



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Granite Hallam-Miller	History: Presented at our hospital for AUS. Pet has had a distended abdomen for a while, has had some issues with limping and pain this year, owner contributed to older age, pet gaining weight, went to rdvm noticed distended abdomen, took rads, showed area of concern around the spleen, bloodwork showed anemia, concerned for splenic tumor. Previous Health Concerns: Lyme positive Current Medications: Cephalexin, gabapentin prn
<b>SPECIES</b>	
Canine	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork: 10/29: Chem wnl; CBC HCT 32.5; HGB 11.2; Retic 197.6; RBC 4.48; PLT 96; MPV 16.2 Rdvm rads: Decreased serosal detail in the caudal and ventral abd, gas in the colon, liver appears to be normal in size, possible abnormal structure near the spleen.
Australian Shepherd	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
	The <b>urinary bladder</b> was structurally normal with a minor amount of sand accumulation noted (nonobstructive) with minimal acoustic shadowing.
<b>AGE</b>	The <b>kidneys</b> 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 6.89 cm. The left kidney measured 6.67 cm.
9 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
30 kg	The regions of the <b>adrenal glands</b> were imaged and revealed no evident pathology.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> was riddled with multiple expansive hypoechoic parenchymal nodules and overt complex mixed echogenic masses at the cranial body.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Erin Wicks	The <b>liver</b> was fairly uniform. The gallbladder revealed a minor amount of debris. No significant hepatic vein dilation. No overt evidence of metastatic disease.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Shores VEC	Examination of the <b>gastrointestinal tract</b> 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.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Miller	The base and limbs of the <b>pancreas</b> 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.
<b>INVOICE</b>	
17979	
<b>DATE</b>	<b>Free Abdomen</b>
10/31/22	



## PATIENT

Granite Hallam-Miller

A moderate amount of **free fluid** was noted in the abdomen. Some heterogenous omentum was noted.

## SPECIES

Canine

- Age-related renal changes
- Free fluid
- Heterogenous omentum
- Splenic masses
- Gallbladder debris
- Minor amount of sand accumulation in the urinary bladder (nonobstructive)

## BREED

Australian Shepherd

## SEX

Neutered Male

Paraneoplastic effusion is likely, however, abdominocentesis is recommended to assess the nature of the free fluid. Recommend chest radiographs and rapid echocardiogram to assess any pericardial effusion or right auricular pathology, followed by exploratory surgery. A clean resection may be difficult given that the free fluid may represent a vehicle for seeding yet the liver and kidneys appear unremarkable.

