



PATIENT

Charge Chapman

SPECIES

Canine

BREED

American Bull Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

26080

DATE

10/6/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting 4-5 times today (white foam). O were away yesterday, not sure if he got into anything. Drooling, increased urination Previous Health Concerns: hematoma last month, both ears

Abnormal PE/Chem/CBC/UA Results: Abdominal: possible palpable mass in abdomen Cbc:nr Chem: increased amylase and lipase(> 1000) Epoc: nr Rads: baseball sized mass at the right mid quadrant (not likely the sq mass)

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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 7.52 cm. The left kidney measured 6.62 cm.

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 left adrenal gland measured 3.32 cm x 0.73 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** revealed a complex mixed hypoechoic mass deriving from the cranial pole, measuring approximately 8.0 cm. Microcavitations were noted within the mass.

Liver

The **liver** revealed multifocal hypoechoic nodular changes. The gallbladder was unremarkable. The nodular changes may be independent of the splenic pathology, the nodules did not disrupt architecture significantly.

Gastrointestinal

Gastric stasis was noted. The pylorus was patent. Minor heterogeneous changes were noted around the upper duodenum. Minor duodenal stasis 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

Charge Chapman

SPECIES

Canine

BREED

American Bull Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

26080

DATE

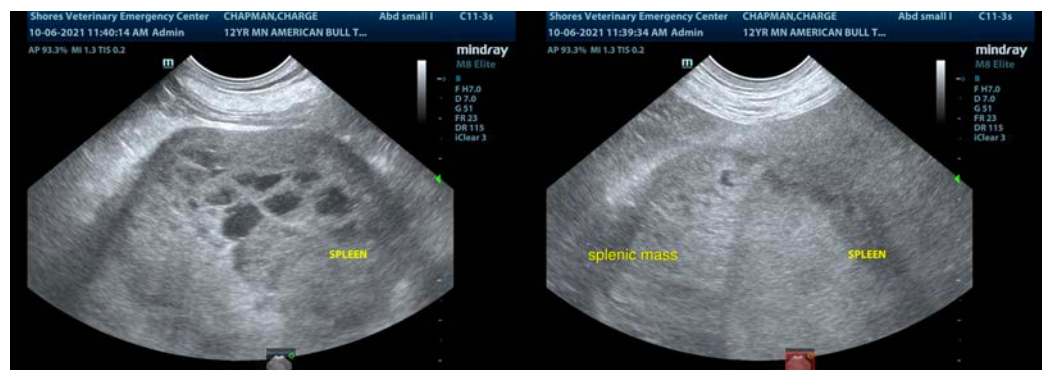
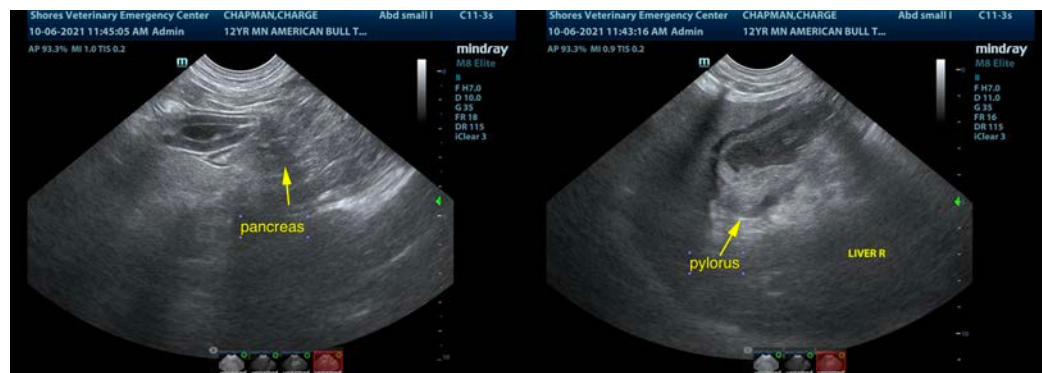
10/6/21

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Gastric stasis
- Undefined nodular hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver from a cursory evaluation standpoint recommended. Otherwise, direct splenectomy, gastric and hepatic biopsies would be appropriate. Hemangiosarcoma versus round cell neoplasia possible. Benign hematoma possible with concurrent gastritis.





PATIENT

Charge Chapman

SPECIES

Canine

BREED

American Bull Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

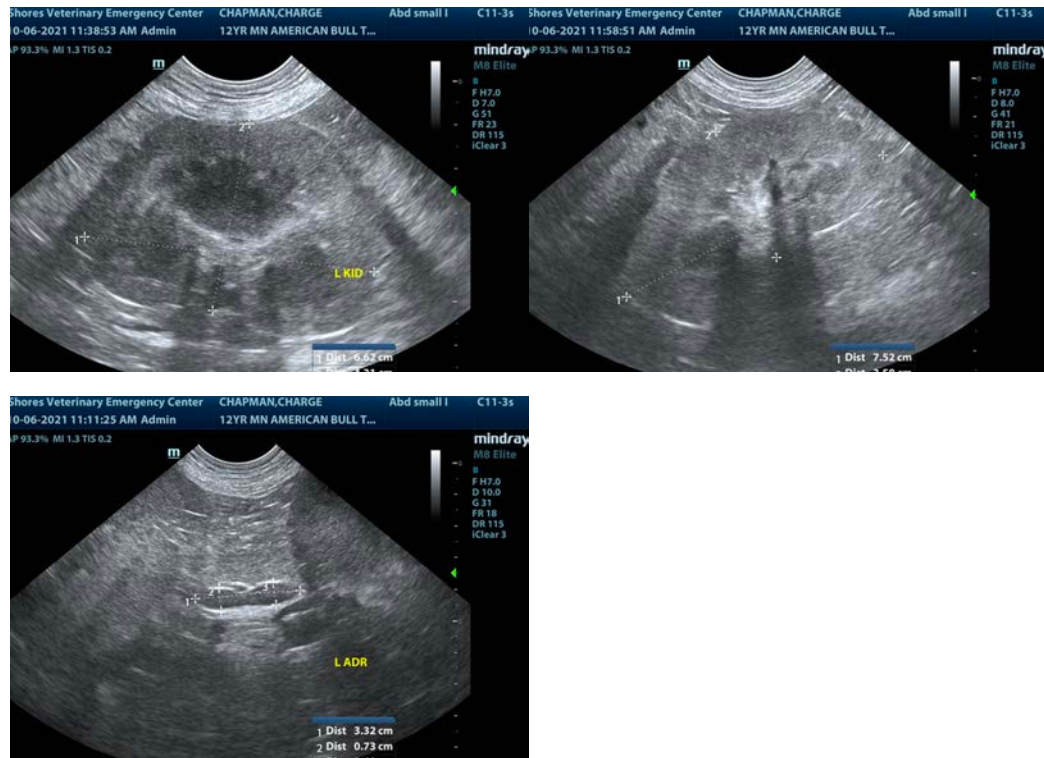
Dr. Lupole

INVOICE

26080

DATE

10/6/21



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