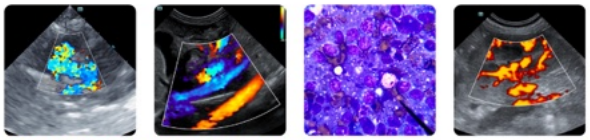



**PATIENT**

Finley Crawford

**SPECIES**

Canine

**BREED**

Soft Coated Wheaton Terrier

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

45 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kitz

**HOSPITAL NAME**

Woodlands AH

**REFERRING VET**

Dr. Kitz

**INVOICE**

69421

**DATE**

12/18/25

## PRESENTING CLINICAL SIGNS

History: Patient presented to Blue Pearl emergency 5/9/2025 with rear limb proprioceptive ataxia. It was felt that he might have IVDD. Work-up commenced prior to possible MRI of spine, and found splenic mass with liver mets. Owner elected palliative therapy with prednisone and pregabalin. The pet has been doing fantastic, so we decided we wanted to take another look inside to see what's going on (would have expected him to pass by now if splenic mass with liver mets)
Abnormal PE/Chem/CBC/UA Results: PE normal other than cranial abdominal mass effect.

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The right kidney measured 6.16 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 0.6 cm.

### *Spleen*

The **spleen** revealed a 5.3 cm mixed echogenic, expansive mass. A second splenic mass was noted and measured 8.7 cm. The masses were parenchymal and non-cavitated. This is consistent with likely round cell neoplasia. However, I cannot rule out hemangiosarcoma or other types of tumors. However, they are evident. Partial suppression with Prednisone therapy may be an issue. Splenic vein thrombosis was also noted or tumor invasion. The splenic thrombus extended for at least 3+ cm.

### *Liver*

The **liver** presented multiple nodular changes noted in the liver with loss of structural detail. The gallbladder was over distended with striating and dependent bile. This is consistent with emerging mucocele formation.

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### *Gastrointestinal*

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as 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.

## ULTRASONOGRAPHIC FINDINGS

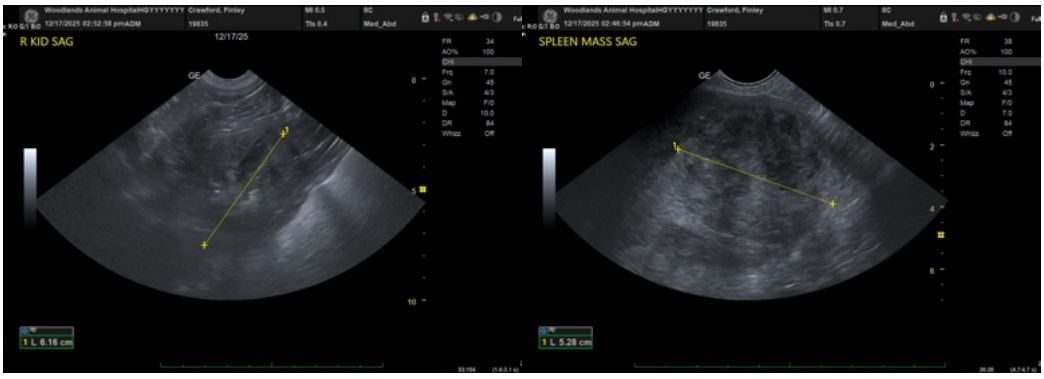
Parenchymal splenic masses with a separate, hypoechoic splenic nodule and measured 0.9 cm.

Splenic thrombosis and nodular changes.

Diffuse, nodular hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel and 25-gauge FNA of the splenic nodule, mass and liver nodules are all indicated for further definition. Partially suppressed round cell neoplasia is suspected. Hemangiosarcoma is less likely.



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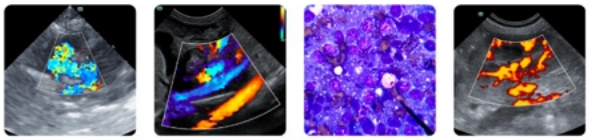

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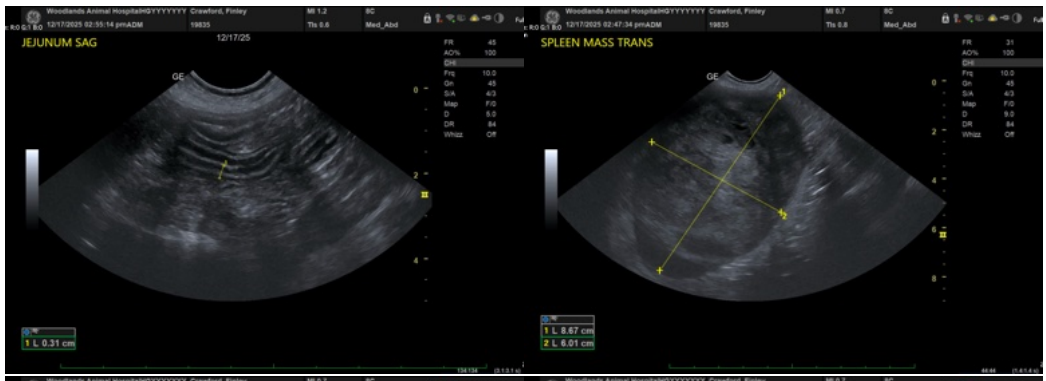


