



PATIENT

Spencer Musto

PRESENTING CLINICAL SIGNS

Anorexia, vomiting. History of diabetes; on Vetsulin. Bloods pending.

SPECIES

Canine

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. Small, non-obstructive calculus was noted and measured 0.32 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED

Miniature Schnauzer

The residual prostate was uniform and measured 0.84 cm.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild to moderate mineralization was noted. The right kidney measured 5.08 cm. A cortical infarct was noted in the caudal pole of the left kidney.

AGE

13 years

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 2.35 x 0.83 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 1.67 x 0.66 cm at the caudal pole and 0.47 cm at the cranial pole.

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed moderately complex, 5.0 cm mass that was deriving from the cranial body of the spleen. The spleen was otherwise mineralized.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

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Gastrointestinal

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.

DATE

1/25/22



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Pancreas

Spencer Musto

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.

SPECIES

Canine

Heart

BREED

Rapid view of the heart revealed no evidence of pathology.

Miniature Schnauzer

ULTRASONOGRAPHIC FINDINGS

SEX

Splenic mass with dystrophic parenchymal mineralization of the general spleen.

Neutered male

Vacuolar hepatopathy pattern.

AGE

Subjectively benign abdomen otherwise with renal calculi and small bladder calculus.

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The splenic mass impinged upon the liver. However, no direct spread was noted. Occasional hypoechoic nodular change was noted in the liver and was non-disruptive. I recommend exploratory surgery with expectations of splenectomy. Cystotomy with normal and retrograde flushing of the urinary bladder could be considered as well. Chest radiographs are warranted prior to any surgical procedure. Hemangiosarcoma versus precarious hematoma are the primary differentials.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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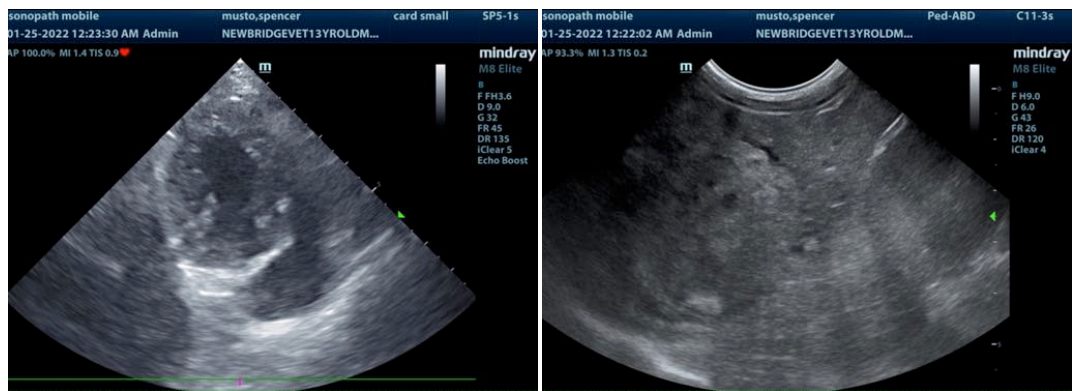
Dr. Glennon

