



PATIENT

Angel Cavanaugh

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

7 years

WEIGHT

61.6 lbs

PRESENTING CLINICAL SIGNS

History: Decreased appetite x 2wks, panting, anxious, shaking when sleeping, lethargic, weak.

Current meds: Apoquel prn, Entyce, Prednisone

Abnormal PE/Chem/CBC/UA Results: 10/26/21 bw from prev. vet.- WBC 21.04, Neu 18.65, Lym% 6.8, RBC 4.4, HgB 9.4, HCT 29.6, ALP 269, PLT 31.

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 **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 left kidney measured 6.8 cm. The right kidney measured 6.89 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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 2.55 x 1.22 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 2.28 x 0.53 cm at the cranial pole and 0.68 cm at the caudal pole.

HOSPITAL NAME

Roxbury AH

Spleen

The **spleen** revealed a large, undifferentiated 8.67 cm mass. The mass was deriving from the caudal body.

REFERRING VET

Dr. Elia

Liver

The **liver** revealed subtle heterogenous changes. The changes may be age related or possibly related to early metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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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.

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Free Abdomen

AGE

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Free fluid was noted in the abdomen. Minor heterogenous changes were noted in the omentum. This may be reactive or possibly localized seeding.

WEIGHT

61.6 lbs

Heart

Rapid view of the heart revealed no evidence of pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Splenic mass. Mild, regional free fluid, suspect hemorrhage.

Subtle heterogenous hepatic changes.

Otherwise, unremarkable abdomen.

IMAGING PERFORMED BY

Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Roxbury AH

There was no obvious evidence of metastatic disease. However, local metastasis to the omentum is possible. Three view chest radiographs followed by immediate exploratory surgery is recommended. The hepatic changes may be age related or possibly related to early metastatic disease. However, I recommend giving the patient the benefit of the doubt with exploratory surgery. There is no contraindication to anesthetic procedure based on subjective echo assessment. Hemangiosarcoma is likely with a potential for benign hematoma or round cell neoplasia.

