCL tear suspected), moderate dental calculus, suspicion of splenomegaly. snap cPL normal. PCV 60%, Chem 15 - GLOB = 4.9 g/dL (2.5 - 4.5); remainder normal; full panel and CBC pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

Left kidney is normal is size (7.63 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Right kidney is normal is size (7.32 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Adrenal Glands

The part of the left adrenal gland that can be visualized is normal and measures 0.8 cm thick. Visible surrounding vasculature appears normal.

The part of the right adrenal gland that can be visualized is normal and measures 1.0 cm thick. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 4.0 cm mixed mass with a cavitated center that results in capsular expansion and is surrounded by echogenic hyperechoic fat. The portion of the spleen not involved in the mass appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

WEIGHT

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A mixed partially cavitated splenic mass, differentials for which include both malignant neoplasia, such as a sarcoma or less likely infiltrative round cell neoplasia, as well as benign abscess, hematoma, complex cyst, extramedullary hematopoiesis, etc. Differentials cannot be differentiated without tissue sampling.

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Secondary Findings

- Nonobstructive dystrophic mineralization bilaterally in the kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the tissue surrounding the splenic mass is suggestive of focal inflammation, therefore, it does seem possible that the mass is the cause of this patient's malaise, decreased appetite, etc. Concurrent mild pancreatitis/gastroenteritis, etc., can't be ruled out based on a normal ultrasound and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory could be considered for further evaluation of GI and pancreatic function. However, primary recommendations include a fine needle aspirate of the spleen, if patient's coagulation status is appropriate and three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated. Submission of the splenic aspirate should be submitted for cytology, as well as culture and sensitivity, and given the evidence of inflammation around the mass, if indicated based on cytology results.

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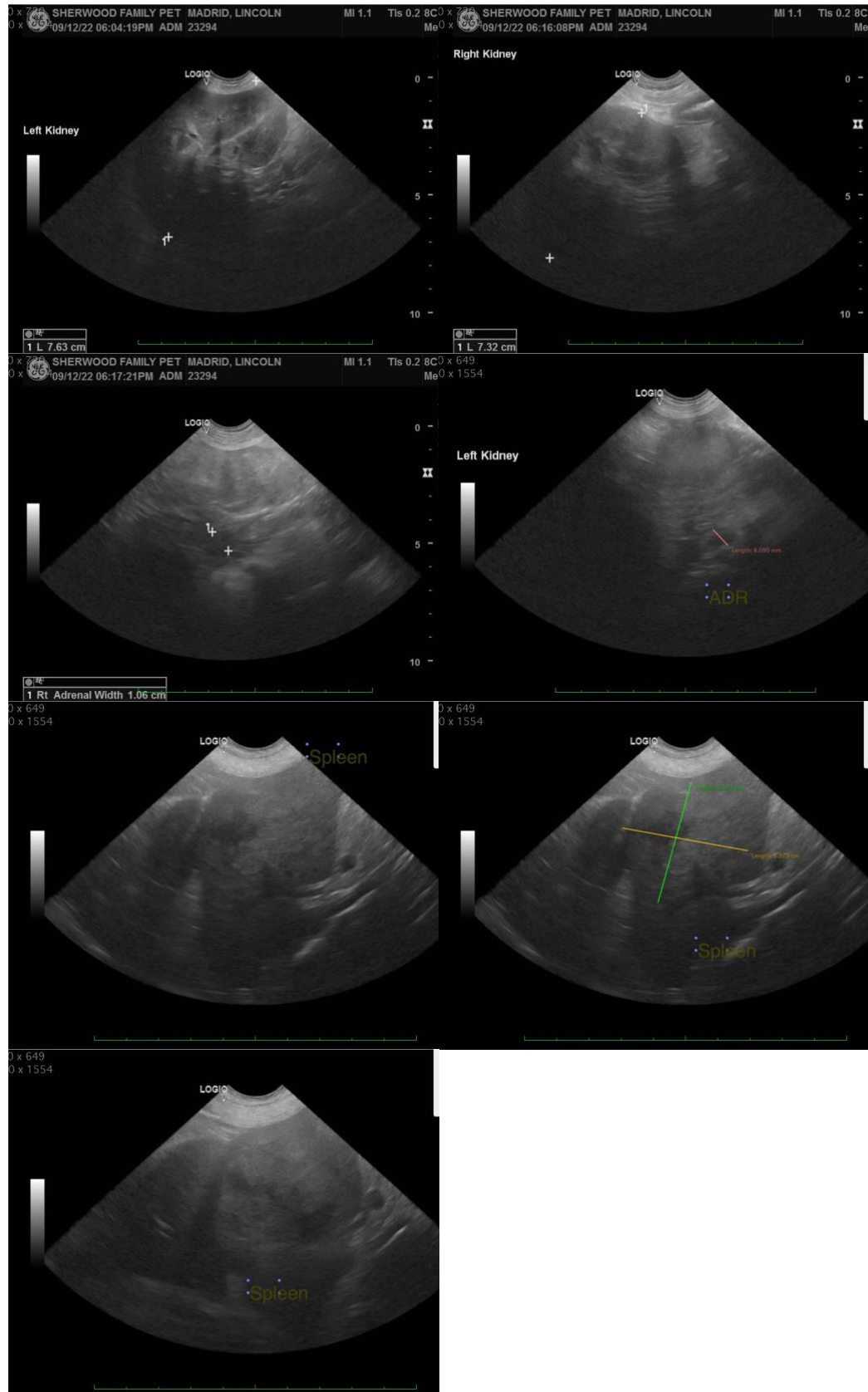
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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