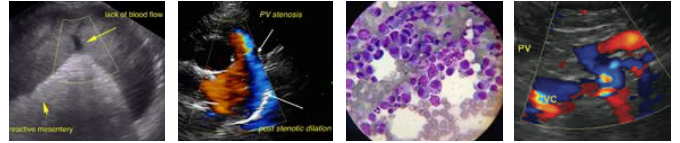
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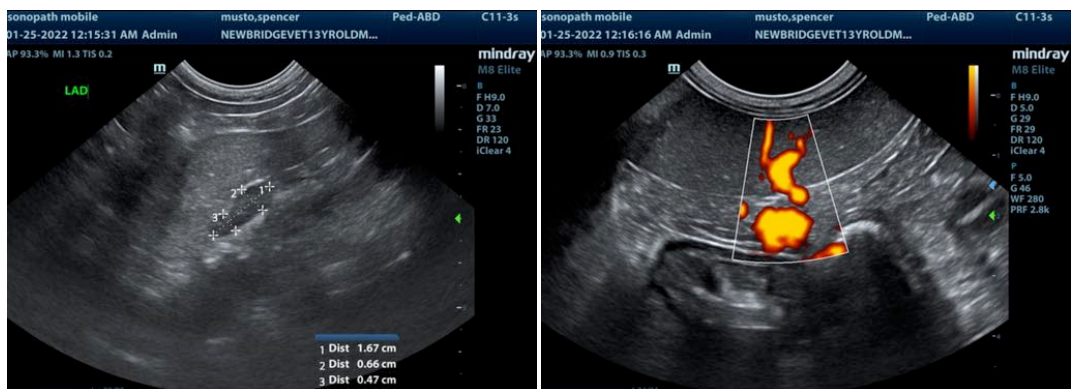
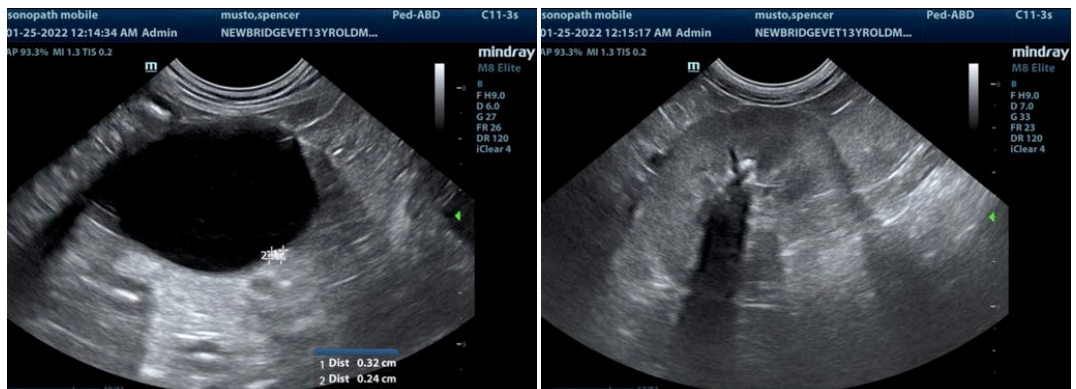
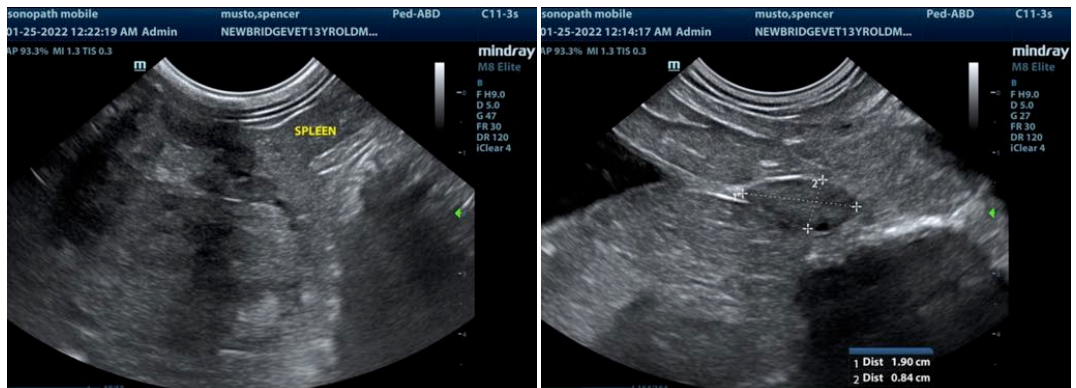
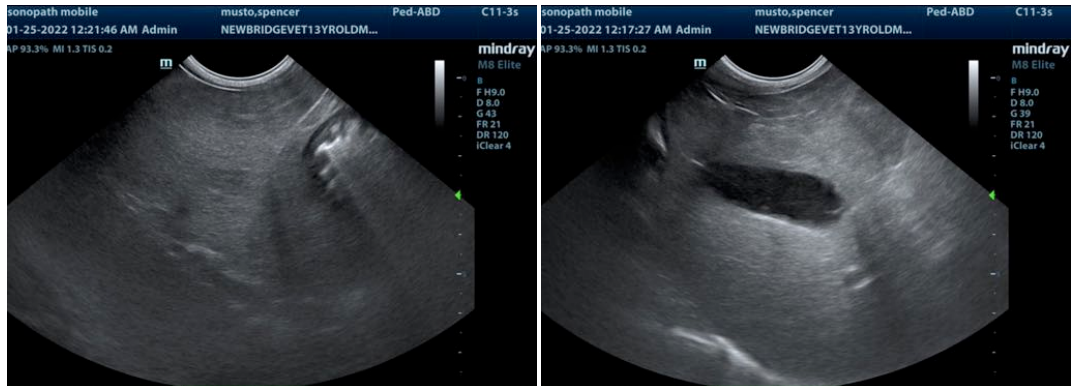
