



PATIENT

Boomer Hrabik

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

72.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

42642

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: 2 weeks of being a bit shaky when urinating and weak on stairs, but real change yesterday in energy and strength.

Abnormal PE/Chem/CBC/UA Results: PE: Obese, orthopedic exam is good, soft distension of abdomen (normal for age?), stage II dental disease, low grade fever (103.3). CBC: Mild leukocytosis, mild nonregenerative normocytic normochromic anemia but rouleaux, target cells, schistocytes, and spiculated RBC's. Chem: normal

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical mineralization was noted in both kidneys. The left kidney measured 8.0 cm. The right kidney measured 7.6 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.

Spleen

The **spleen** revealed expansive, mixed, hypoechoic, 6.9 cm mass. The mass was deriving from the caudal pole. Heterogenous splenic changes were noted. Other nodular splenic changes were noted.

Liver

The **liver** revealed coarse architecture with swollen, irregular contour with slight, hypoechoic, nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



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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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Free Abdomen

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Areas of free fluid were noted. Enhanced mesentery was noted throughout the midabdomen and around the intestinal tract.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Splenic mass with nodular splenic changes.

AGE

11 years

Pancreatitis and enteritis pattern with heterogenous liver, strong concern for round cell neoplasia or hemangiosarcoma.

WEIGHT

72.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic mass and liver, abdominocentesis of the free fluid is all indicated with cytopsin. Mast cell disease, round cell neoplasia and hemangiosarcoma is all possible. Otherwise, direct exploratory surgery with splenectomy, liver and GI biopsies would be indicated. The prognosis is extremely guarded to poor.

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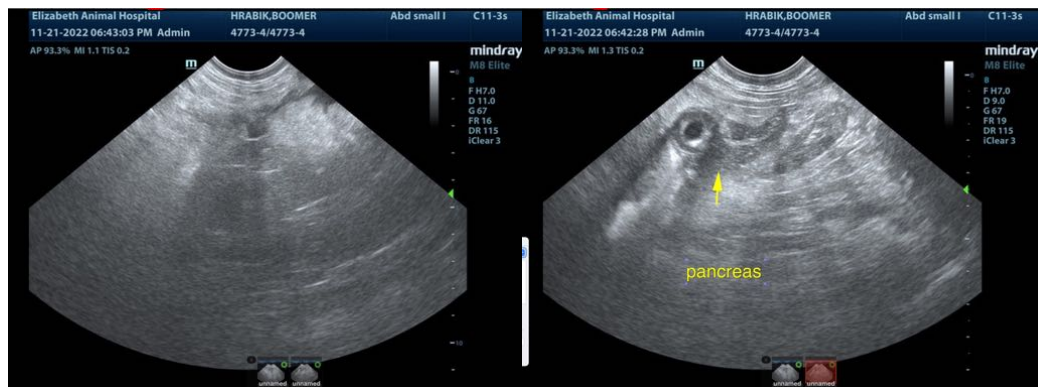
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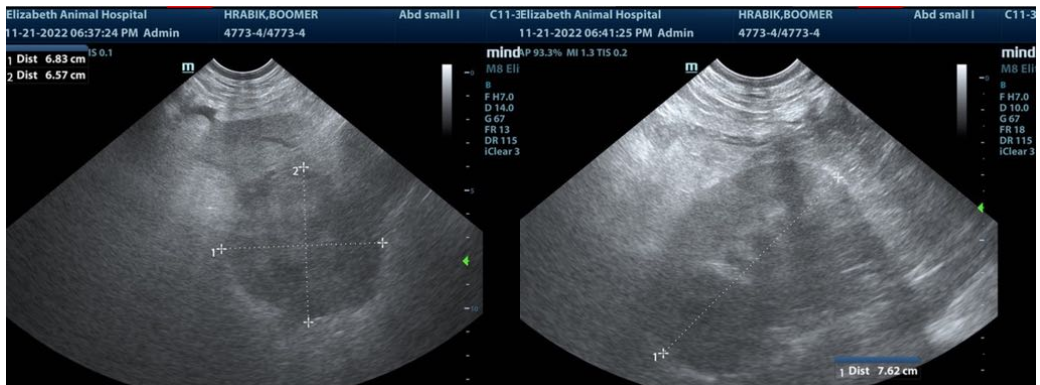
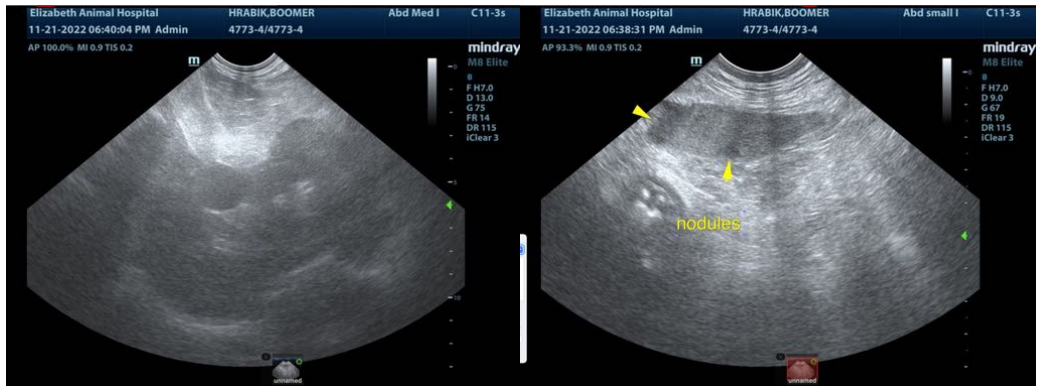
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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