

**PATIENT**Opie Wandersee
157013**SPECIES**

Canine

BREED

Bloodhound

SEX

Intact Male

AGE

6 Years 11 Months

WEIGHT

50.8 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Vuolo

INVOICE

17670

DATE

10/14/22

PRESENTING CLINICAL SIGNS

History: Patient presented yesterday for acute onset of vomiting and lethargy. 13lb weight loss also noted in the past 15 months.

Abnormal PE/Chem/CBC/UA Results: PT 15.8 (N) aPTT 108.9 (N) CBC: lymphopenia, eosinopenia ChemComp: Ph 5.6 (H) ALT 442 (H), ALP 280 (H), TCHO >450 (H), glob 4.5 (H), alb 2.8 (N), TP 7.3 (N) Abdominal effusion and cranial abdominal mass seen on AFAST Abdominocentesis Sterily prepped abdomen 22g 1.5" needle-----> serosanguinous fluid with accumulation of white cloudy debris once settled Peripheral BG: 98 Abdominal Fluid BG: LOW Abdominal Fluid PCV/TP: 5%/7.2 In house cytology: TNTC neutrophils, no signs of intracellular bacteria

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 urinary bladder was overdistended at the time of the sonogram. Free fluid was noted between the bladder and the body wall.

The **prostate** was enlarged, measuring 4.38 cm. Edema lines were noted. Swollen rounded contour noted.

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 right kidney measured 8.0 cm. The left kidney measured 7.9 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.55 cm at the caudal pole and 0.64 cm at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** appeared to be volume contracted with multifocal hyperechoic inclusions consistent with hemosiderin. However, sound beam attenuation did not allow for complete assertion of the splenic parenchyma. No evidence of thrombosis was noted in the splenic vein.

Liver

The **liver** was irregular in contour. A hyperechoic area was noted in the deep right cranial liver, along with swollen hypoechoic parenchyma.

The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening was noted with enhanced mesentery; however, no neoplastic criteria is present.

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

The iliac **lymph nodes** were enlarged, measuring 3.8 cm x 1.3 cm.

Other

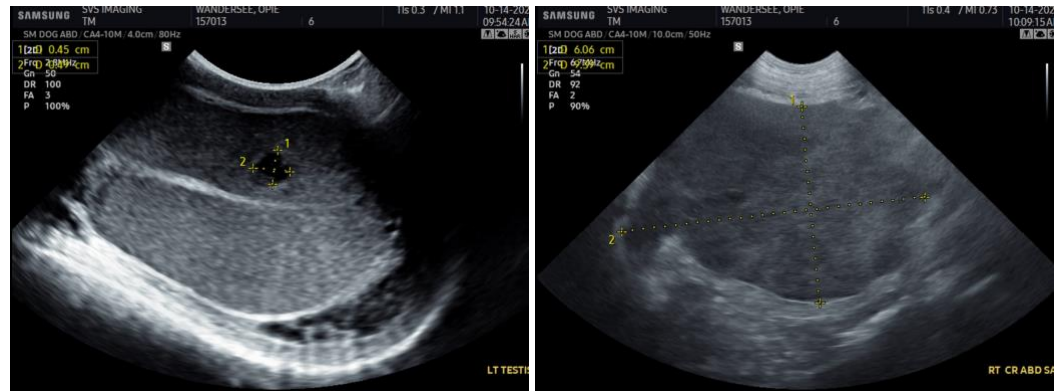
The left **testicle** revealed a hypoechoic nodule, measuring 0.45 cm. Mixed hypoechoic expansive parenchymal mass was noted, measuring 9.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Mass in the left cranial abdomen, presumed to be spleen, significantly inflamed with free fluid - normal spleen was not visualized
- Undefined hyperechoic structure in the mid cranial liver - this may represent abscessation.
- Gallbladder sludge
- Variable intestinal thickening with enhanced mesentery
- Prostatitis
- Left testicular nodule, likely benign
- Iliac lymphadenopathy or potential round cell neoplasia of the iliac lymph nodes

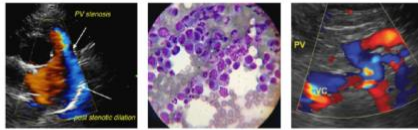
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be deriving from the left caudal liver however, connection to the spleen could not be completely ruled out as the mass was undifferentiated. Ultrasound guided FNA of the mass, liver and iliac lymph node, abdominocentesis of the free fluid and, if accessible, sampling of the hyperechoic structure in the liver is indicated. Strong concern for round cell neoplasia. Otherwise, a direct exploratory surgery is indicated. The mid cranial hyperechoic hepatic lesion may be difficult to see surgically in this patient.