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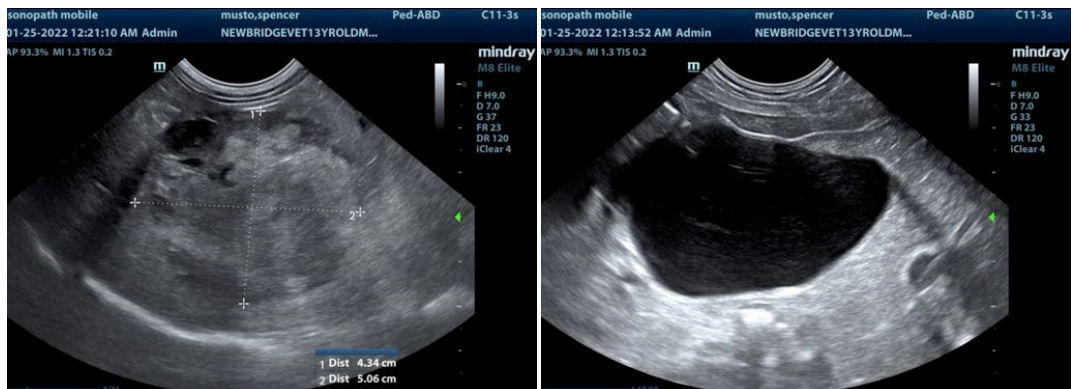
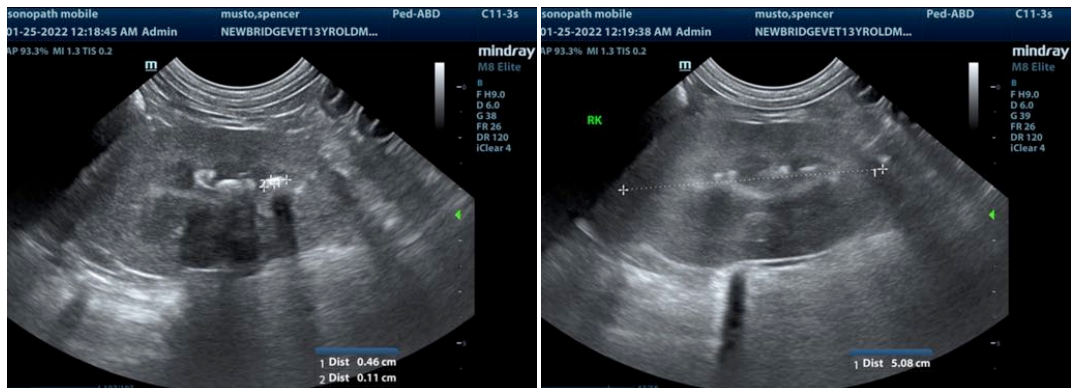
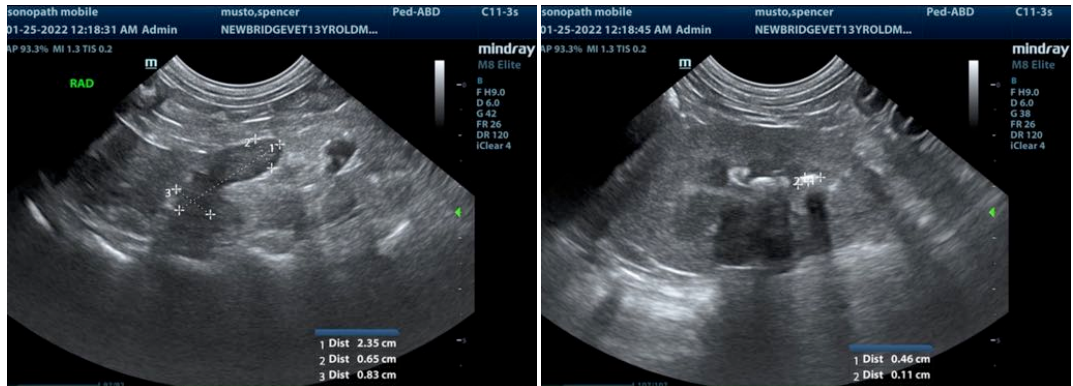
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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