



**PATIENT**

Molly Walter

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

43 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Louffler

**INVOICE**

33971

**DATE**

1/5/22

**PRESENTING CLINICAL SIGNS**

Pt collapsed today approx 9am. SFC Ate breakfast and went for a walk as normal this morning, then when owner was sitting down Molly came to her side and slumped down, didn't get up when owner walked away, was really lethargic and weak. Did not lose consciousness. No V/D. Has had intermittent dry cough/huff for a while. Has slowed down a bit lately, still active, goes for good walks but doesn't run and has some trouble jumping up. Had echo at OSU in 2016 for murmur, no structural abnormalities noted, murmur thought to be physiologic. Exam: heart difficult to auscultate. HR 80 on admission, improved to 120. BP >200 systolic. lethargic pale MM AFAST: scant free fluid adjacent to spleen, large splenic mass suspected TFAST: no free fluid, no B-lines, heart appears fluid contracted Abnormal PE/Chem/CBC/UA Results: lactate 3.55 cbc unremarkable proBNP 2032 chem pending

**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 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 4.9 cm. The right kidney measured 4.97 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** revealed a 9.3 cm mixed echogenic, moderately undifferentiated mass deriving from the caudal pole, occupying the cranial abdomen.

**Liver**

The **liver** was slightly heterogeneous. Mild increased portal markings noted. No obvious evidence of metastatic disease. The gallbladder and common bile duct were unremarkable.

**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.

**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.



**PATIENT**

**Free Abdomen**

Molly Walter

Free fluid noted in the abdomen.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass, no obvious metastatic lesions
- Free fluid

**BREED**

Shepherd X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Micrometastasis to the liver is always a possibility in this type of presentation. 3-view chest radiographs and rapid echocardiogram with position #3 SDEP recommended to make sure no right auricular mass or pericardial effusion prior to exploratory surgery. Hemangiosarcoma suspected. Benign hematoma or hyperplastic mass possible.

**SEX**

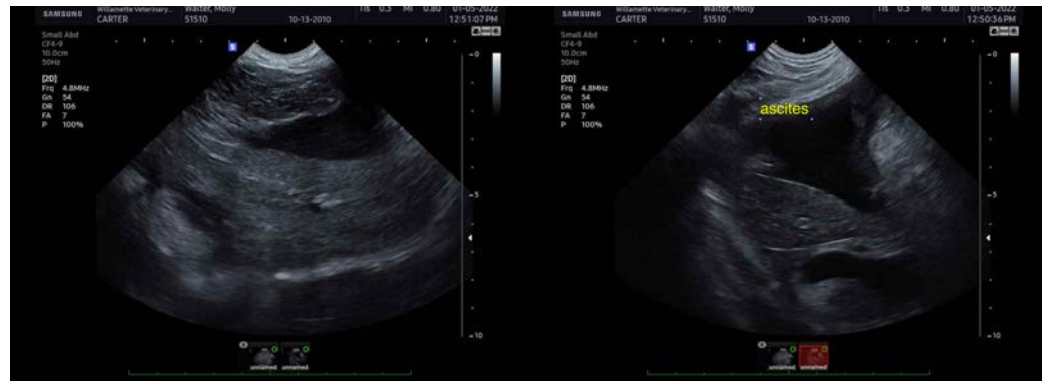
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INVOICE**

33971

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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