



PATIENT

Isis Ahlows

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

96.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

43483

DATE

12/15/22

PRESENTING CLINICAL SIGNS

dx with hemo abdomen by highland vet Gave convenia 2 days ago, lethargic, gave 2ml torb iv for sedation, attempted to tap fluid and got 1.5 cc blood clotted in syringe - no obvious abdominal bleeding today

Abnormal PE/Chem/CBC/UA Results: rechecked pcv ts - 41% ts - 8.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 kidneys measured 6.0 cm each.

Adrenal Glands

The **left adrenal gland** was slightly enlarged at 9.0 mm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented multiple hypoechoic undifferentiated masses that appeared to derive from the subcapsular space, or the parenchyma and bleeding into the subcapsular space. One mass measured up to 10 cm. Regional hematomas noted attached to the masses. The masses appeared to have ill-defined margins with regard to the mesentery. Mesenteric spread may be an issue. The general spleen was mildly enlarged and fairly uniform with the exception of the masses. Reactive mesentery noted around the masses.

Liver

The **liver** appeared mildly heterogeneous without overt evidence of metastatic disease or other pathology. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was filled with ingesta with progressive shadowing. The small intestine and colon were unremarkable.

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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Minor areas of free fluid present.

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Rapid view of the heart revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Multiple splenic masses with regional inflammation
- Chronic cystitis bladder pattern
- Slightly enlarged left adrenal gland
- Heterogeneous liver
- Gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and exploratory surgery with splenectomy and liver inspection and biopsy warranted to assess for micrometastasis. Hemangiosarcoma likely, benign hematomas possible yet less likely. Round cell neoplasia unlikely.

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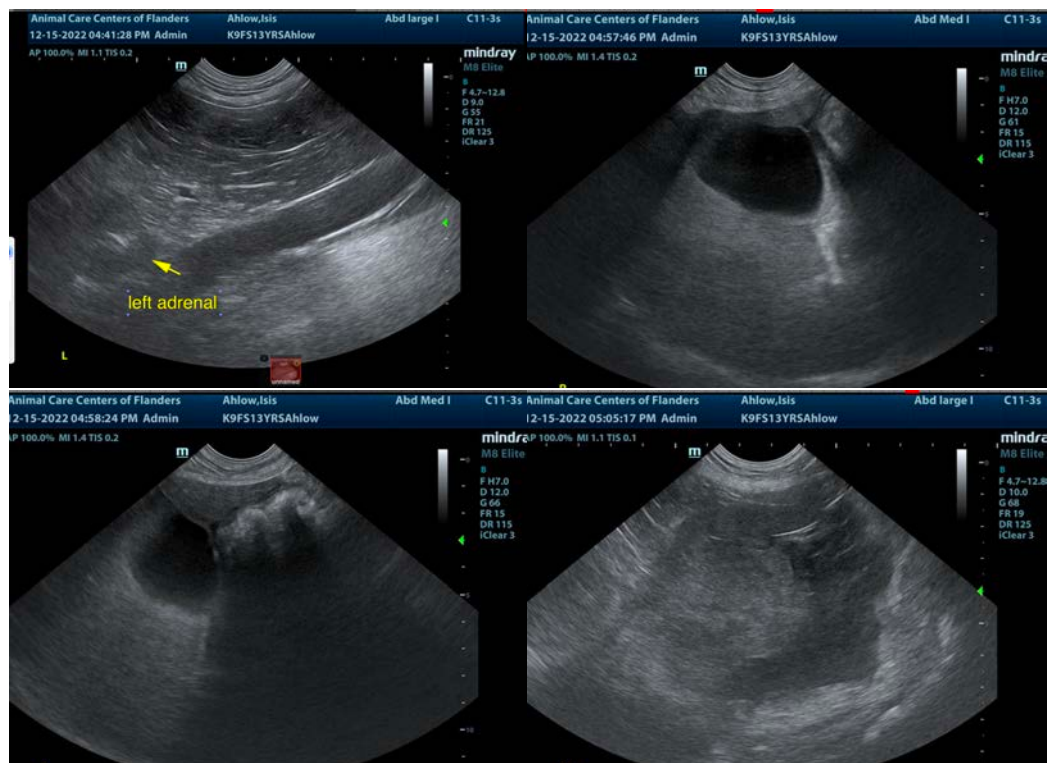
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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