



PATIENT

Mouse Thoresen

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

3.46 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Gadzhev

INVOICE

93090

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Low RBCs, HGB, Platelets, Albumin and Glucose. High reticulocytes, Globulin, Total Protein, CK.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys.

Adrenal Glands

The **right adrenal gland** measured 0.31 cm and was subnormal in size and flattened. The left adrenal gland measured 0.4 cm and was at the low end of normal.

Spleen

The **spleen** revealed an expansive, mixed, hypoechoic parenchymal mass that was peripherally inflamed. The mass measured 6.3 cm and was deriving from the caudal body of the spleen. Other nodular changes were noted in the spleen. Regional splenic lymph node was mildly enlarged.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multi-focal, hypoechoic nodular changes were noted. Given the splenic pathology metastatic disease is suspected. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

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. Some retention of ingesta was noted in the stomach. 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

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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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Heart

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Rapid view of the heart revealed no evidence of pathology.

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Splenic mass and nodules.

Spayed Female

Nodular hepatic changes. Strongly suggestive for metastatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the splenic mass and liver nodules are warranted for further definition. Round cell neoplasia versus hemangiosarcoma are the primary differentials. This is a particularly aggressive presentation. Chest radiographs are warranted for staging purposes. There was no evidence of cardiac spread. If by chance the liver nodules are benign then exploratory surgery/splenectomy and liver biopsy would be indicated.

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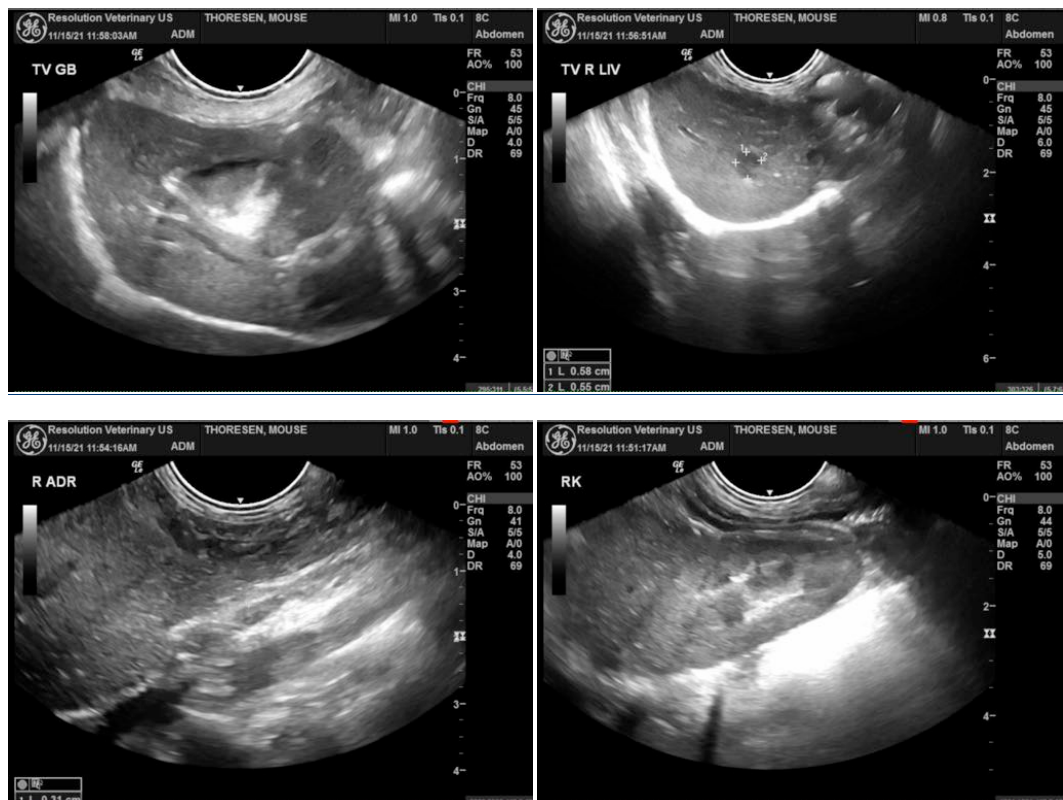
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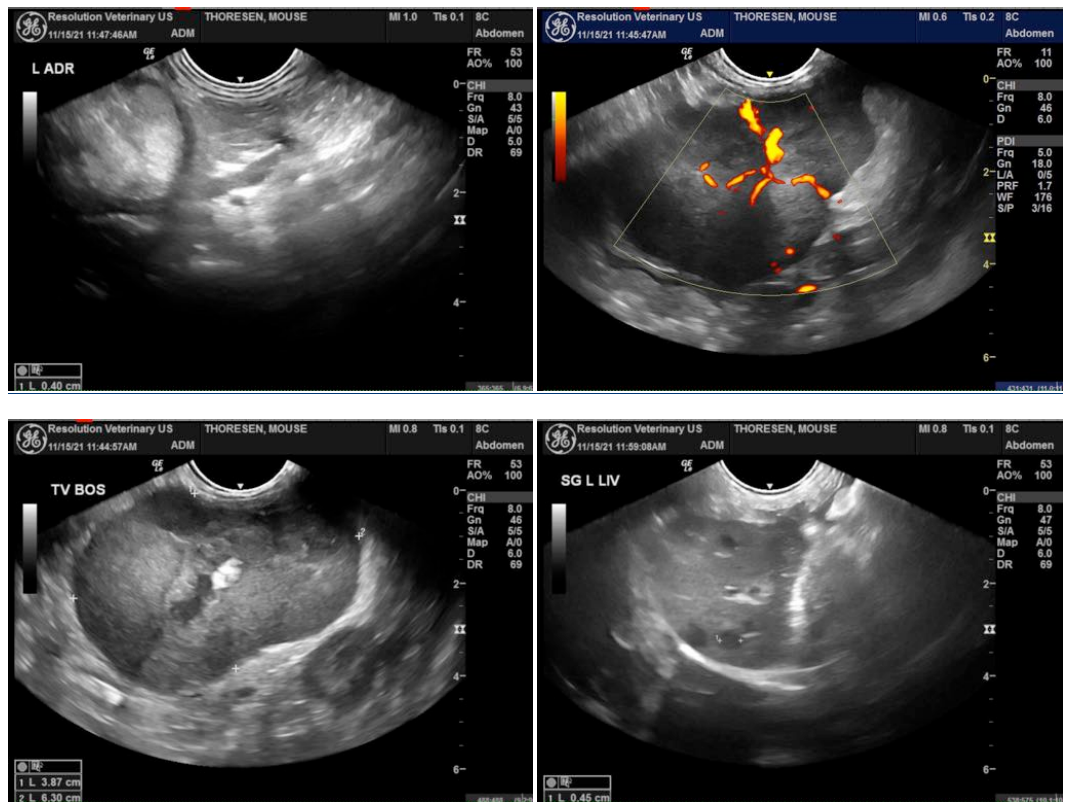
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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