



**PATIENT**

Derp Ryan

**SPECIES**

Canine

**BREED**

Hound

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

45 k

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Crystal Ebert

**INVOICE**

43527

**DATE**

12/18/22

**PRESENTING CLINICAL SIGNS**

Patient presents for abdominal mass. Patient  
Abnormal PE/Chem/CBC/UA Results: R/O: splenic neoplasia (hemangioma, histiocytic sarcoma, lymphosarcoma), splenic nodular hyperplasia, liver neoplasia

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 7.17 cm. The right kidney measured 7.16 cm.

**Adrenal Glands**

The **left adrenal gland** was visualized obliquely, measuring 0.50 cm.

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

**Spleen**

The **spleen** revealed an extensive, complex, microcystic mass deriving from the mid splenic body. Trace amounts of free fluid noted, suggestive for leakage/rupture. The mass deviated regional organs and obscured portions of the pancreas.

**Liver**

The visible **liver** was unremarkable, uniform. The gallbladder and common bile duct were unremarkable. No obvious evidence of metastatic disease. However, visibility was poor owing to interference by the splenic mass.

**Gastrointestinal**

The **gastrointestinal tract** was deviated owing to the splenic mass. The visible gastrointestinal tract was 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.



**PATIENT**

Derp Ryan

**ULTRASONOGRAPHIC FINDINGS**

- Large, precarious splenic mass
- Chronic cystitis bladder pattern

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious metastatic disease. However, leakage into the abdomen has initiated. Chest radiographs, rapid echocardiogram, and exploratory surgery with splenectomy and liver biopsy indicated.

**BREED**

Hound

Hemangiosarcoma possible. However, given that this is a large solitary lesion, benign histopathology is possible. Exploratory surgery strongly encouraged.

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

45 k

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

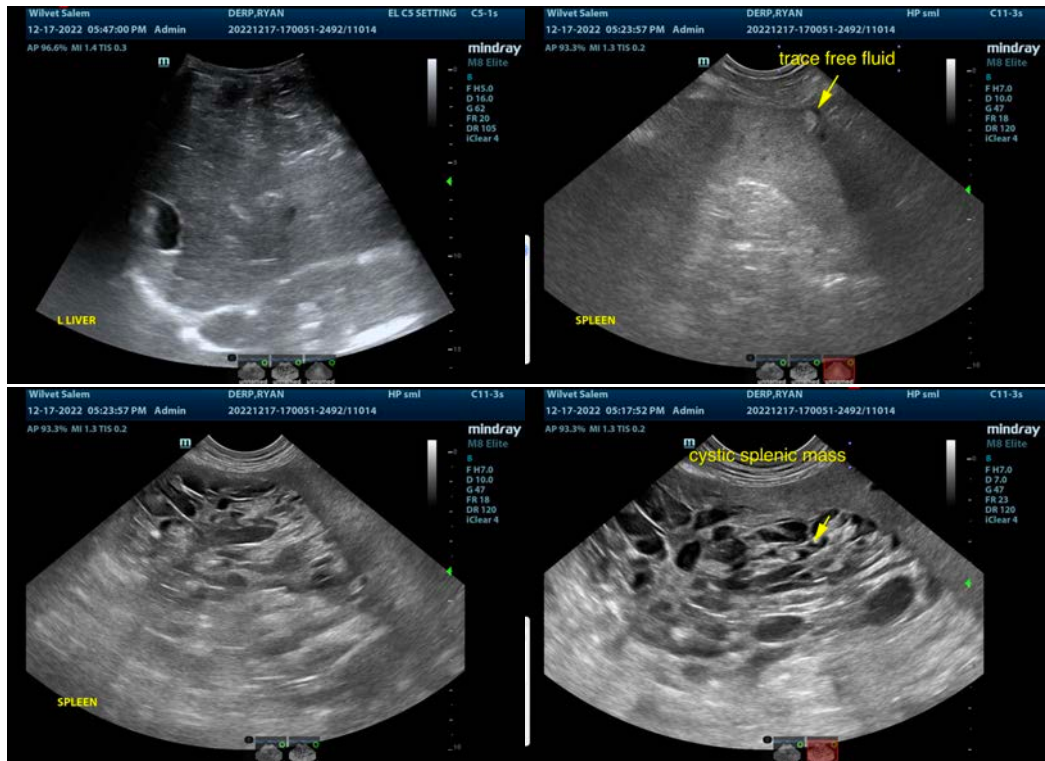
Dr. Crystal Ebert

**INVOICE**

43527

**DATE**

12/18/22





**PATIENT**

Derp Ryan

**SPECIES**

Canine

**BREED**

Hound

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

45 k

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Crystal Ebert

**INVOICE**

43527

**DATE**

12/18/22



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](mailto:info@SonoPath.com)