



PATIENT

Emory Haggerty

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered male

AGE

13 years

WEIGHT

28 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Vogel

INVOICE

40120

DATE

10/18/22

PRESENTING CLINICAL SIGNS

History: History of intermittent diarrhea, and sometimes vomiting. Mass seen on rads; unable to tell if splenic or hepatic.

Abnormal PE/Chem/CBC/UA Results: ALP 162, ALT 137

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.7 cm. The iliac trifurcation was unremarkable.

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. Both kidneys measured 6.0 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.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 6.0 cm. The mass appears to be isolated. The remainder of the spleen was unremarkable. The mass appears to be deriving from the caudal pole.

Liver

The **liver** revealed mild, heterogenous parenchymal changes with slight and irregular swelling. Increased portal markings were noted. Occasional hyperechoic nodule was noted. This is likely benign. There was no obvious metastatic disease from the splenic pathology; however, this cannot be completely ruled out. Liver biopsy is warranted at the time of surgery. Minor gallbladder debris was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Portions of the intestinal tract revealed mucosal fogging and reactive mesentery around the intestinal tract.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

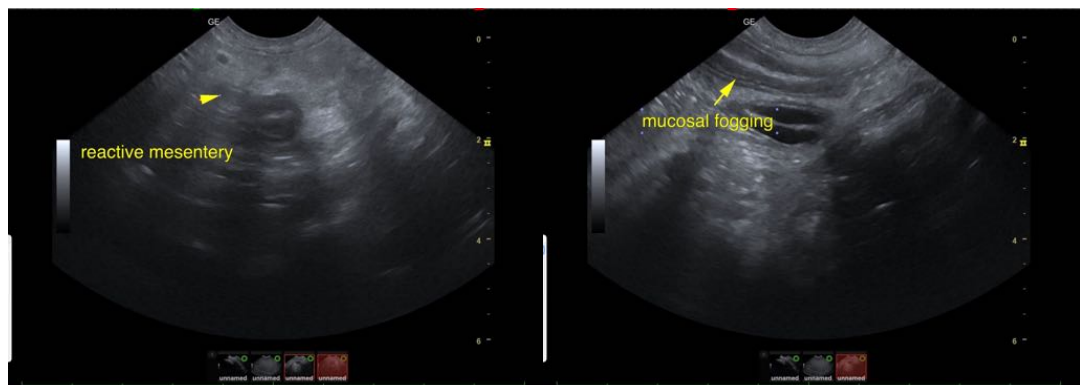
Splenic mass.

Heterogenous liver.

Mucosal striations in jejunum with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram are recommended. Intestinal biopsies are warranted at the time of surgery. Areas of reactive mesentery is a good location for surgical biopsies. Splenic mass differentials include benign hyperplasia, hemangiosarcoma and less likely round cell neoplasia. The vacuolar hepatopathy with hepatic remodeling is likely responsible for the presentation of the liver; however, micrometastasis cannot be completely ruled out. Screening FNA of the spleen and liver can also be considered as an option. Lymphangectasia is likely in portions of the jejunum.





