



PATIENT

Santi Drummond

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

WEIGHT

42 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Becky Callihan, DVM

HOSPITAL NAME

Pacific Crest MV

REFERRING VET

Becky Callihan, DVM

INVOICE

14114

DATE

10/31/21

PRESENTING CLINICAL SIGNS

History: Owner noticed a splenic mass or nodule when taking a cursory look at the abdomen with ultrasound, asked me to perform a full study for Santi. He is doing fine, normal appetite, attitude and activity. CBC/Chem all normal.

Abnormal PE/Chem/CBC/UA Results:

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 7.83 cm. The right kidney measured 7.34 cm.

Adrenal Glands

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

Spleen

The **spleen** revealed a hypoechoic expansive nodule (2.67 cm) with heterogeneous parenchymal changes noted elsewhere. Generalized splenic enlargement noted with irregular swelling. Cranial folding of the spleen was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

Santi Drummond

A mesenteric **lymph node** (2.62 cm) was reactive. Trace free fluid was noted adjacent to the urinary bladder-there is a chance this is deriving from the spleen.

SPECIES

Other

Canine

A rapid view of the **heart** revealed no evident pathology in the right auricle or elsewhere.

BREED

ULTRASONOGRAPHIC FINDINGS

German Shepherd

- Undefined heterogeneous nodular splenic changes with early mass formation
- Reactive mesenteric lymph node
- Trace free fluid noted adjacent to the urinary bladder

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Given the breed predisposition to splenic pathology, I recommend proactive splenectomy in this patient. Examination and sampling of the mesenteric lymph node also could be considered. Emerging hemangiosarcoma, round cell neoplasia, pronounced benign nodular hyperplasia all possible.

AGE

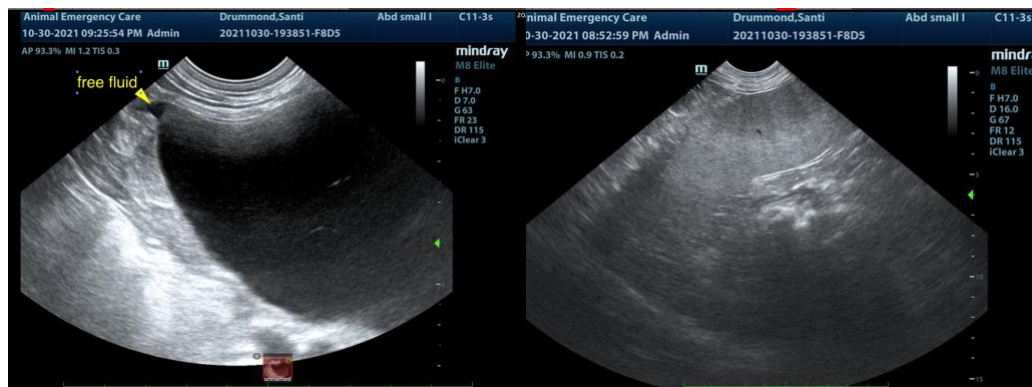
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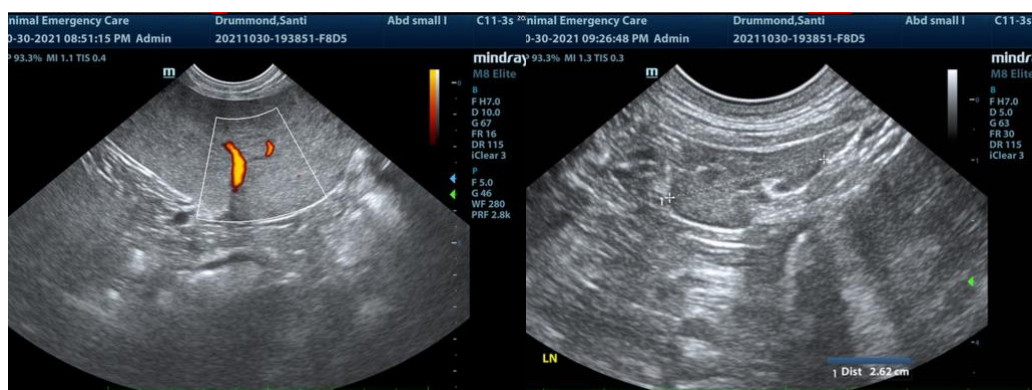
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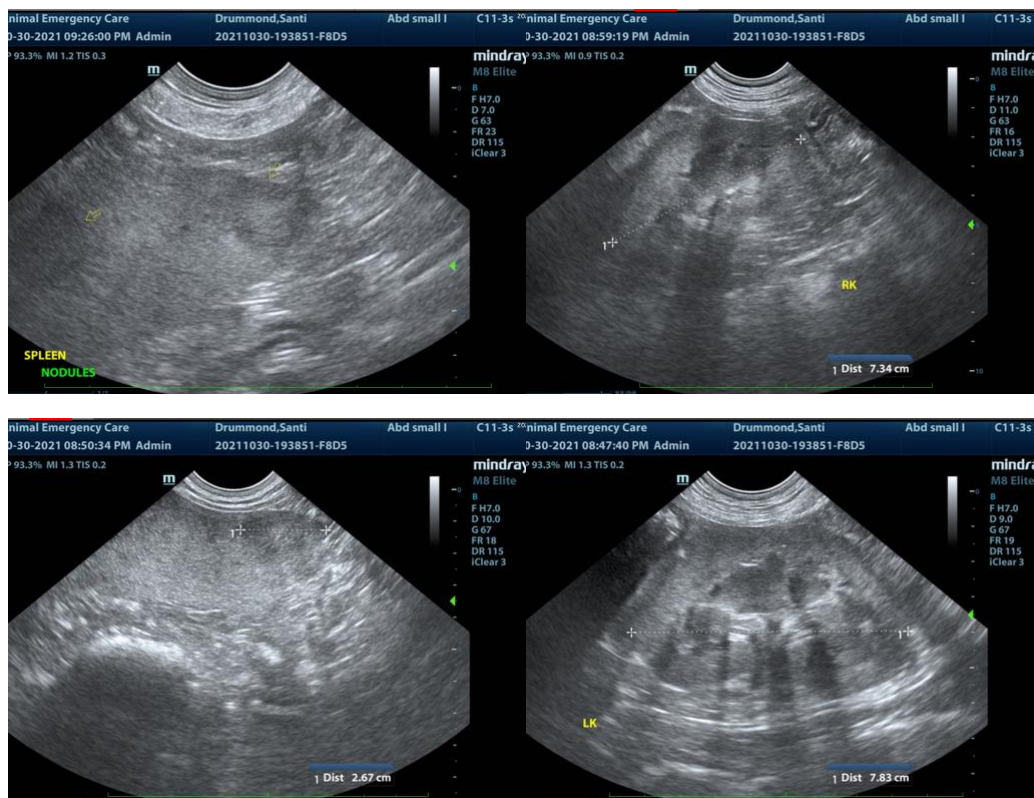
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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