



**PATIENT**

Paige Hosler

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

20 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

34305

**DATE**

1/17/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for distended, firm abdomen, regurg after drinking, not eating, shallow breathing. O said Paige was at her sisters for a week, picked up last Sunday. Previous Health Concerns: Lyme dz Current Medications/Supplements/OTC: Carprofen 100 mg (1/2) tab BID. O gave 1 dose on Saturday Appetite/When did they eat last: not sure if she has eaten anything this week (gravity feeder) Abnormal PE/Chem/CBC/UA Results: mm pale pink Very tense/painful on abdominal palpation. Bloodwork: TP 8.7; pO2 73.2; cSO2 94.6; Lac 3.75; HCT 25; NEU 12.86; NEU% 85.4; LYM% 7.2 Rads: Mid abdominal mass, effusion noted

**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 **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 5.72 cm. The right kidney measured 6.58 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

A large undifferentiated **splenic** mass was noted, appeared to be deriving from the folded cranial pole of the spleen. Some omental heterogeneous changes were noted, which may be consistent with omental seeding.

**Liver**

The **liver** was uniform. No obvious evidence of metastatic disease. Vascularity was normal. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**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.

**Free Abdomen**

A moderate amount of echogenic ascites noted.



**PATIENT**

Paige Hosler

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

20 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

34305

**DATE**

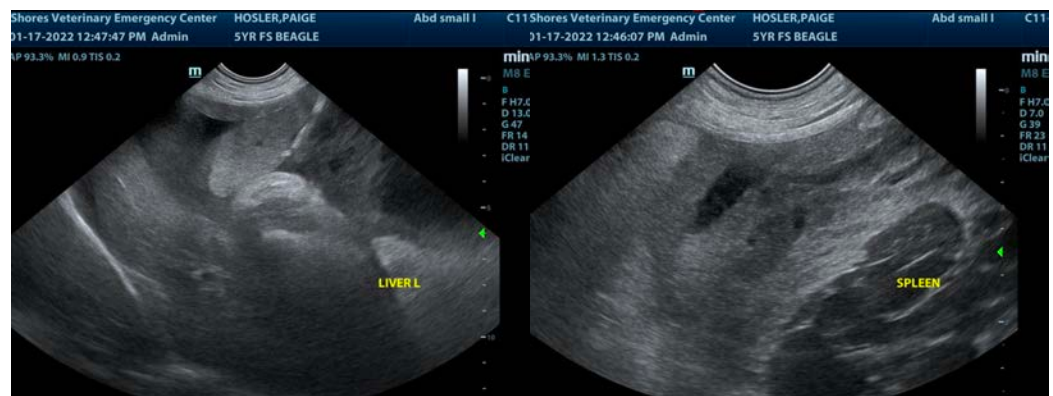
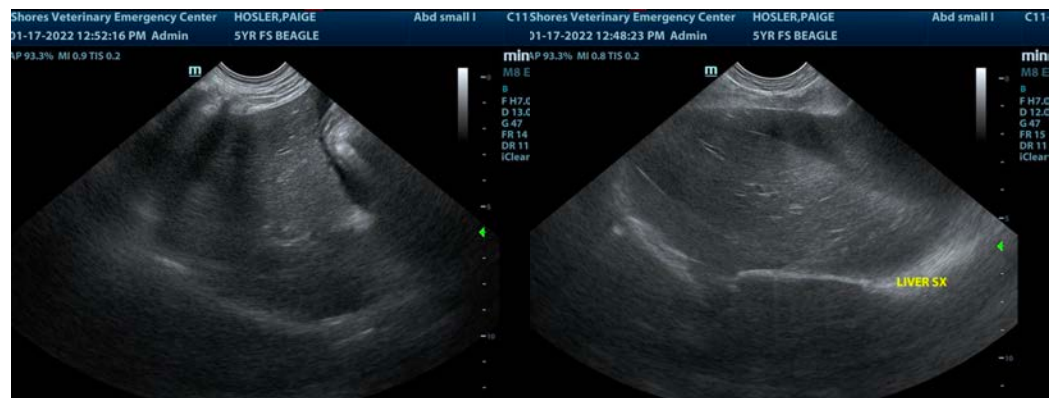
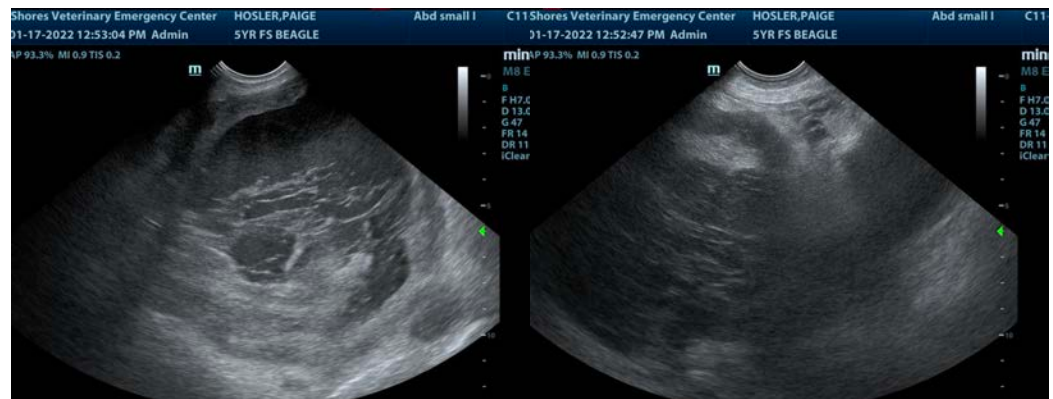
1/17/22

