



**PATIENT**

Kipper Smith

**SPECIES**

Canine

**BREED**

Hound X

**SEX**

Female

**AGE**

6 Years

**WEIGHT**

53.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Judy Surdam

**HOSPITAL NAME**

Companion AH

**REFERRING VET**

Dr. Judy Surdam

**INVOICE**

33362

**DATE**

12/9/21

**PRESENTING CLINICAL SIGNS**

Abnormal blood tests found incidentally on wellness exam: elevated TP, globs, and mildly elevated ALT. Abnormal PE/Chem/CBC/UA Results: Firm spleen Dental calculus CBC: lymphopenia Chem: TP 8.3, glob 5.4, alt 267; T4 0.4 Protein Electrophoresis: polyclonal gammopathy Chest Radiographs suspicious for metastasis FNA of mass pending

**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 were noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable .

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio 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 right kidney measured 6.75 cm. The left kidney measured 6.61 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 right adrenal gland measured 2.68 cm x 0.98 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 1.6 cm x 0.6 cm at the cranial pole and 0.41 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself cranially and expanded into a complex mass measuring approximately 8.0 cm with mixed hyper- and hypoechoic nodular changes. No evidence of rupture or cavitation.

**Liver**

The **liver** was mildly coarse in architecture. A hypoechoic nodule was noted in the left lateral liver measuring 8.0 mm, non-disruptive. Other nodular changes noted in the liver. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.



**PATIENT**

**Free Abdomen**

Kipper Smith

A large amount of abdominal fat was noted in this patient.

**SPECIES**

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Subtle hepatic nodule – possible metastatic disease

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hound X

Screening FNA of the splenic mass and liver nodules recommended. If the liver is free of evident pathology, then exploratory splenectomy would be indicated. Suspect round cell neoplasia with minor potential for lymphosarcoma. 3-view chest radiographs warranted prior to eventual surgical intervention.

**SEX**

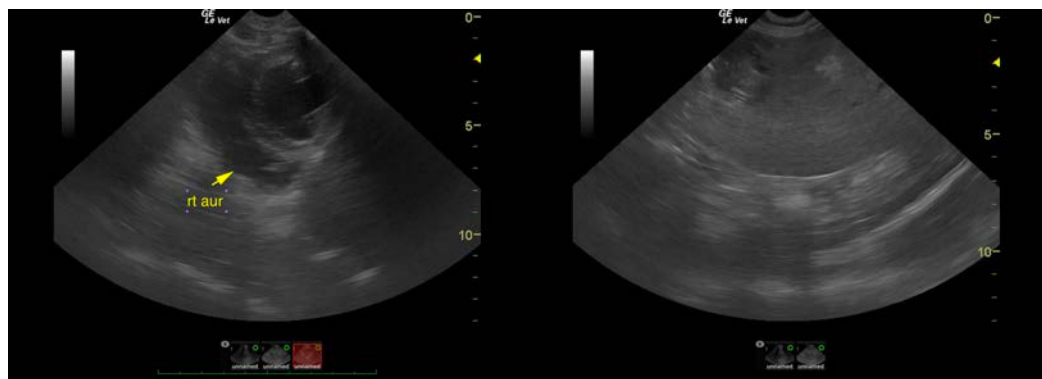
Female

**AGE**

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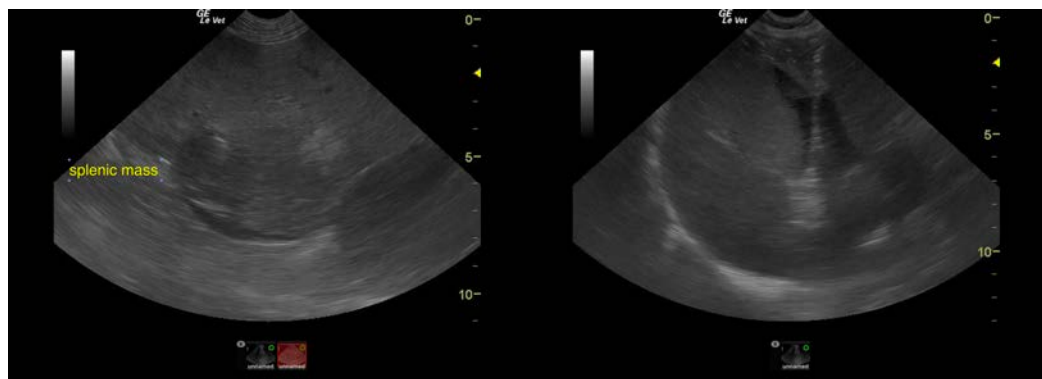
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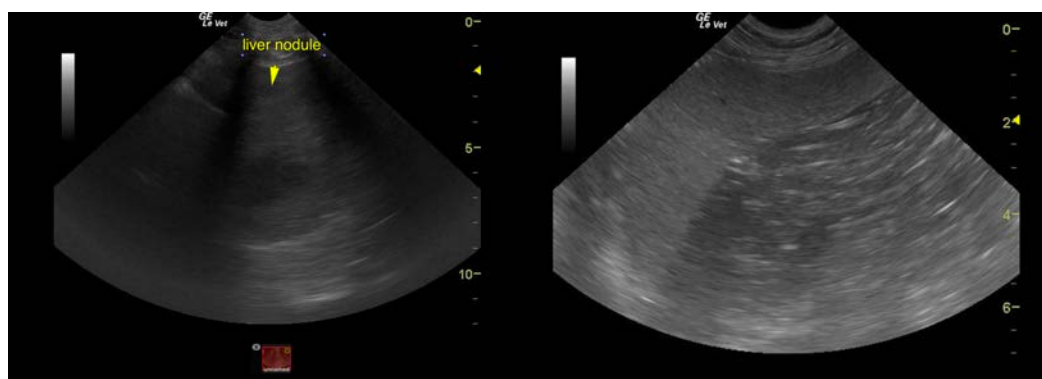