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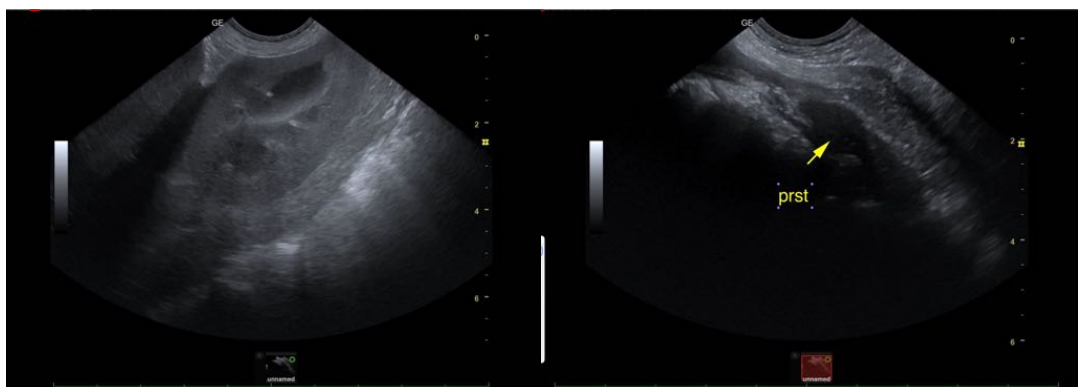
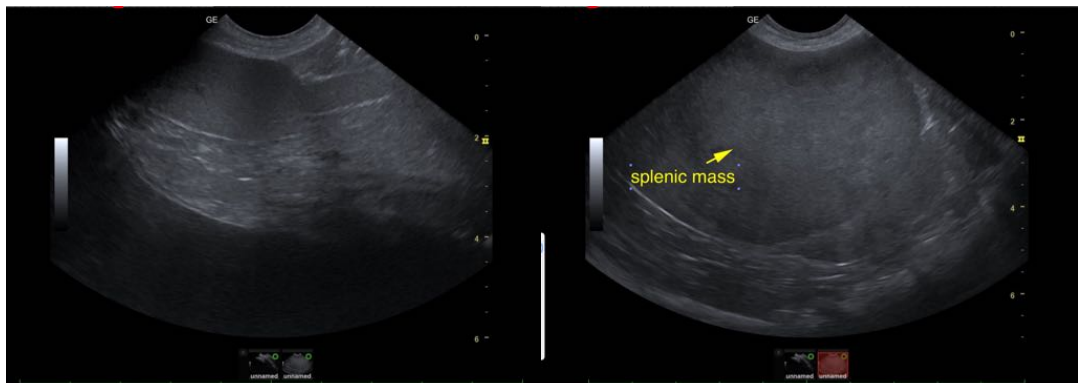
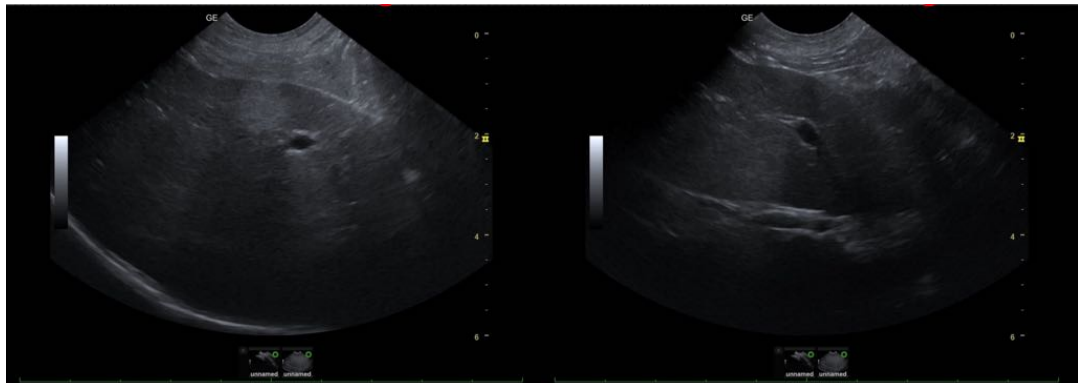
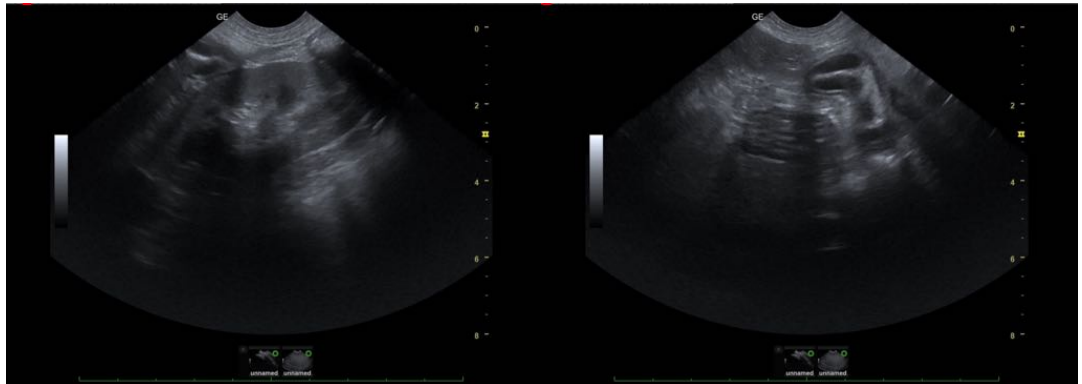
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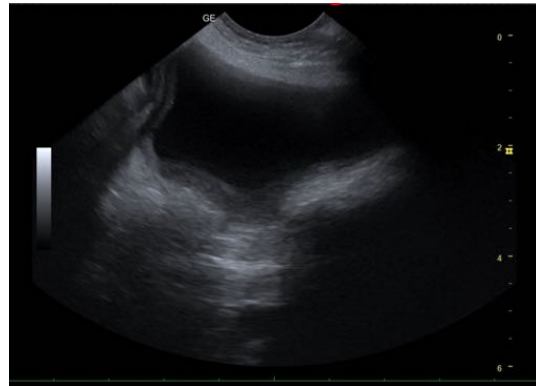
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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