

**PATIENT**Winifred Hanson
55798A**SPECIES**

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.4 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison VS –
Dr. Thomas**INVOICE**

44463

DATE

1/24/23

PRESENTING CLINICAL SIGNS

Acute onset of lethargy and collapse today. Taken to pDVM where a hemoabdomen was found.

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 1.0 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 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. Corticomedullary calculi noted up to 0.28 cm. The left kidney measured 4.58 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 0.63 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 0.60 cm.

Spleen

The **spleen** revealed a complex mixed echogenic expansive mass measuring 6.6 cm with mild enhanced surrounding mesentery and anechoic free fluid. The mass derived from the cranial body of the spleen.

Liver

The **liver** presented mild heterogeneous parenchymal changes without cavitation. The gallbladder and common bile duct were unremarkable. Changes were most consistent with either age related hepatic changes or possible micrometastasis. Inspection and biopsy at surgery recommended.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

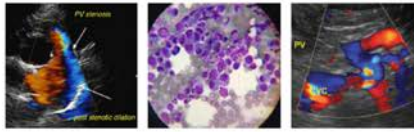
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Ruptured splenic mass, possibly resectable
- Minor heterogeneous hepatic changes

IMAGING PERFORMED BY

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- Age related renal changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram recommended to assess the right auricle and pericardium, as well as chest radiographs followed by exploratory splenectomy with liver inspection and biopsy.

