



**PATIENT**

Kona Carstensen

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

33.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

Dr. Smith

**INVOICE**

42377

**DATE**

11/7/22

**PRESENTING CLINICAL SIGNS**

History: Referred for abdominal ultrasound to due to a suspected splenic mass visualized on abdominal radiographs and elevated liver enzymes on serum chemistry  
Abnormal PE/Chem/CBC/UA Results: ALT=1053 (12-118) U/L, AST=154 (15-66) U/L, ALP=1256 (5-31) U/L, bili=0.4).1-0.3) mg/dL

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 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 0.5 cm.

**Spleen**

The **spleen** revealed a complex, mixed hypoechoic 5.0 cm parenchymal mass that was deriving from the mid body. The splenic mass revealed regional escape into the dorsal lateral abdomen adjacent to the left kidney. Other nodular changes were noted in the spleen with regional, omental heterogenous changes with free fluid.

**Liver**

The **liver** was riddled with multiple, hypoechoic, disruptive target lesions. This is consistent with metastatic disease. The liver presented diffuse, infiltrative pattern. The gallbladder presented a minor amount of debris and was 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



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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.

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**Free Abdomen**

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The iliac trifurcation was unremarkable.

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**Heart**

Rapid view of the heart revealed no evidence of pathology. Tachycardia and arrhythmia was noted without evidence of volume overload. No pleural or pericardial effusion was noted. Contractility appeared adequate. There was no evidence of cardiac pathology. Pleural space was unremarkable.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Multi-centric, round cell neoplasia pattern in the spleen and liver with target lesions.

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Tachycardia. No evidence of cardiac pathology.

**IMAGING PERFORMED BY**

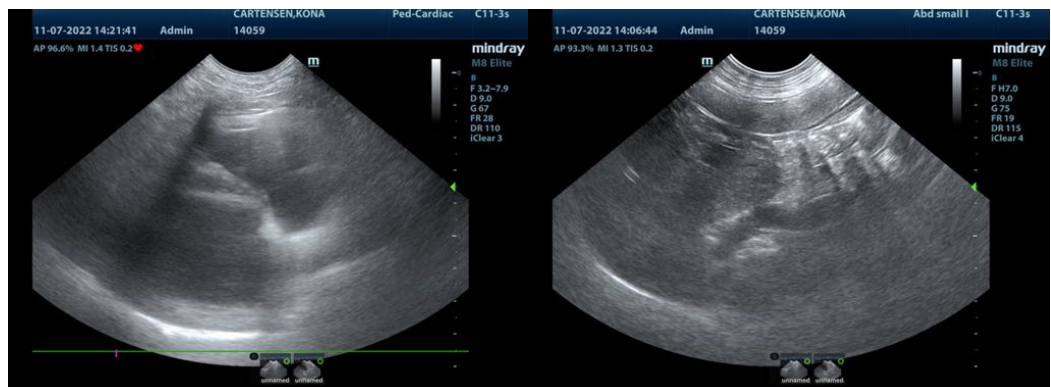
Sarah Green

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is recommended with immediate chemotherapeutic intervention. Round cell neoplasia is suspected such as lymphosarcoma. Hemangiosarcoma is possible, yet less likely.

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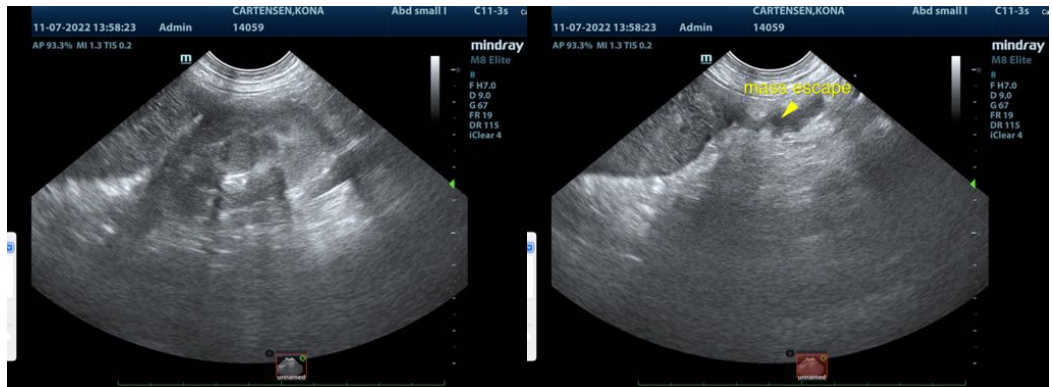
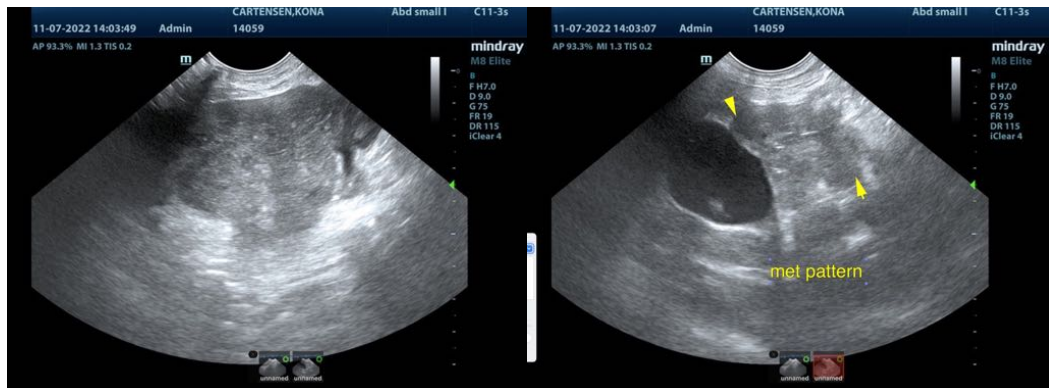
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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