



PATIENT

Bounce Hernandez

SPECIES

Canine

BREED

Poodle

SEX

Neutered male

AGE

14 years

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Russell

HOSPITAL NAME

Frosted Faces
Foundation

REFERRING VET

Dr. Russell

INVOICE

42221

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: 1. V+ hyporexia 3 days r/o neoplasia vs pancreatitis vs renal vs gastritis hepatitis vs neo vs endo vs +++ 2. CKD stage 2 3. NS OU 4. Fractious

Abnormal PE/Chem/CBC/UA Results: - HCT 30.6% r/o renal vs neo vs other chronic dz - Neutrophilia 11.76K - Creat 2.7 CKD stage 2 - BUN 29 - CHOL 357 - AMYL 1910 - USG 1.011

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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.7 cm with slight pyelectasia. The left kidney measured 3.15 cm with slight pyelectasia.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.89 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 0.82 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive, mixed echogenic mass deriving from the caudal pole of the spleen with hyperechoic surrounding mesentery and located areas of free fluid.

Liver

The **liver** itself was uniform with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **stomach** was thickened in this patient with some loss of mural detail and measured up to 0.8 cm. The stomach revealed some shadowing pyloric material that measured 1.0 cm. This is likely medication. There was minor retention of chyme and gastric fluid noted. The small intestines and colon were unremarkable.

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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

Splenic mass with rupture.

Gastric thickening. Pyloric structure, possible medications.

Unremarkable liver.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend three view chest radiographs and rapid echocardiogram to assess for metastatic disease followed by splenectomy and gastric biopsy with inspection of the pylorus. IV fluid support is warranted. The kidneys appear largely compromised, yet not completely end stage. Pre-renal effect upon the kidneys is likely playing a role in the clinical profile. Hemangiosarcoma versus benign necrotic mass are the primary differentials.

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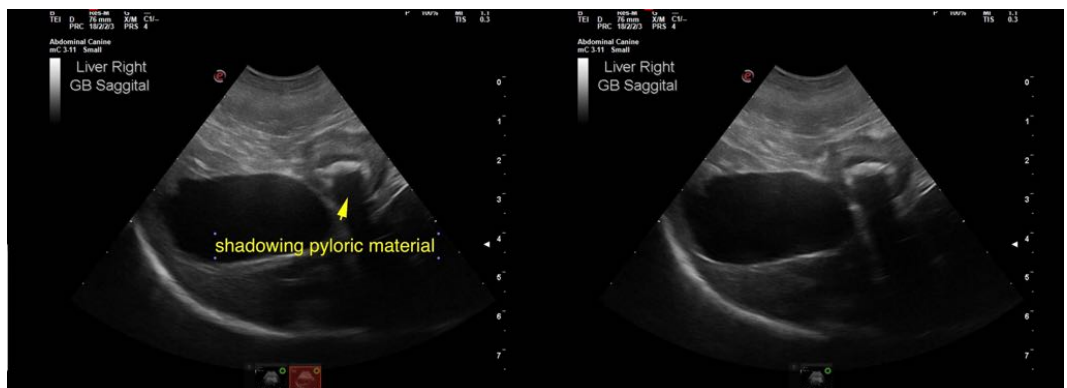
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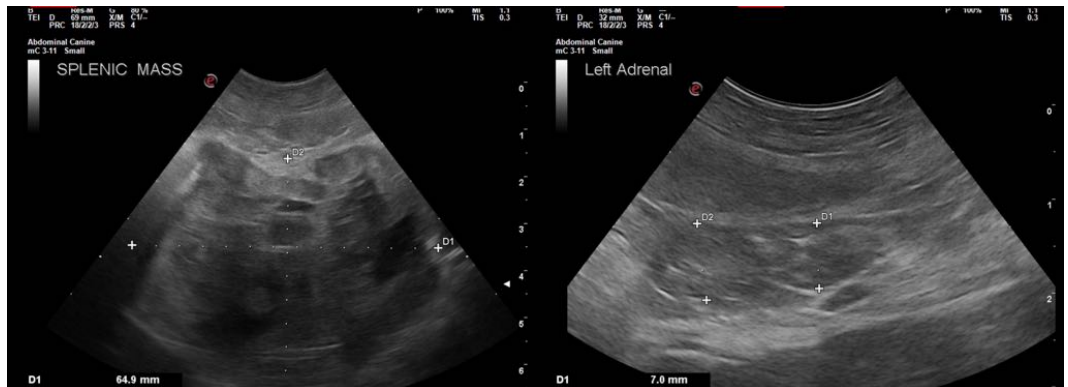
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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