**ULTRASONOGRAPHIC FINDINGS**

- Ruptured splenic mass, no obvious evidence of metastatic disease, possibility of hematoma as the mass appears to arrive from a folded portion of the spleen, which may have created a vascular event that created a secondary mass effect. Hemangiosarcoma is a strong potential, and the reactive omentum may be related to metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend 3-view chest radiographs, rapid echocardiogram, followed by exploratory surgery if no evidence of metastatic disease is present in the chest.





**PATIENT**

Paige Hosler

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

20 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

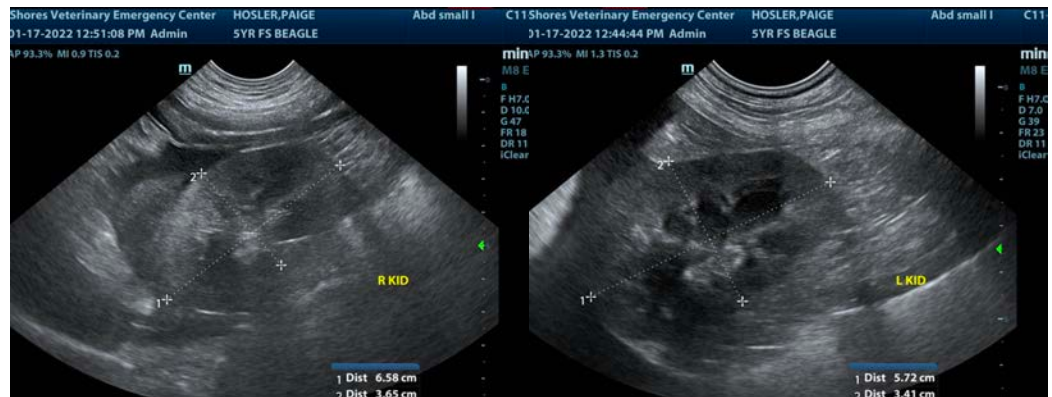
Dr. Miller

**INVOICE**

34305

**DATE**

1/17/22



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](mailto:info@SonoPath.com)