**PATIENT**

Piper Huber

SPECIES

Canine

BREED

Irish Setter Mix

SEX

Spayed female

AGE

11 years

WEIGHT

35.6 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Keller**INVOICE**

42751

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Acute onset of anorexia and lethargy for the past 24 hours. AFAST at pDVM revealed abdominal effusion and a mid-abdominal mass. A sample of the fluid revealed a hemoabdomen. Abnormal PE/Chem/CBC/UA Results: HCT 36.9% BUN 37 ALP 373

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The right kidney measured 7.0 cm. The left kidney measured 6.61 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 0.73 cm at the cranial pole and 0.73 cm at the caudal pole. The caudal pole of the right adrenal gland measured 0.73 cm and 1.2 cm at the cranial pole.

Spleen

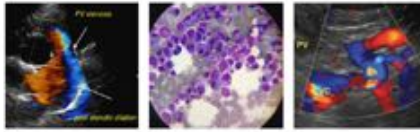
The **spleen** revealed expansive, mixed hypoechoic, microcystic mass that measured 3.6 cm with enhanced, surrounding omentum. There was a second mass measuring 3.5 cm at the cranial pole consistent with sarcoma. Other nodular changes were noted in the spleen.

Liver

The **liver** revealed mixed, echogenic to hypoechoic microcavitated mass that measured 3.3 cm in the left cranial liver. This is strongly consistent with metastatic disease. The remainder of the liver was mildly heterogenous with areas of free fluid. 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.



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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

The left cranial abdomen revealed an undifferentiated, hypoechoic 1.5 cm mass. This is likely owing to abdominal seeding. A 5.3 cm mixed hypoechoic undifferentiated mass was present in the mid abdomen consistent with sarcoma. Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Multi-centric neoplastic pattern involving hepatic nodules, spleen, omental nodules and free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma is suspected. FNA of the liver nodules, omental nodule and splenic mass is all indicated with oncology consultation.

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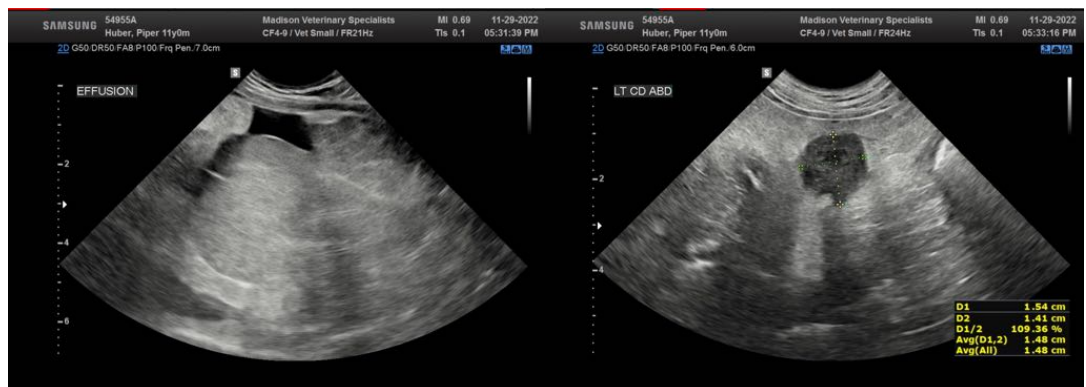
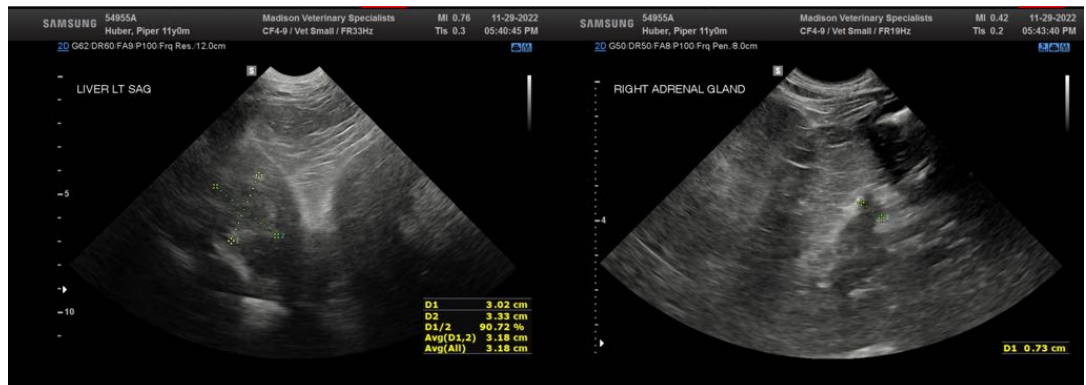
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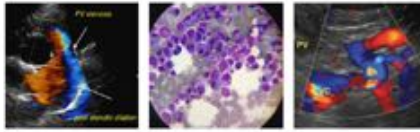
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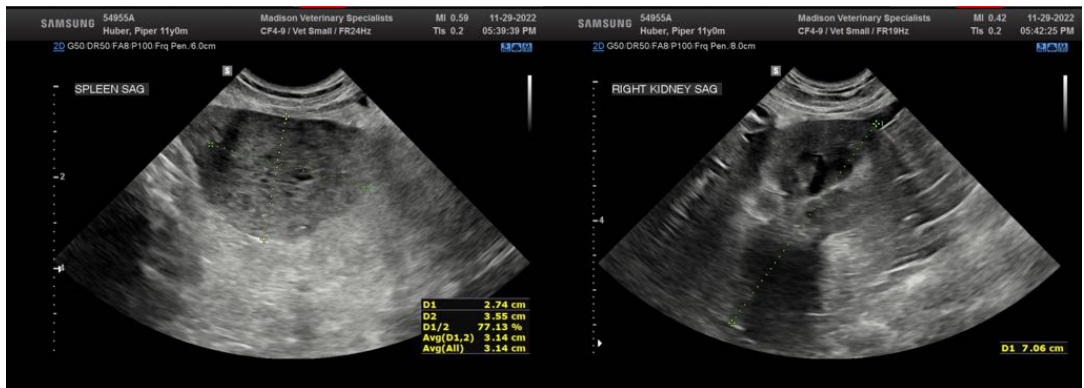
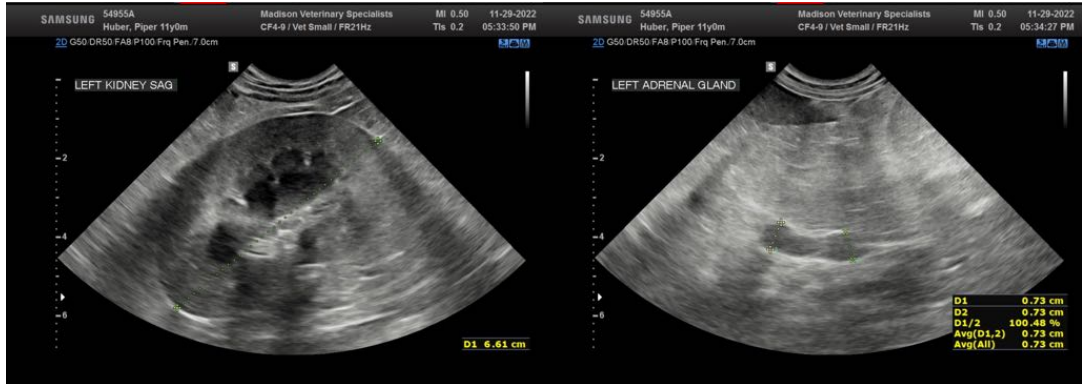
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com