



PATIENT

Chip Sanborn

SPECIES

Canine

BREED

Saint Bernard

SEX

Netuered male

AGE

5 years

WEIGHT

52 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

42233

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Chip is a 5 Y MC Saint Bernard who presented for not walking, hind limbs giving out. P was normal Friday. Saturday p V+ 2x. P was not interested in food then and seemed lethargic. Sunday - p lethargic. Monday - p went to rDVM and had BW and Fecal performed. P diagnosed with pancreatitis due to elevated Amylase. p did want to walk last night. p was fasted til this AM and did eat this AM. No BM since Saturday.

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** were mildly swollen. The structure, corticomedullary definition and ratio were normal 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 7.0 cm. Minor fluid was noted around the kidneys.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multi-focal, disruptive nodules with irregular contour and pericapsular inflammatory pattern. The largest nodule measured up to 3.0 cm. This is strongly suggestive for a neoplastic process. Generalized splenomegaly was noted as well.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

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



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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

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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Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

AGE

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Multiple splenic nodules with mild free fluid.

Potential renal involvement, particularly the left kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening FNA of the spleen, liver and kidneys. If only the spleen is involved in the pathological process then splenectomy is indicated. Chest radiographs and rapid echocardiogram are warranted to assess for comorbidities/metastatic disease. I suspect round cell neoplasia. Hemangiosarcoma is possible, yet less likely. Aggressive splenitis is possible, yet less likely.

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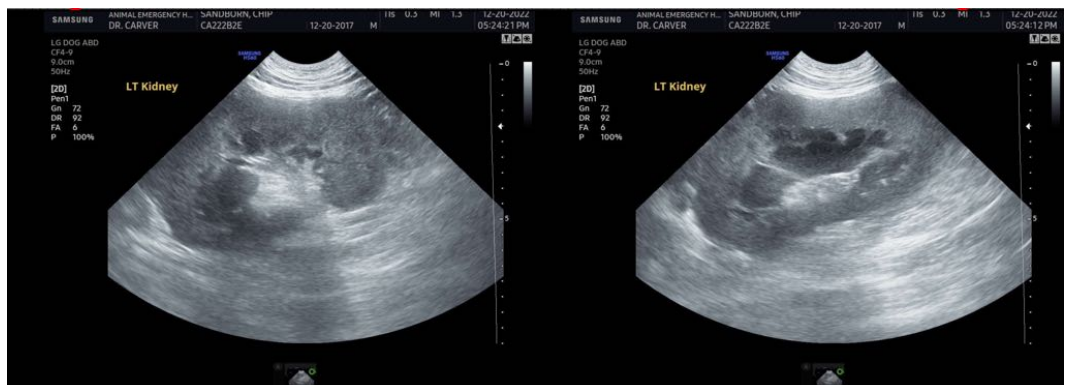
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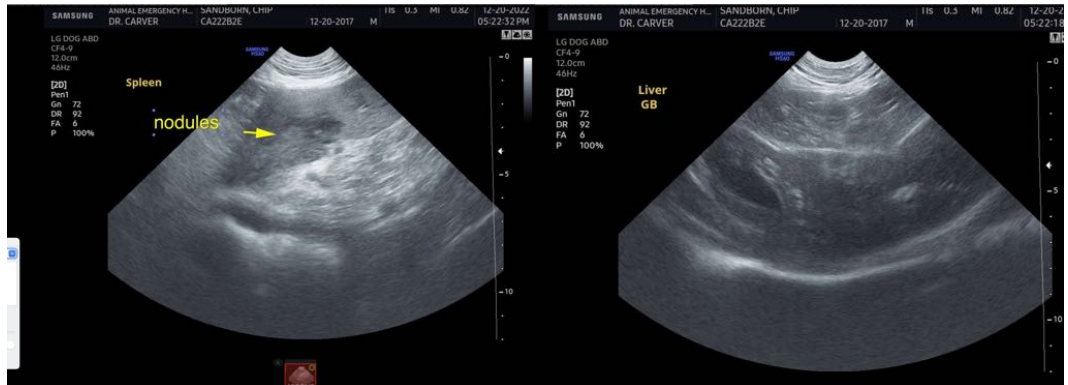
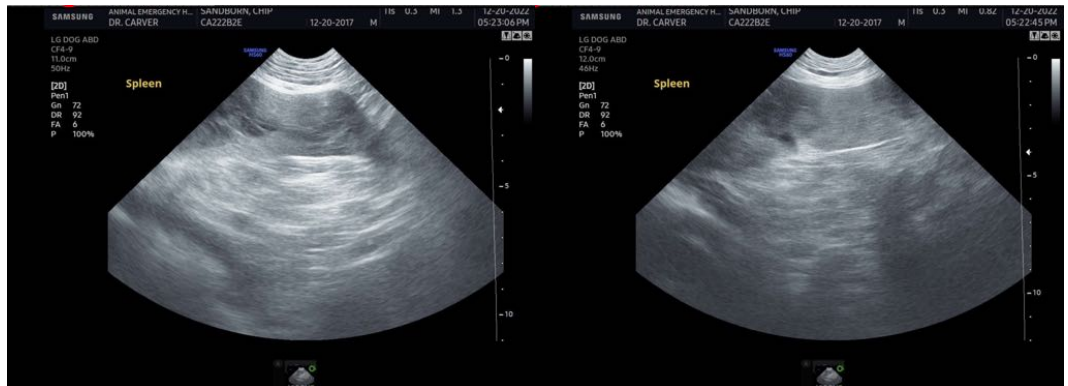
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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