



PATIENT PRESENTING CLINICAL SIGNS

Bluey Francione

Hx of splenic mass/mild anemia/ UTIs. Owner recently saw dark discharge from hind end (vulva?). On amoxi.

SPECIES

Abnormal PE/Chem/CBC/UA Results: HCT 37.2, Hgb 12.5, MCH 20.2, retic HgB 20.1; glob 4.2; UA nsf except mildly dilute - USPG 1.014

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

13 years

WEIGHT

57.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Long Valley AH

INVOICE

95148

DATE

1/11/22

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 was 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 left kidney measured 6.74 cm. The right kidney measured 7.34 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 2.69 x 2.1 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 2.96 x 0.71 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** revealed coalescing, multi-focal masses in the cranial and caudal pole. Inflammatory pattern was noted around the masses. The masses were parenchymal with minor cavitation.

Liver

The **liver** revealed multi-focal nodular changes noted throughout the liver with disrupted architecture. This is strongly suggestive for metastatic disease. The nodular changes were noted throughout the right left liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes are enlarged.



PATIENT *Gastrointestinal*

Bluey Francione Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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

Free Abdomen

A trace amount of free fluid was noted adjacent to the splenic pathology.

AGE

13 years

Heart

Rapid view of the heart revealed no evidence of pathology.

WEIGHT

57.7 lbs

ULTRASONOGRAPHIC FINDINGS

Splenic masses with metastatic pattern to the liver and hepatic lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic mass and liver or direct exploratory surgery can be considered. However, this appears to be a multi-focal process. Round cell neoplasia or hemangiosarcoma are the primary concerns.

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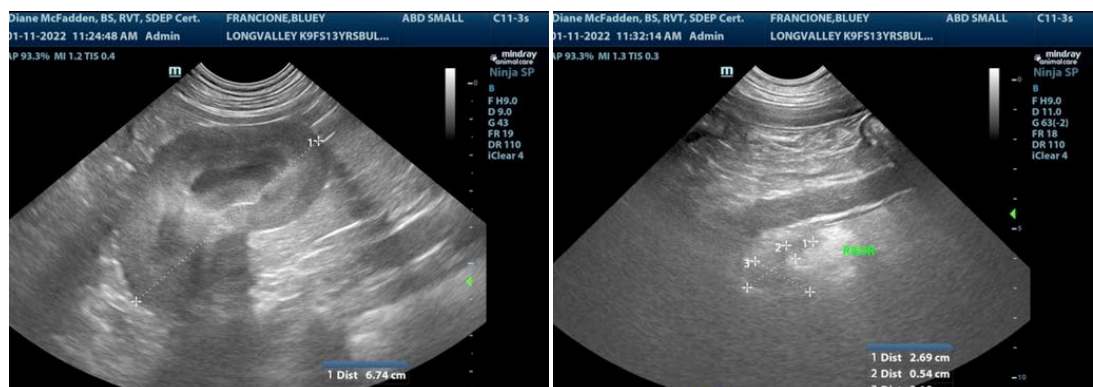
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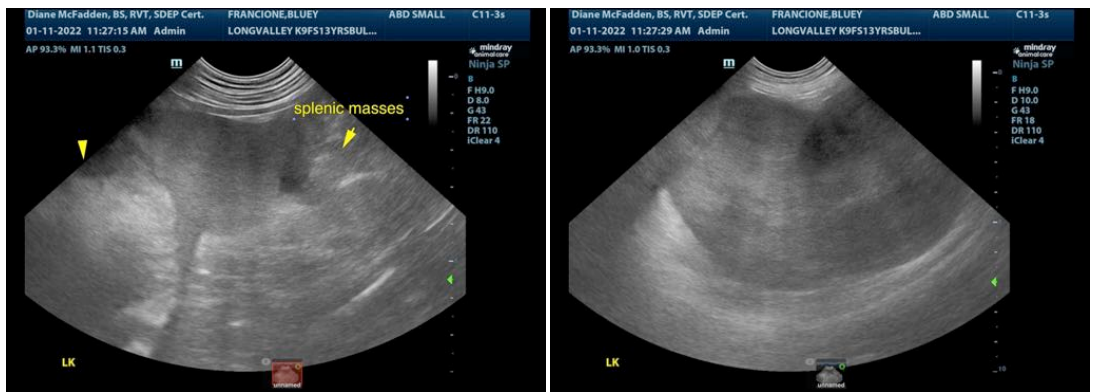
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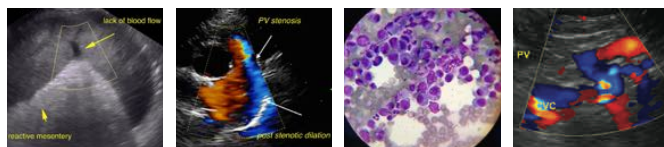
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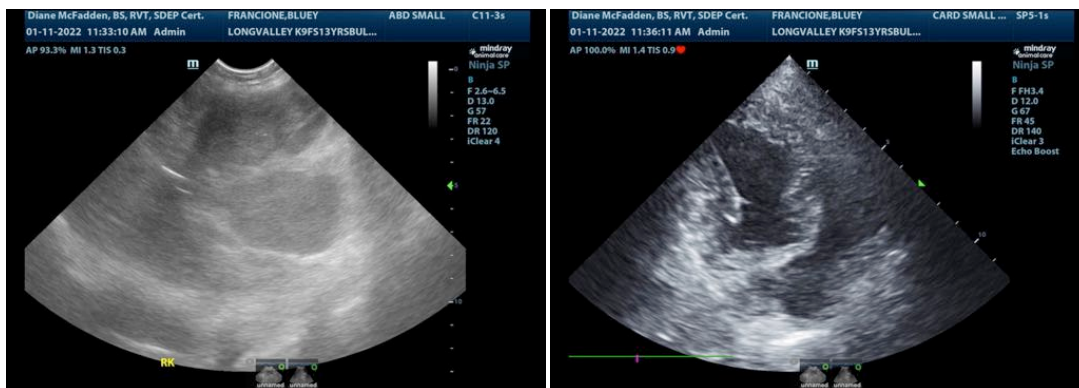
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com