



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lacy Scheetz

SPECIES
Canine

BREED
Beagle

SEX
Spayed Female

AGE
13 Years

WEIGHT
13.3 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Zippay

INVOICE
33876

DATE
12/31/21

Presented at our hospital for sudden onset of ADR, weakness/staggering, labored breathing K9 was N up until recently, K9 went outside to go potty and had trouble getting up the stairs, K9 stumbled around and then started with labored breathing. Per O K9 did get into the trash earlier today, but the only things K9 could have gotten would have been BBQ sauce or a chocolate croissant (only a thin layer of chocolate). Previous Health Concerns: Currently being Tx for a yeast infection Current Medications: Fluconazole 200mg SID (last dose 6PM)
Abnormal PE/Chem/CBC/UA Results: Abdominal: very tense on palp, sl distended Blood work – lactate 6.11, Glob 3.8, Glu 129; Radiographs – large soft tissue mass mid-abdomen, sl irregular around liver, decreased detail in abd, mild ascites

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. A minor amount of echogenic free fluid was noted in the abdomen. No evidence of inflammatory or neoplastic changes were 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 5.14 cm. The left kidney measured 5.31 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 0.50 cm. The right adrenal gland measured 0.60 cm.

Spleen

A cranial pole of the **spleen** revealed a moderately complex mass. Heterogeneous omental changes were noted around the mass, consistent with adhesions. The mass measured approximately 7.0-9.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Retention of ingesta noted in the **stomach**, consistent with post-prandial presentation. The small intestine and colon were unremarkable.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with regional free fluid – suspect hemorrhage.

BREED

Beagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery warranted after rapid echocardiogram to ensure no pericardial or right auricular pathology, and 3-view chest radiographs to assess for metastatic disease. The lesion may be histopathologically benign. This is a surgical emergency.

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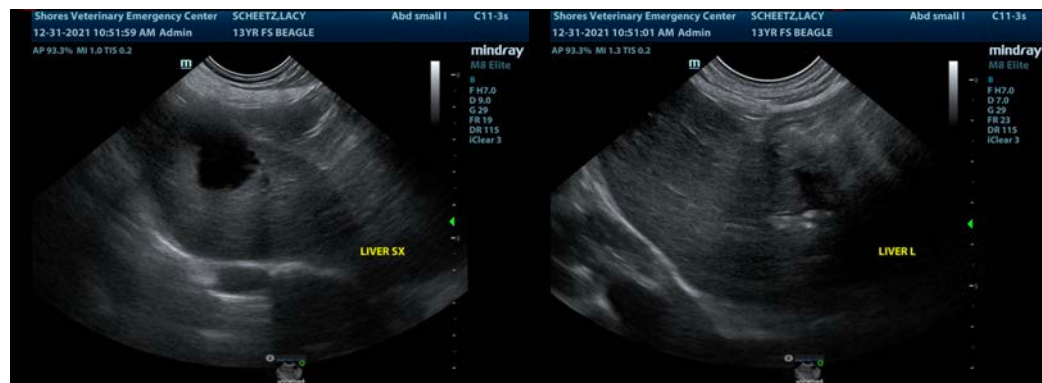
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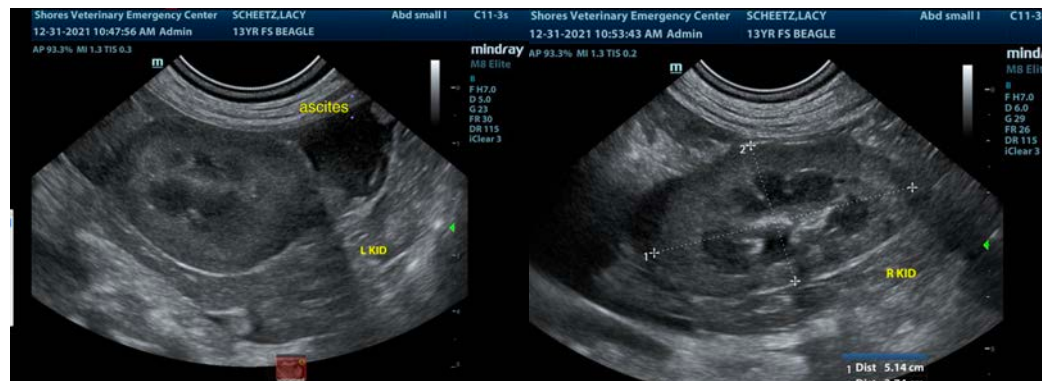


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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