



PATIENT PRESENTING CLINICAL SIGNS

Bella Cloak
Last night Bella was shaking, panting, lethargic, not eating all day, and moving around like she was in pain. Her temp at 6:00pm was 103.2 F Bella was drinking normally and no vomiting. Bella ate some chicken and rice around 11:30pm and was moving around a little better. 300mg Gabapentin was given at 11:30 pm and she slept through the night. She seemed in less pain this morning. This dog is owned by our clinic receptionist Kelly Cloak . Thank you, John Bucha VMD

SPECIES

Canine

BREED

Pit Bull

Abnormal PE/Chem/CBC/UA Results: Labwork from 1-20-22 HCT 36.8% (37.3 - 61.7%) MCV 58.2 fL (61.6 - 73.5 fL) MCH 21.0 pg (21.2 - 25.9 pg) RETIC-HGB 18.3 pg (22.3 - 29.6 pg) NEU 13.16 K/uL (2.95 - 11.64 K/uL) LYM 0.91 K/uL (1.05 - 5.10 K/uL) ALKP 454 U/L (23-212 U/L) K 3.4 mmol/L (3.5 - 5.8 mmol/L) **Previous labwork from 5-22-20 HCT 46% (37.3-61.7%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Spayed Female
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.

AGE

11 Years

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 left kidney measured 5.93 cm. The right kidney measured 6.39 cm.

WEIGHT

72 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged with subtle nodular changes. Blood flow appeared adequate on power doppler assessment. The spleen expanded into an undifferentiated 7.0 cm sarcoma-type mass deriving from the cranial body. Regional free fluid and significant inflammation noted.

IMAGING PERFORMED BY

Dr. John Bucha

Liver

HOSPITAL NAME

Harveys Lake VC

The **liver** was uniformly enlarged, hypoechoic to falciform fat, which was minimal, which suggest chronic wasting process. Occasional hepatic nodule noted. Some of the inflammation from the mass extended into the pancreas. The gallbladder was unremarkable.

REFERRING VET

Dr. John Bucha

Gastrointestinal

The upper **gastrointestinal tract** was largely unremarkable, yet some regional inflammation was noted from the splenic pathology. The gastrointestinal tract was deviated.

INVOICE

34390

Pancreas

The pancreas was coarse in architecture, yet did not appear to be involved in the mass.

ULTRASONOGRAPHIC FINDINGS

DATE

1/20/22

- Splenic mass and micronodular changes with regional peritonitis and free fluid – suspect sarcoma, potential hepatic involvement.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel, Benadryl injection in case of mast cell disease would be indicated with ultrasound guided FNA spleen and liver for staging purposes. Otherwise, direct exploratory surgery would be indicated after 3-view chest radiographs and SDEP 3 echo to assess for metastatic disease. Lymphosarcoma or other round cell neoplasia probable, hemangiosarcoma possible.



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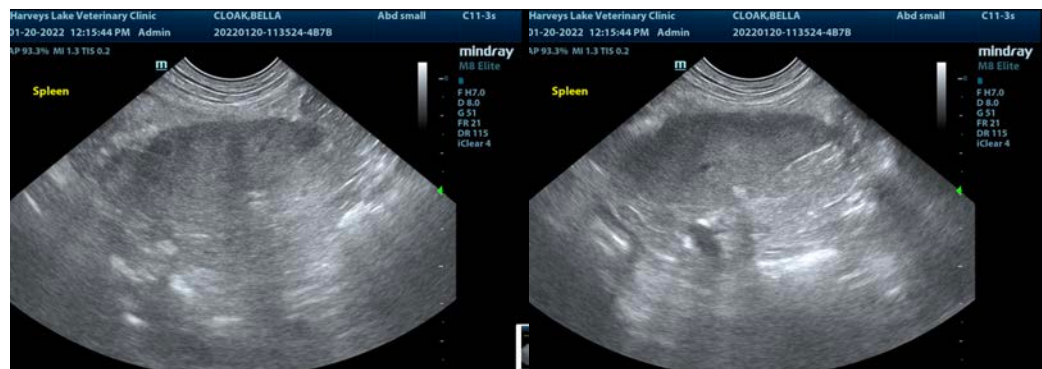
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DATE

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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
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