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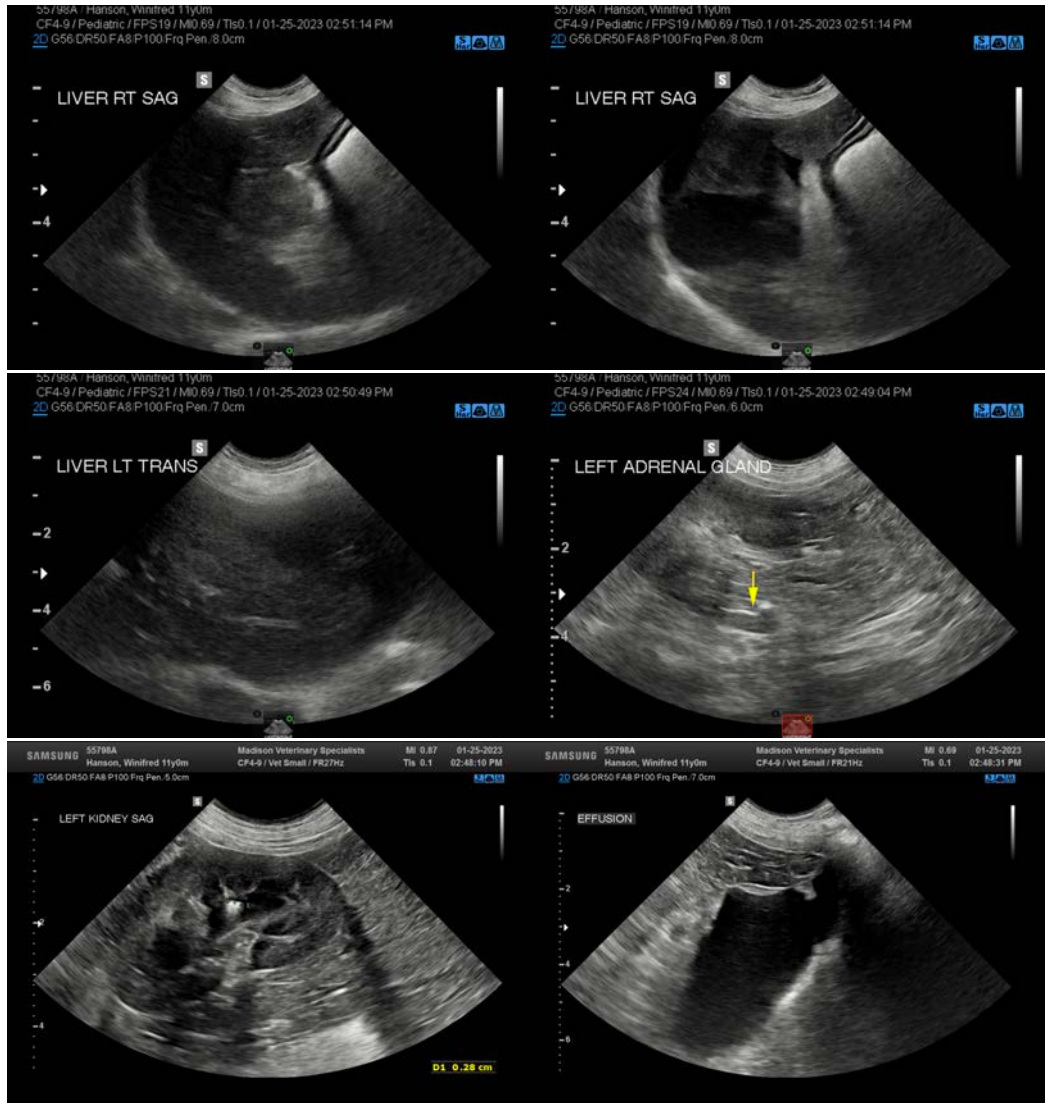
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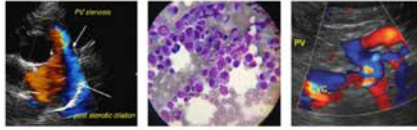
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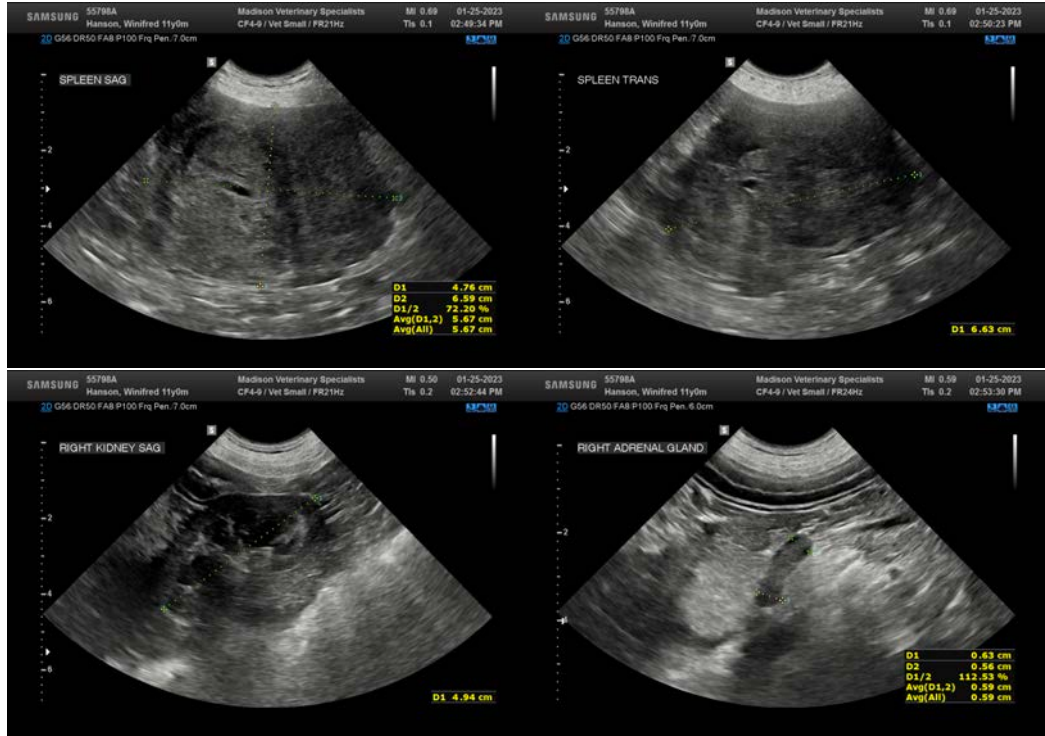
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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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