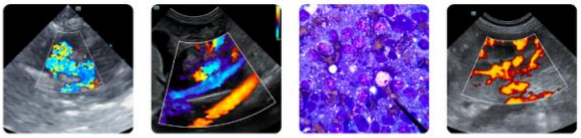

PATIENT

Thelma Lyria

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

36.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Odelugo

INVOICE

35432

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Hx of intermittent diarrhea, cranial abdominal mass (possible splenic tumor), radiographic evidence of gastroentero colitis Current medications: Metronidazole 250mg (1 tab PO BID) Abnormal PE/Chem/CBC/UA Results: CBC - Neutrophils - 10.75k/uL (h), Lymphocytes - 0.878k/uL Chem - Albumin 1.3g/dL, Glob 1.9g/dL, Cholesterol 120mg/dL(L), ALT 141, creat kinase 1,325, calcium 6.9mg/dL, Cortisol 9 ug/dL(H) UA: ph 5.5, bacteria rore cocci <9/hpf USG 1.026

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 5.6 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 2.27 cm x 1.9 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.8 cm x 0.41 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **spleen** revealed multiple parenchymal masses, measuring up to 7.0 cm. One of the masses was noted at the caudal body. A separate mass was noted at the cranial body. Enhanced mesentery was noted with slight areas of free fluid, likely owing to rupture.

Liver

The **liver** revealed mildly dilated hepatic veins yet uniform parenchyma. Minor swelling was noted in the liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled.

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Pancreas

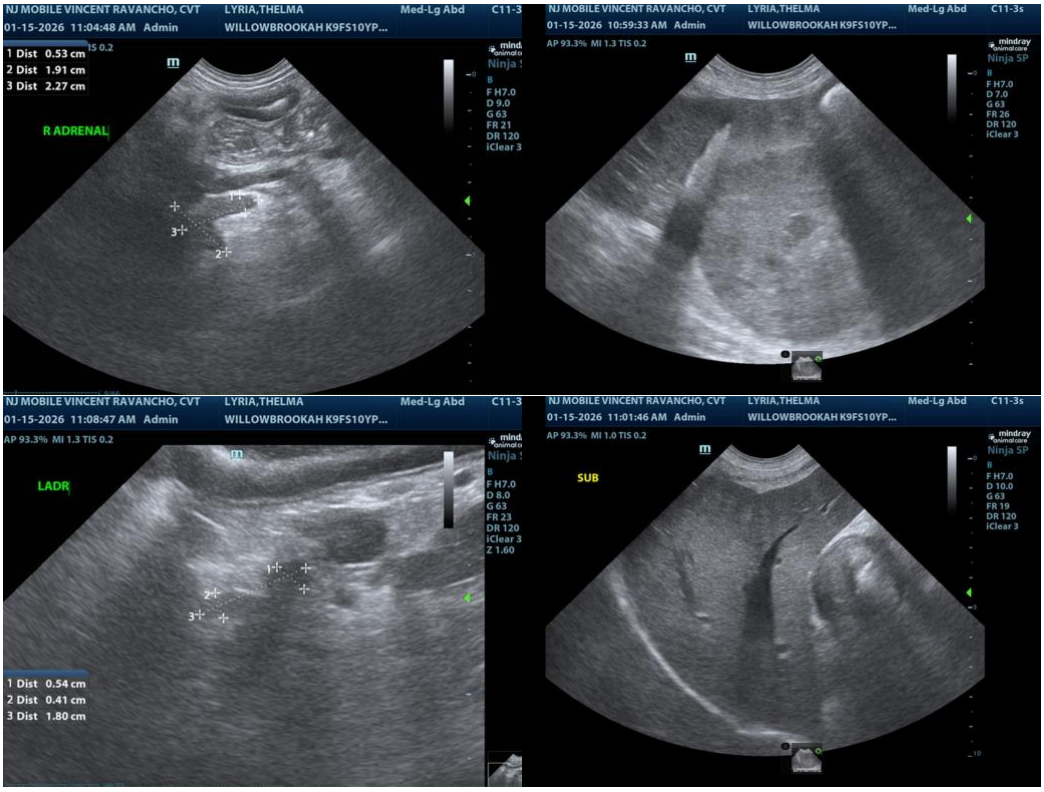
Minor heterogenous **pancreatic** changes were noted, yet no evidence of primary disease.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses
- Mild hepatic vein dilation
- Gastroenteritis
- Minor heterogenous pancreatic changes
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cannot rule out micrometastasis to the liver in this patient, as both round cell neoplasia and hemangiosarcoma can present in this fashion. Chest radiographs and echocardiogram are recommended. Screening FNA of the splenic lesions and liver could be considered or direct exploratory surgery after plasma transfusion. The low albumen in this patient is likely owing to protein losing enteropathy given that no significant proteinuria is noted in the history. Prognosis is guarded to poor depending upon eventual response to chemotherapy.