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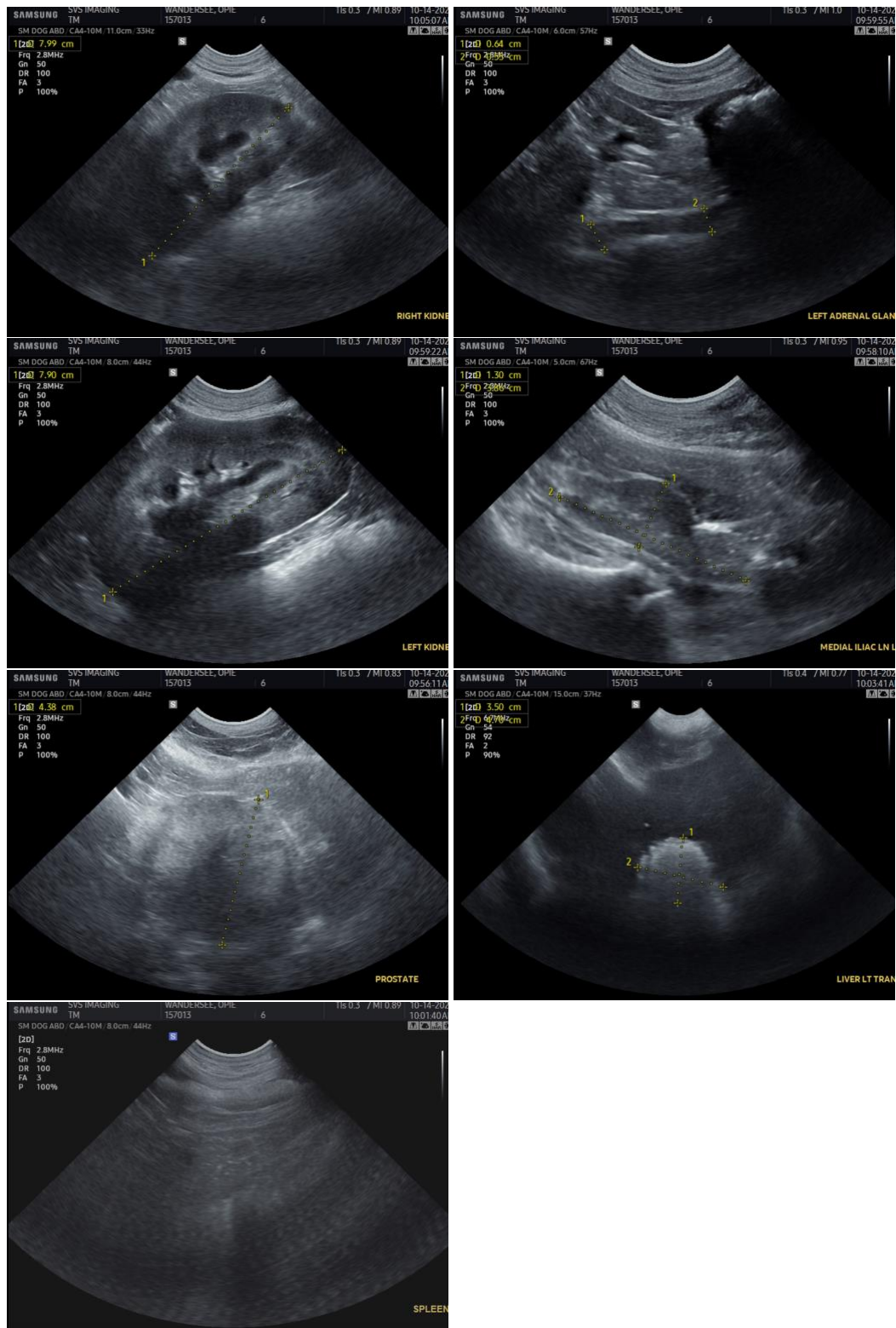
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Clinical Sonography & Telectology

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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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