



**PATIENT**

Baby Girl Zahn

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

36 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser

**INVOICE**

13464

**DATE**

10/2/21

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for being lethargic and pale. Owner said she collapsed today. Patient is having a hard time breathing. Patient had turned blue when she collapsed but is now pale. Owner says she noticed she is getting tired faster than normal recently. Previous Health Concerns: thyroid cancer; anaplasmosis Current Medications: Rimadyl occasionally Appetite/When did they eat last: normal ate today

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed increased levels in platelet count and neutrophils. Radiographs revealed enlarged, slightly irregular spleen. Mass effect in mid-abdomen on left. Poor detail in abdomen suggestive of mild effusion/fluid.

**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. 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 mild 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 right kidney measured 7.44 cm. The left kidney measured 6.84 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 2.07 cm x 0.57 cm at the cranial pole and 0.66 cm at the caudal pole.

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

**Spleen**

The **spleen** revealed a large parenchymal mass, measuring 7.0 cm deriving from the caudal pole. Regional free fluid and enhanced mesentery noted. Other micronodular changes were noted in the spleen.

**Liver**

The **liver** was mildly swollen with slight coarse architecture. The gallbladder and common bile duct were unremarkable. No obvious metastatic lesions, however, heterogenous changes could represent early metastasis.

**Gastrointestinal**

The **stomach** was filled with ingesta or other material-should be inspected at surgery. The small intestine and colon were unremarkable.



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## Pancreas

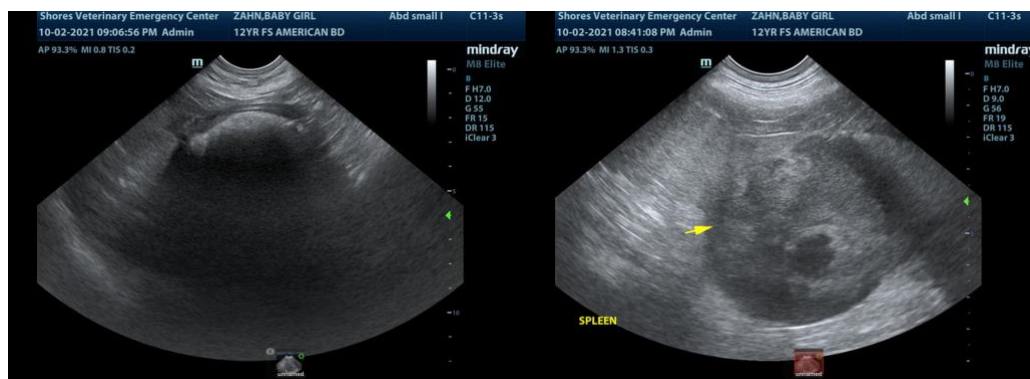
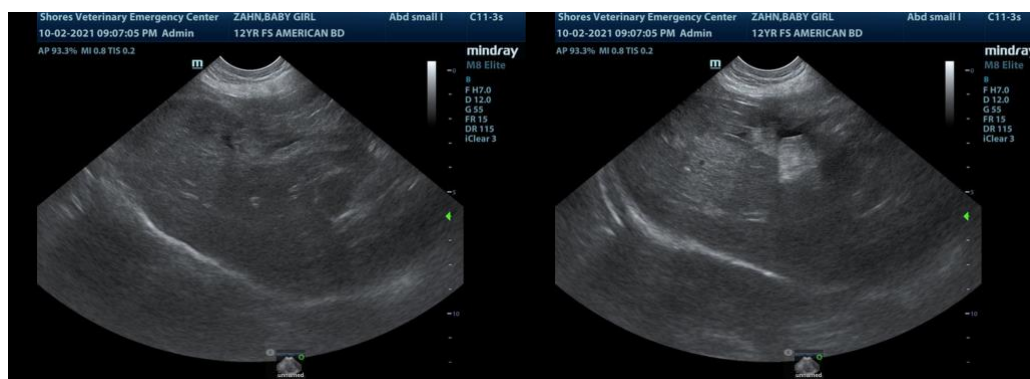
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass with free fluid, heterogenous splenic changes, infiltrative pattern
- Minor heterogeneous hepatic changes, possibility of metastasis yet no obvious metastatic lesion
- Age-related renal changes
- Stomach ingesta or other material- should be inspected at surgery

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 view chest radiographs, rapid echocardiogram and exploratory surgery indicated. Inspection of the liver would be the first task on exploratory to assess for metastatic disease. Round cell neoplasia versus hemangiosarcoma.





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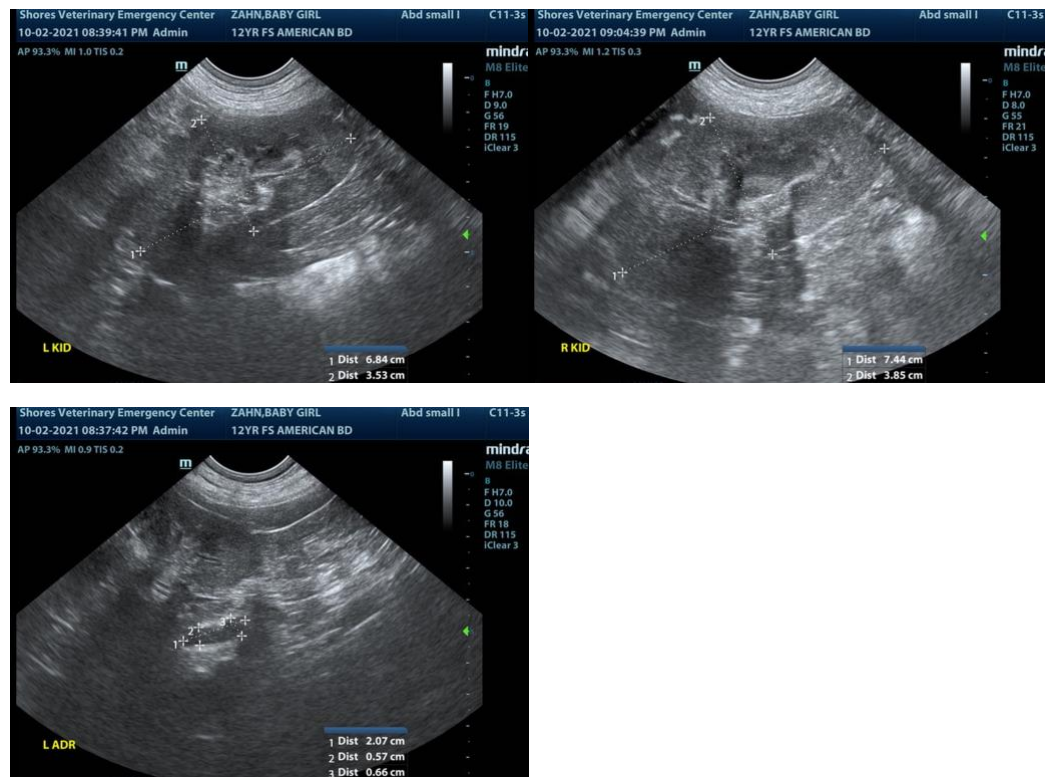
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com