



**PATIENT**

Buck Kimmett

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

31 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Aspen Animal Hospital

**REFERRING VET**

Dr. Sweet

**INVOICE**

13517

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Anorexic and lethargic distended abdomen

Abnormal PE/Chem/CBC/UA Results: Anemic PCV 16

**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 residual prostate was uniform, measuring 1.05 cm.

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 6.1 cm. The left kidney measured 7.1 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was swollen, irregular and heterogenous with scalloping contour. The gallbladder and common bile duct were unremarkable.

**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.

**Free Abdomen**



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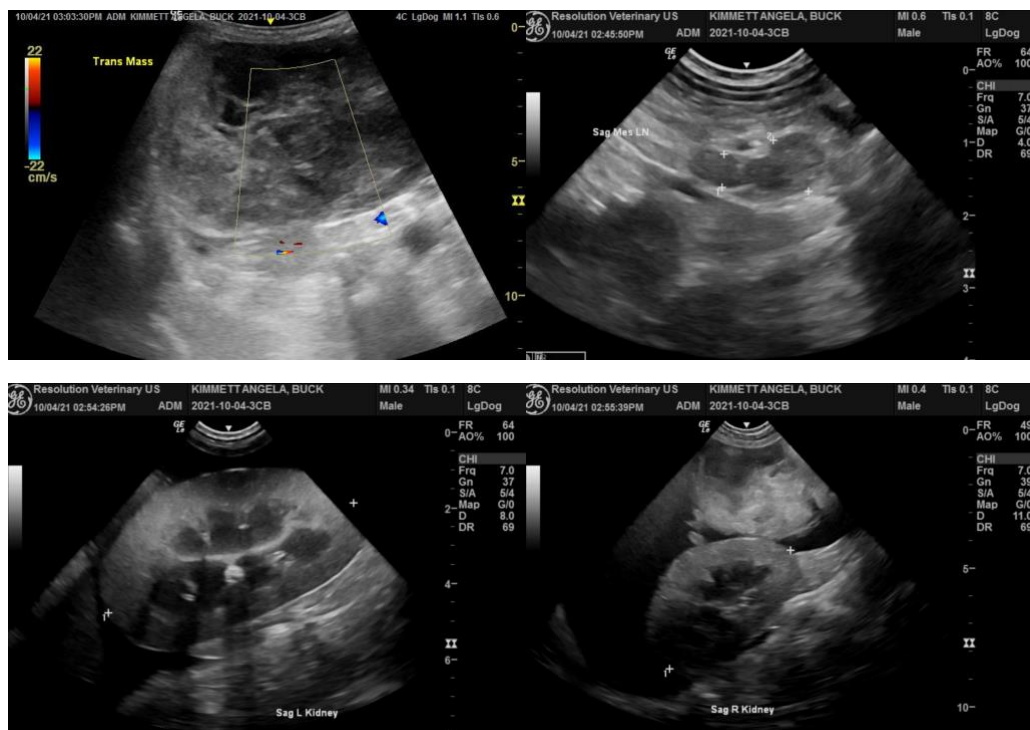
A mixed hypoechoic undifferentiated 10+ cm mass noted in the mid **abdomen**. The undifferentiated mass appeared to be deriving from the spleen, yet no recognizable spleen noted. Regional lymph nodes were enlarged, rounded and hypoechoic up to 1.4 cm. A large amount of free fluid was noted in the abdomen. The mesenteric lymph nodes measured 0.85 cm x 0.45 cm, heterogenous.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Hepatic infiltrative pattern
- Multifocal lymphadenopathy
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma or round cell neoplasia possible. Prognosis is poor. I do not feel this to be a surgical presentation. FNA of the undifferentiated mass and liver could be considered for further definition.





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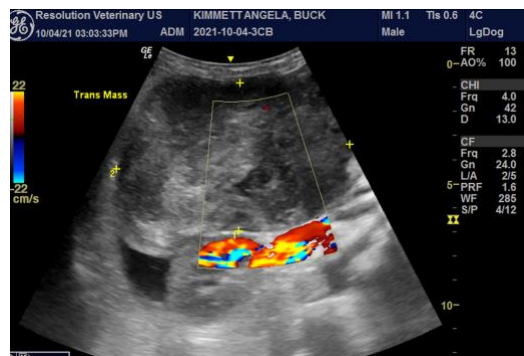
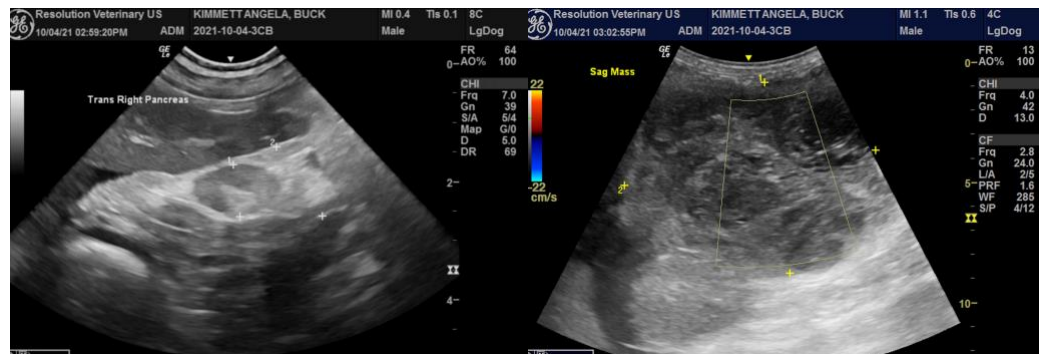
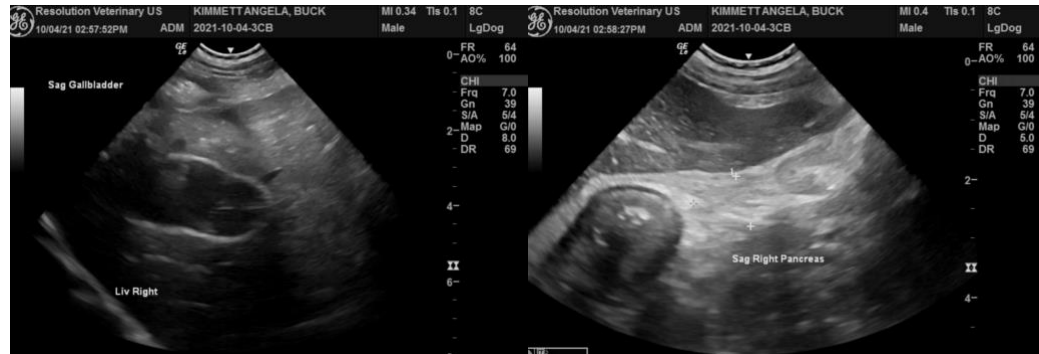
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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