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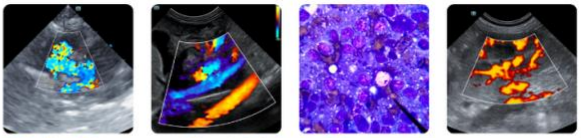

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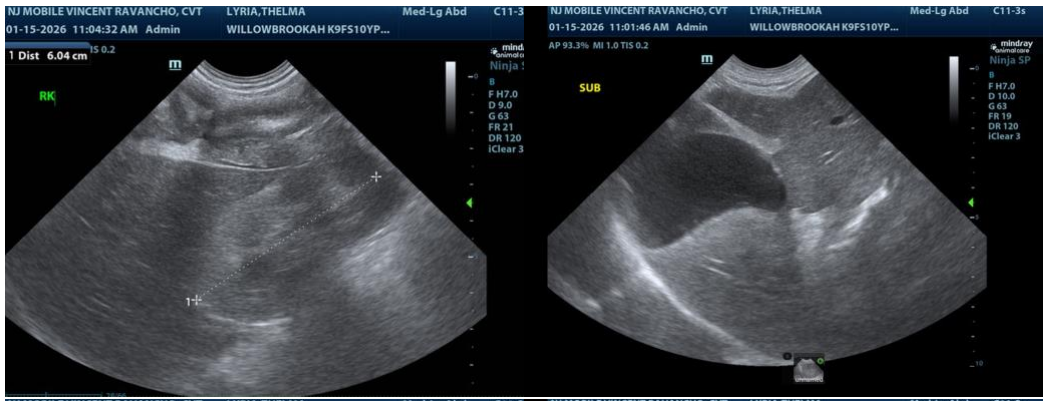
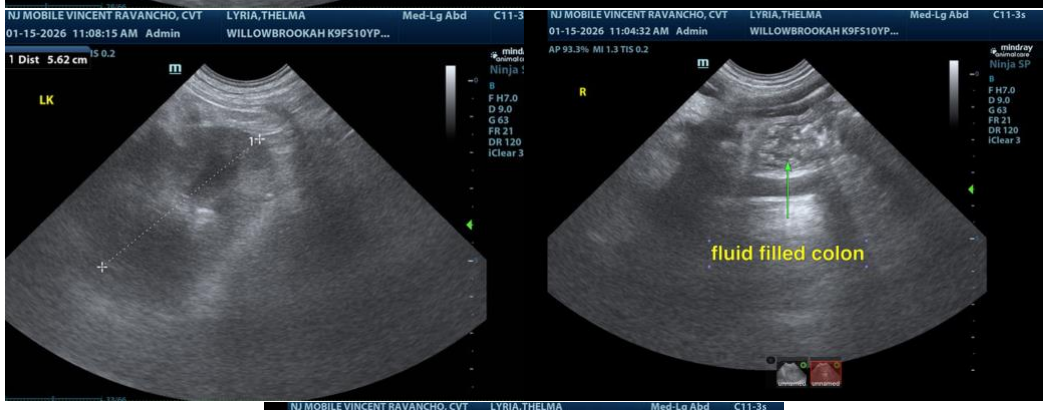
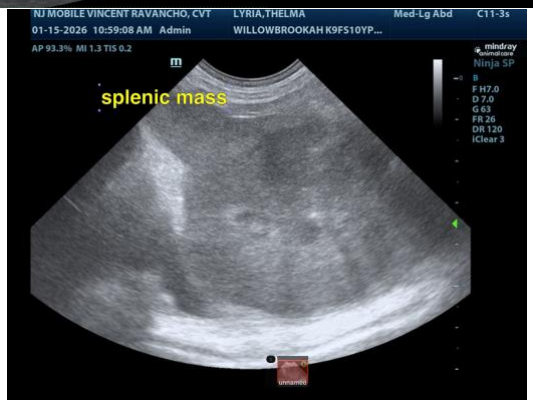


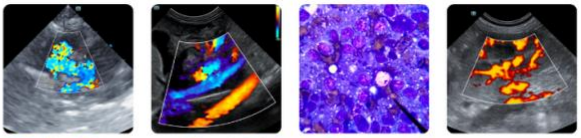




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com



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