



**PATIENT**

Sophie Larson

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

80 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Harold Mike Beard

**INVOICE**

13044

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: Presented for vomiting, drooling blood. Emergency clinic believed that we had a bleeding gastric ulcer. They did quick look U/S and saw no blood in abdomen on Saturday, put her on Lixotinic, Sucralfate, Cerenia, Clavamox.

Abnormal PE/Chem/CBC/UA Results: When we examined her we noted a tumor the size of a walnut caudal part of her tongue that may account for the bloody drool. She has a neutrophilic leukocytosis, has a lymphocytosis, an anemia, and a thrombocytopenia. Chest xrays reveal fluffy interstitial infiltrates.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **right kidney** 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 right kidney measured 6.0 cm.

The **left kidney** was mildly swollen with slight pericapsular fluid accumulation, normal size and contour otherwise. The left kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** presented multifocal hypoechoic target nodules with a larger nodule/mass (approximately 2.5 cm).

**Liver**

The **liver** was riddled with multiple nodules and irregular swelling and a cavitated mass in the left medial liver with enhanced surrounding mesentery. 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.

**Pancreas**



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Heterogeneous **pancreatic** changes noted, however, likely secondary to the hepatic pathology.

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**Free Abdomen**

**SPECIES**

Trace amounts of free fluid noted in the **abdomen**. Reactive mesentery noted throughout the cranial abdomen.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Multicentric sarcoma type presentation, spleen and liver with slight free fluid and significant inflammation
- Heterogeneous pancreas
- Mildly swollen left kidney

Hound Mix

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

FNA of the spleen and liver recommended for further definition. A 25-gauge needle should be used.

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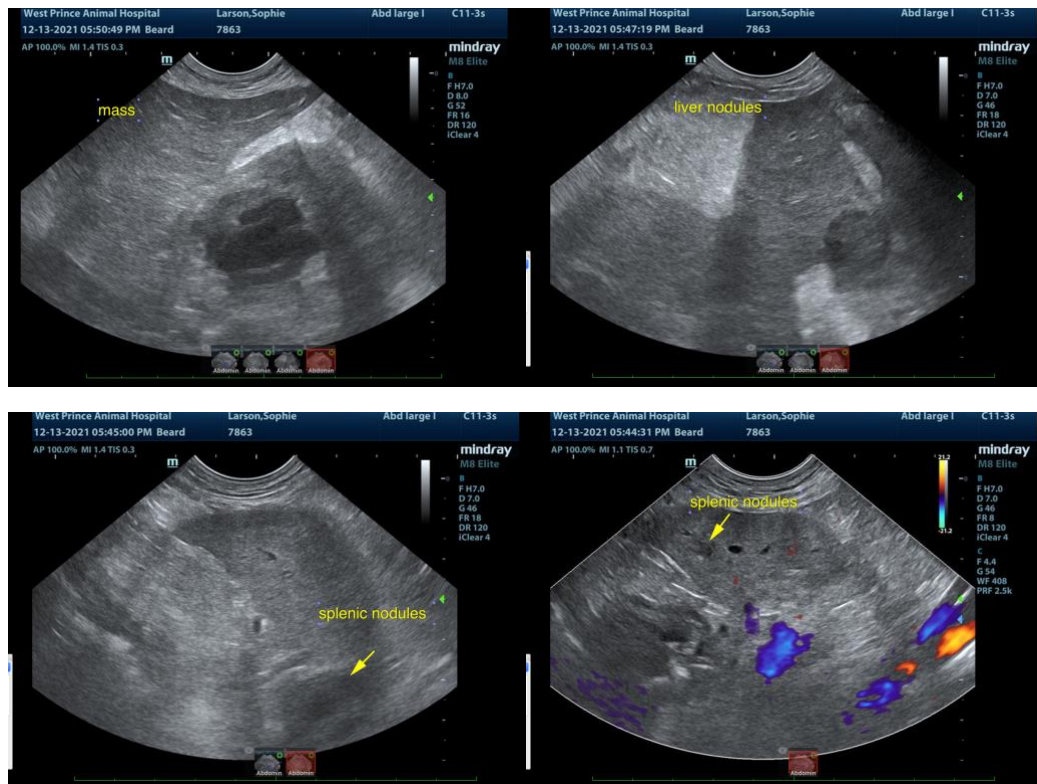
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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