## AGE

9 Years

## WEIGHT

30 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores VEC

## REFERRING VET

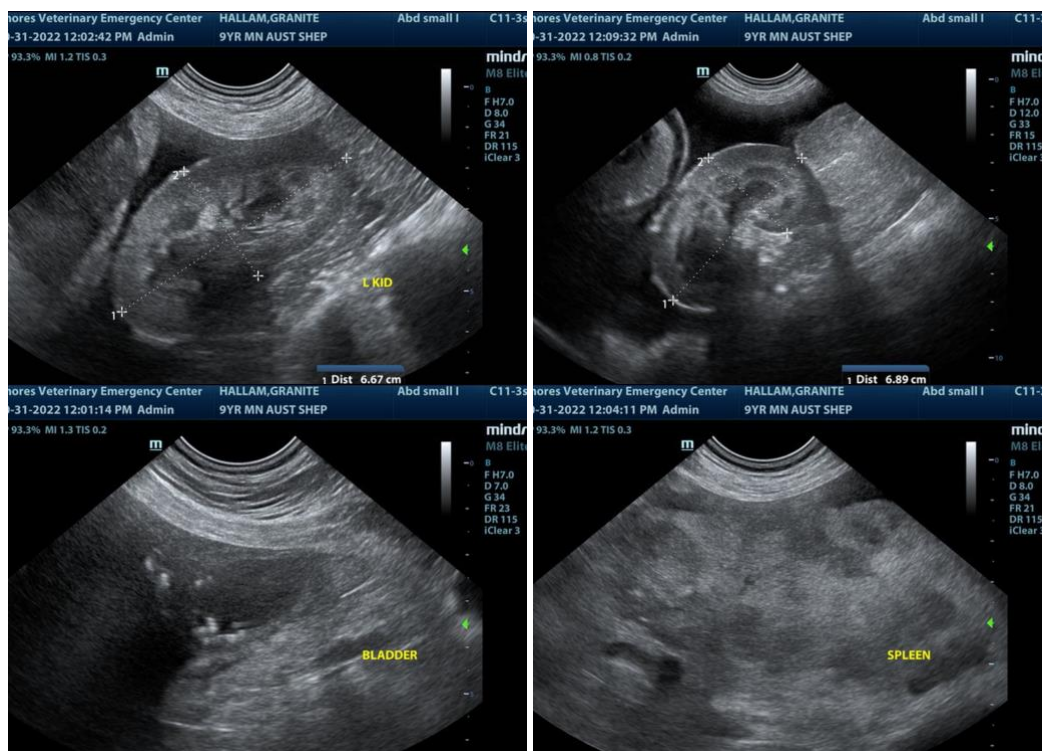
Dr. Miller

## INVOICE

17979

## DATE

10/31/22





**PATIENT**

Granite Hallam-Miller

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

30 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

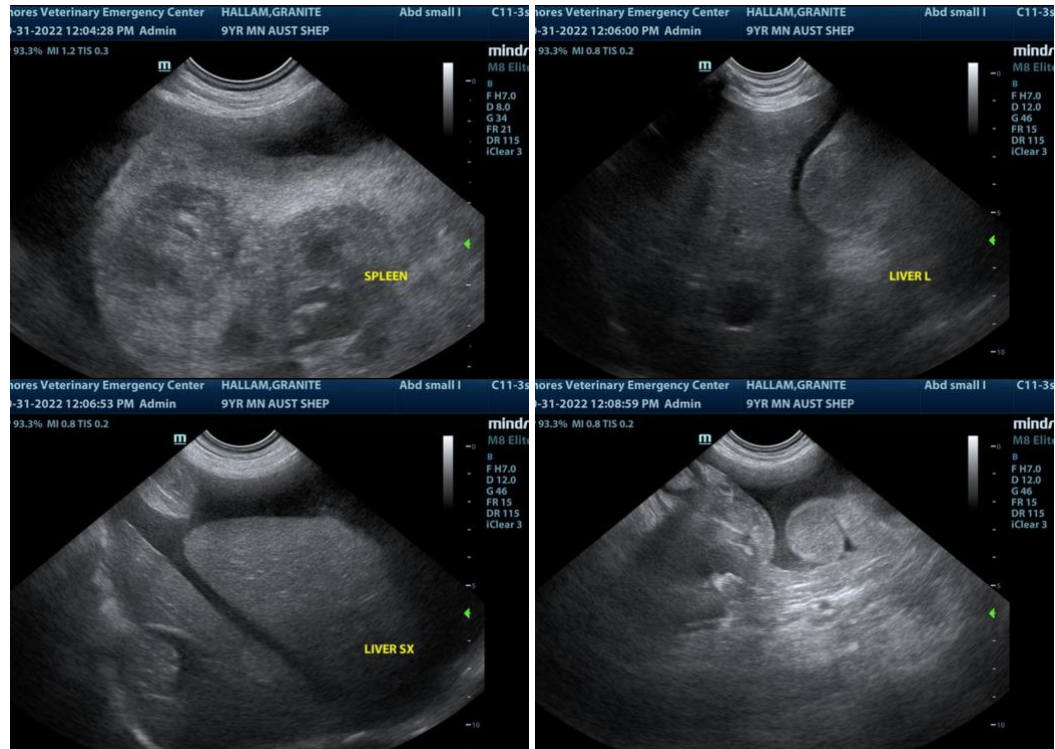
Dr. Miller

**INVOICE**

17979

**DATE**

10/31/22



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