



PATIENT PRESENTING CLINICAL SIGNS

Dempsey Roscoe

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

11 years

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

42336

DATE

12/22/22

History: History of Boxer arrhythmia well managed with Sotalol and mexilitine, murmur and mild mitral valve disease not requiring medication at time of Echo 10/5/22. MCT removal (fully excised), OA, recently panting and having reduced appetite. Increased cardiac size noted on rads 11/23, no effusion at that time. Discussion with cardiologist to stop Mexilitine in case reducing appetite- recheck EKG in 2 weeks. Pimobendan started at that time. Slightly improved appetite 2 weeks later, but abdominal distension noted, clear to straw colored effusion, as well as recurrence of VPCs, no pericardial effusion noted at that time. Chest clear on rads. Concern for abdominal disease vs R sided CHF whether primary cardiac or possibility of mass. Cardiologist recommended AUS first.
Abnormal PE/Chem/CBC/UA Results: BW wnl except for mild increased Phos and K+..... Rads: reduced abdominal detail 12/19/22, mild cardiomegaly..... Current meds: Restarting Mexilitine, but has consistently been on fishoils, Sotalol, Pimobendan, vetprofen and gabapentin.

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 and no evidence of pelvic dilation was present. The right kidney measured 8.11 cm with multi-focal cortical infarcts with active inflammation. The left kidney measured 7.63 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 2.42 x 0.75 cm. The right adrenal gland measured 2.69 x 0.69 cm.

Spleen

The **spleen** revealed an expansive, mixed echogenic parenchymal mass that measured 5.6 cm and was deriving from the cranial pole.

Liver

The **liver** was heterogenous with mixed echogenic changes with nodules. Surrounding free fluid was noted. Overt liver masses were present and measured up to 5.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

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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 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.

Free Abdomen

A large amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Multi-centric hemangiosarcoma or similar neoplasia in the spleen and liver.

Renal cortical infarcts were noted.

Free fluid, likely owing to hemorrhage.

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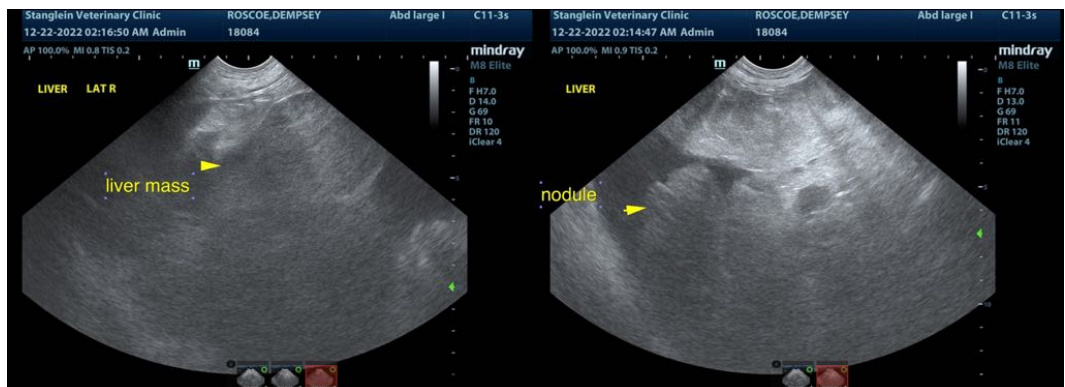
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic vein dilation was not an issue. There is no evidence of passive congestion. The prognosis is poor. FNA of the parenchymal lesions in the spleen and liver could be considered. An abdominocentesis and cytospin may also be diagnostic depending on the character of the free fluid. The renal infarcts are likely paraneoplastic and manifestation.





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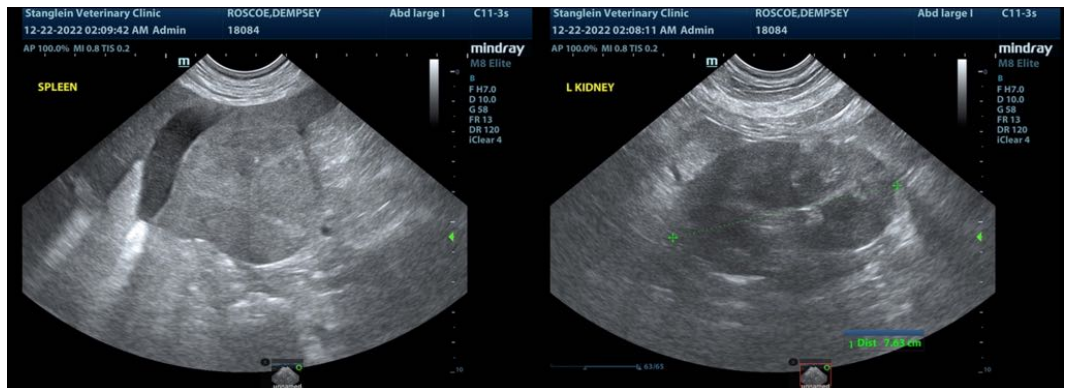
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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