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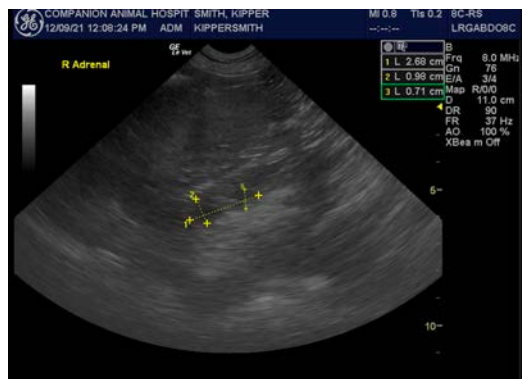
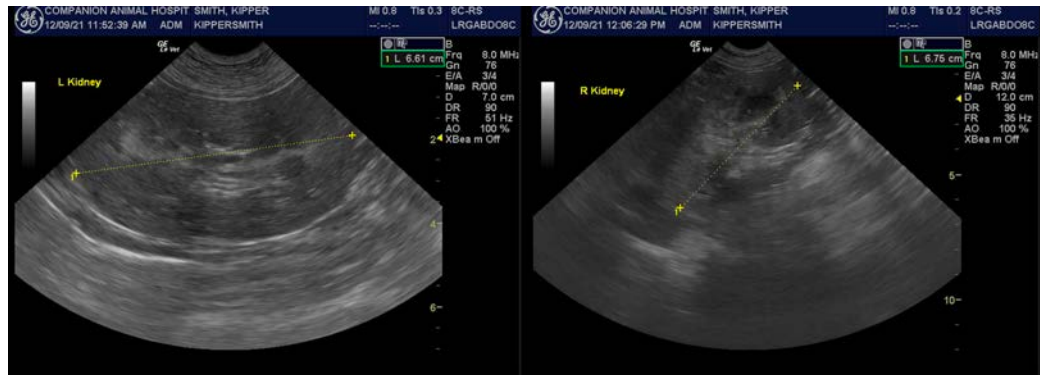
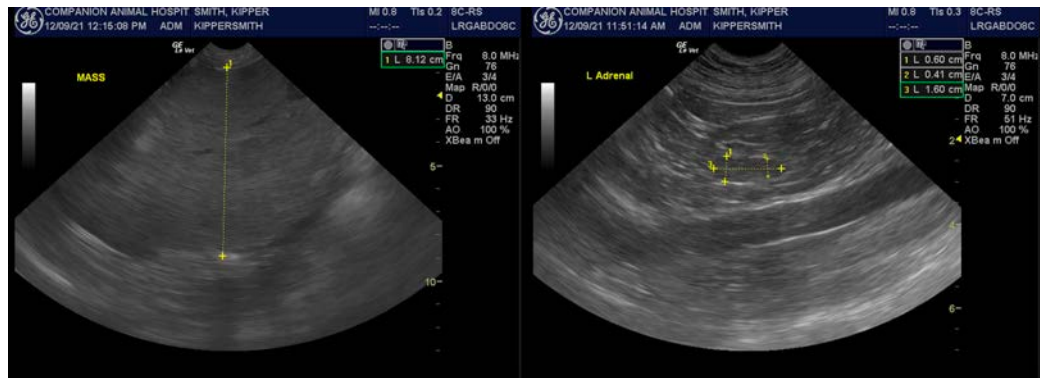
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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