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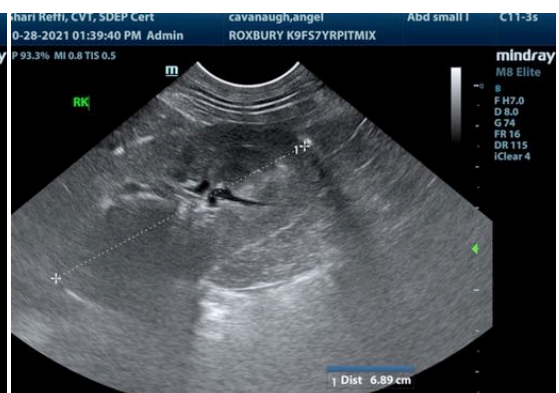
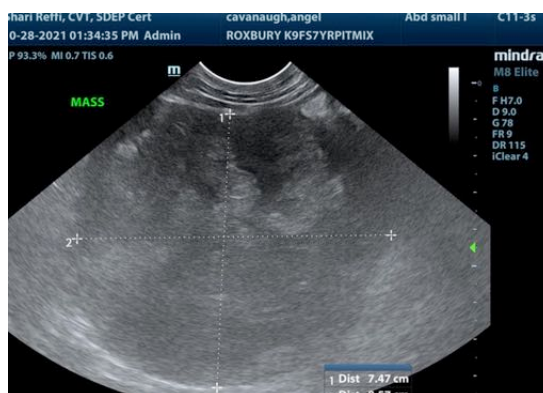
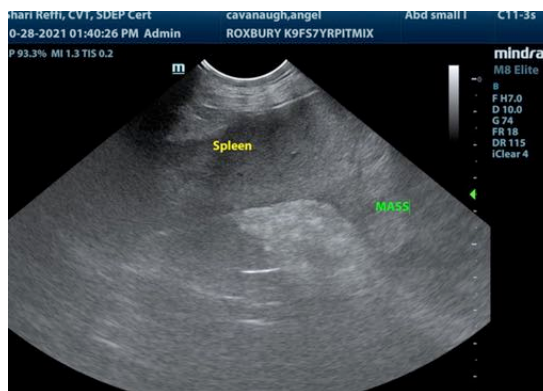
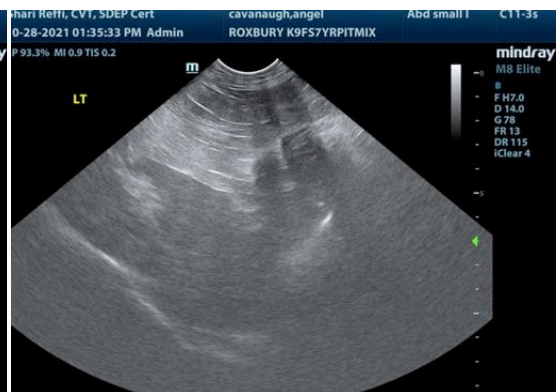
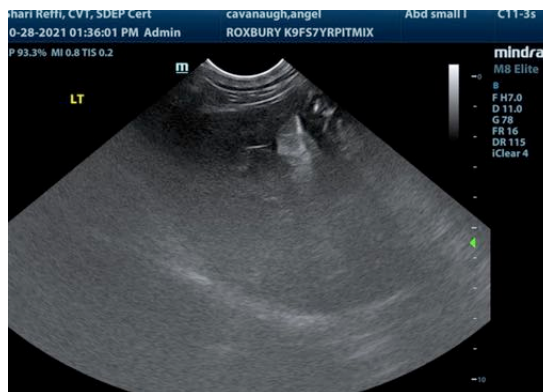
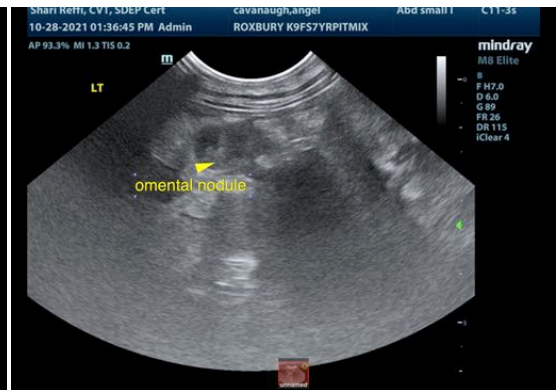
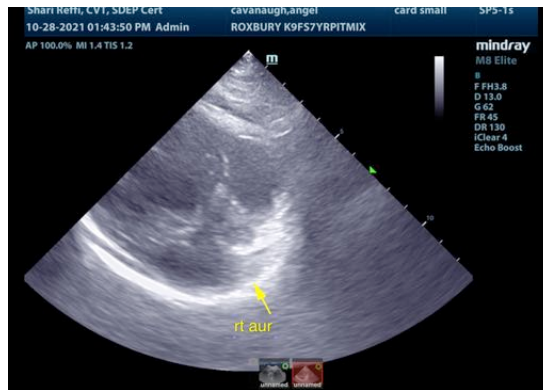
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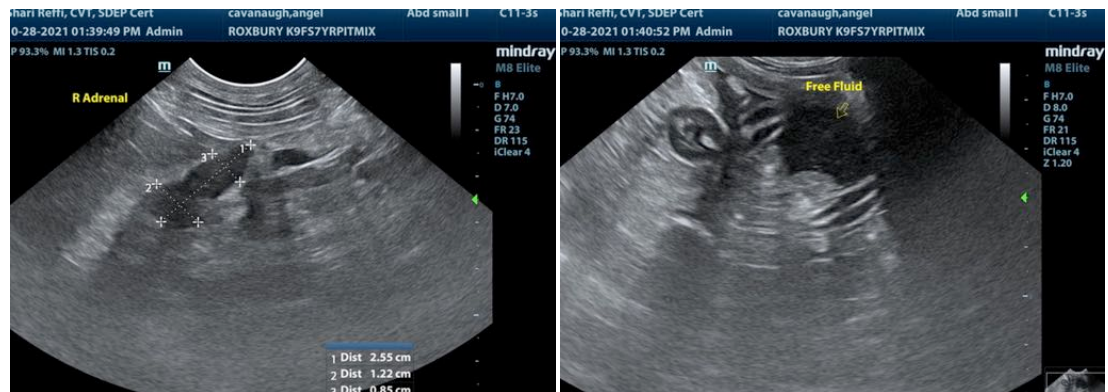
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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