



PATIENT

Bella Forbes

SPECIES

Canine

BREED

Blue Heeler

SEX

Female

AGE

12 years

WEIGHT

41 lbs

PRESENTING CLINICAL SIGNS

History: Bella presented yesterday after 3 episodes over the last 3 weeks of unsteadiness and difficulty rising. After each episode she was off food and low energy for 2 days.

Abnormal PE/Chem/CBC/UA Results: PE: Pale gums and sclera, mid abdominal slightly painful mass palpable, lethargic, muscle atrophy (mild), dull coat, sclerosis normal for age. CBC: Severe microchromic moderately regenerative anemia with mild thrombocytopenia, monocytosis, lymphopenia, and neutrophilia. Chem: Na 137 mmol/L, Chloride 101 mmol/L, TP 5.0 g/dL, Glob 2.1 g/dL. cPL: normal BNP: normal T4 & FT4: normal Heartworm, Ehrlichia, Lyme, Anaplasma snap negative.

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. The right kidney measured 6.35 cm. The left kidney measured 6.26 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

42885

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Adrenal Glands

The left **adrenal gland** was enlarged at the cranial pole and measured 1.9 cm. The caudal pole was also enlarged and measured 1.23 cm and 3.4 cm in length. The right adrenal gland revealed uniform enlargement and measured 3.26 x 1.67 cm at the cranial pole and 0.98 cm at the caudal pole.

Spleen

The **spleen** revealed mixed, hypoechoic, undifferentiated 10 x 6.6 cm mass with regional free fluid. A separate 6.3 x 5.5 cm mass. Clean resection is unlikely in this patient.

Liver

The **liver** revealed subtle, heterogenous parenchymal changes. This may be early metastatic disease versus nodular hyperplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Pleural effusion was noted through the diaphragm.



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Gastrointestinal

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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.

SEX

Female

Free Abdomen

Free fluid was noted throughout the midabdomen. This is likely owing to splenic mass rupture. Reactive omentum was noted as well as regional escape into omentum.

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Heart

Rapid view of the heart revealed no evidence of direct pathology.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Splenic masses with regional omental escape.

Heterogenous hepatic changes and pleural effusion.

Bilateral adrenal hypertrophy. Concurrent PDH is possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Elizabeth AH

There is a strong concern for multi-centric hemangiosarcoma. Chest radiographs are warranted to assess any thoracic pathology related to the pleural effusion. The prognosis is poor. Exploratory surgery is necessary for further definition, yet humane euthanasia should be considered in this patient.

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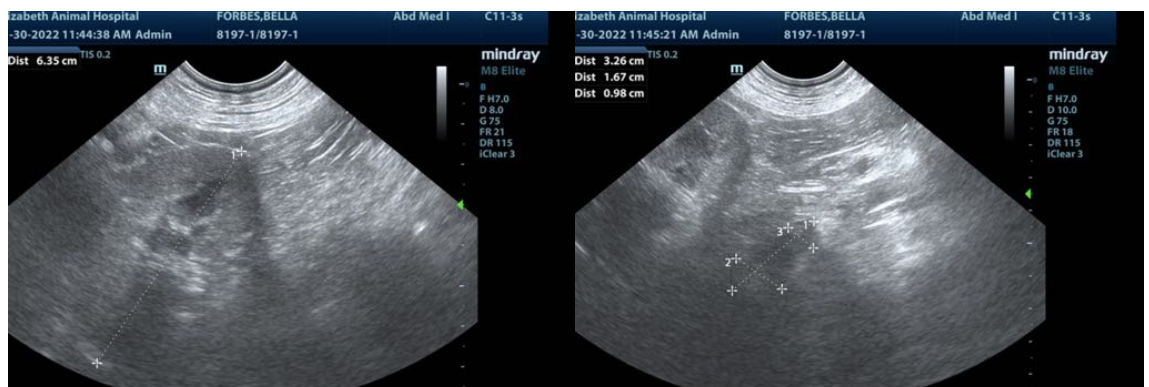
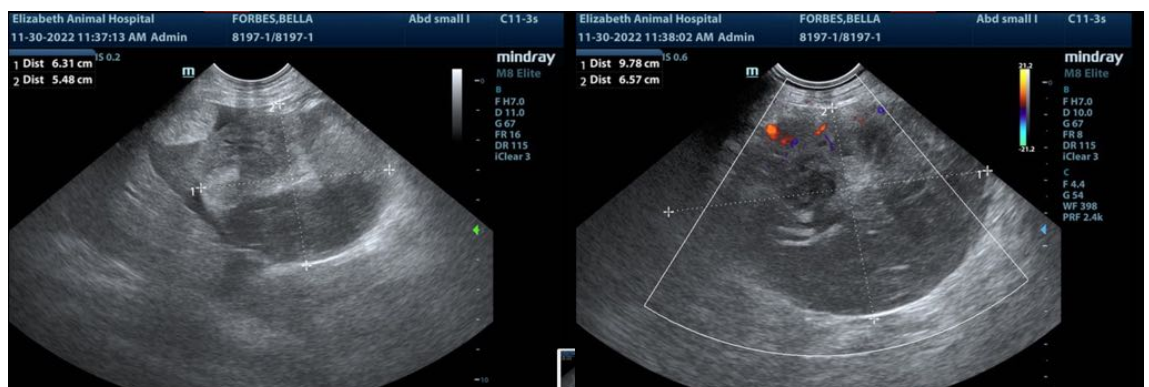
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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