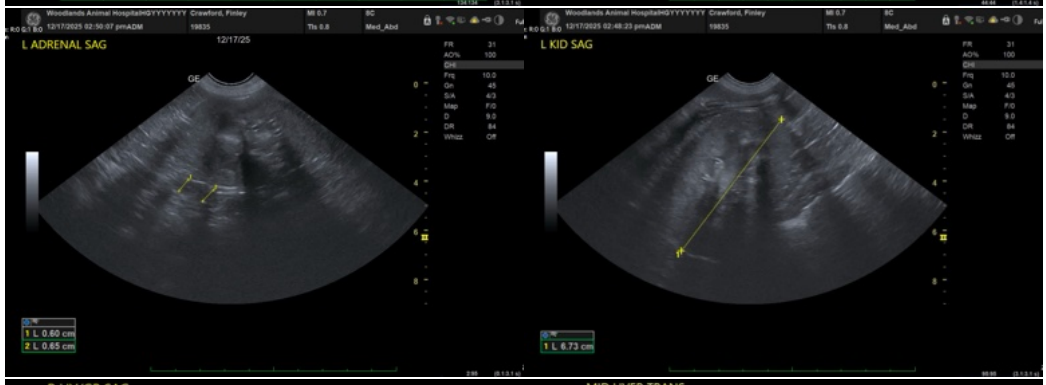


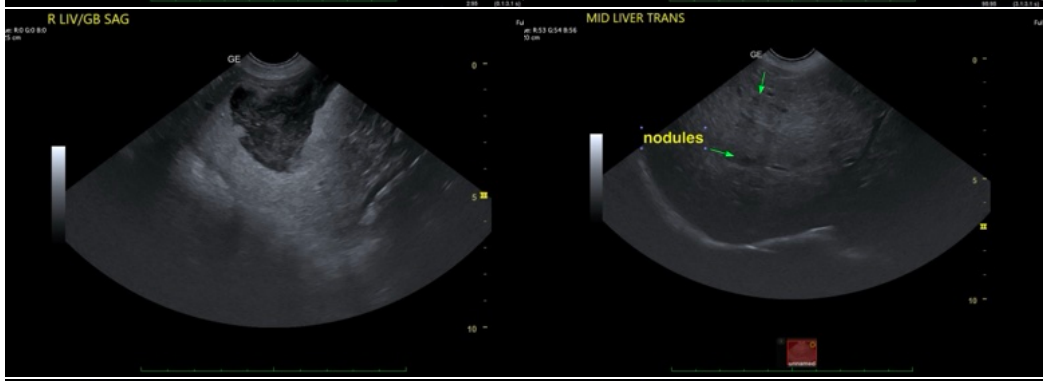


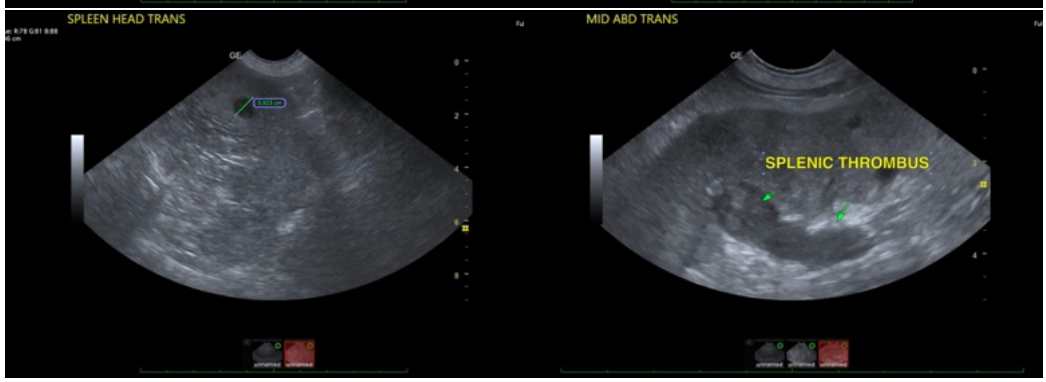


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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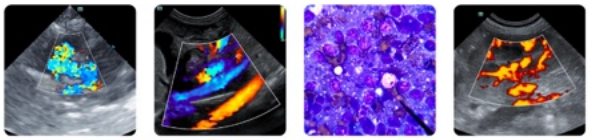

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com