



**PATIENT**

Toby Barbarito

**SPECIES**

Canine

**BREED**

Golden Mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

59 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

HoHoKus

**REFERRING VET**

Dr. Scott

**INVOICE**

91629

**DATE**

12/15/21

**PRESENTING CLINICAL SIGNS**

History: Recheck ultrasound- splenic mass was found in June. This was performed because pet was having VPC found incidentally during annual. Pet is currently being seen by a cardiologist and is on Sotalol. Most recent halter monitor showed worsening arrhythmia so we are rechecking the ultrasound to assess the status of the splenic mass.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed slight apical polypoid changes with anechoic urine. The remainder of the bladder was unremarkable.

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 right kidney was visualized obliquely at 6.0 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.6 cm. The right adrenal gland was not visualized.

**Spleen**

The **spleen** revealed multi-focal, ill-defined heterogenous nodular changes. A focal splenic nodule was noted in this patient with capsular expansion and measures 1.4 cm, which appears smaller than prior ultrasound.

**Liver**

The **liver** revealed coarse architecture with multi-focal, hypoechoic nodular changes. Minor, uniform enlargement was noted. 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**

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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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Golden Mix

Undefined nodular hepatic changes.

Focal, persistent splenic nodule/mass.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The architecture of the splenic nodule is concerning given the cavitation and capsular expansion. The nodular changes in the liver are largely expected for this age patient. Early metastatic disease cannot be completely ruled out. I recommend a recheck echocardiogram to assess the right auricle and pericardium as well as arrhythmogenic activity followed by splenectomy, liver inspection and biopsy. This lesion appear precarious and potentially a precancerous state if not overtly neoplasia.

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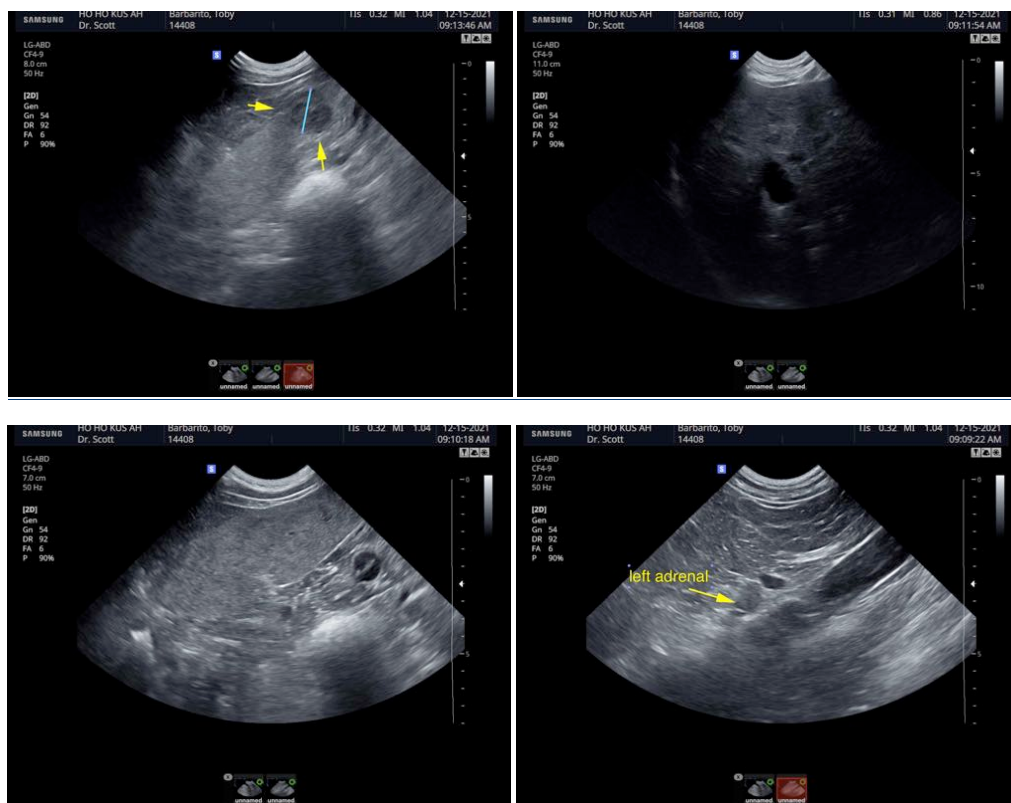
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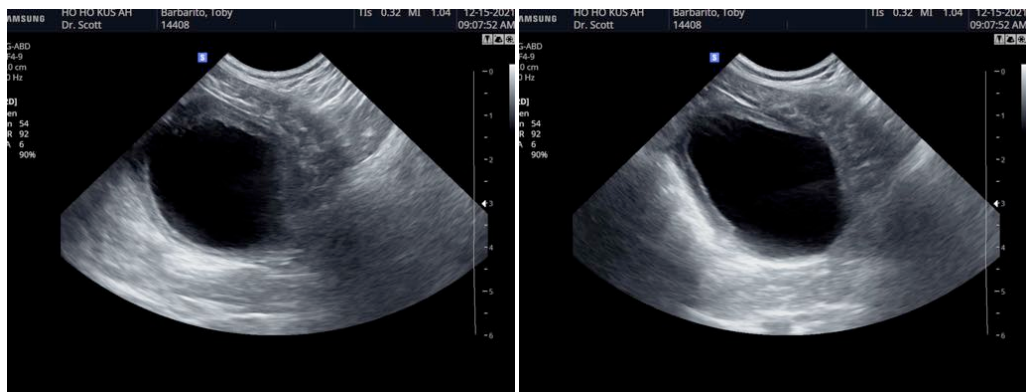
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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