



**PATIENT**

Buddy Gidney

**PRESENTING CLINICAL SIGNS**

Patient presents for possible abdominal mass. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Elevated Alk. Phos., elevated T. bili. Urine color dark brown.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Havanese

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.

**SEX**

Neutered male

The residual prostate was uniform and measured 0.77 cm.

**AGE**

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.1 cm. The left kidney measured 4.38 cm.

**WEIGHT**

13.2 lbs

**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 1.68 x 0.58 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.67 x 0.37 cm at the caudal pole and 1.01 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Spleen**

The **spleen** revealed a 5.4 x 4.2 cm parenchymal mass. The cranial pole of the spleen was folded upon itself.

**HOSPITAL NAME**

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**Liver**

**REFERRING VET**

Dr. Glennon

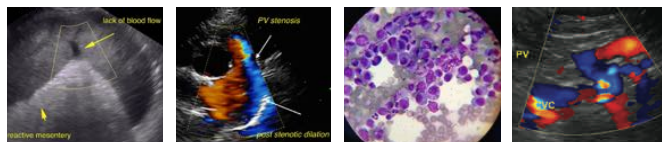
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls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

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**Gastrointestinal**

Buddy Gidney

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.

**SEX**

Neutered male

**Free Abdomen**

Reactive mesentery was noted in the cranial abdomen associated with the splenic pathology and the liver. There was a trace amount of free fluid noted. A second undifferentiated mass was noted in the mid abdomen and measured 4.0 cm.

**AGE**

12 years

**WEIGHT**

13.2 lbs

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**INTERPRETED BY**

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**ULTRASONOGRAPHIC FINDINGS**

Splenic mass.

Undifferentiated masses.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the clinical presentation early hepatic involvement may be involved in an infiltrative process. FNA of the variable masses and liver would be warranted for staging purposes. The prognosis is extremely guarded to poor.

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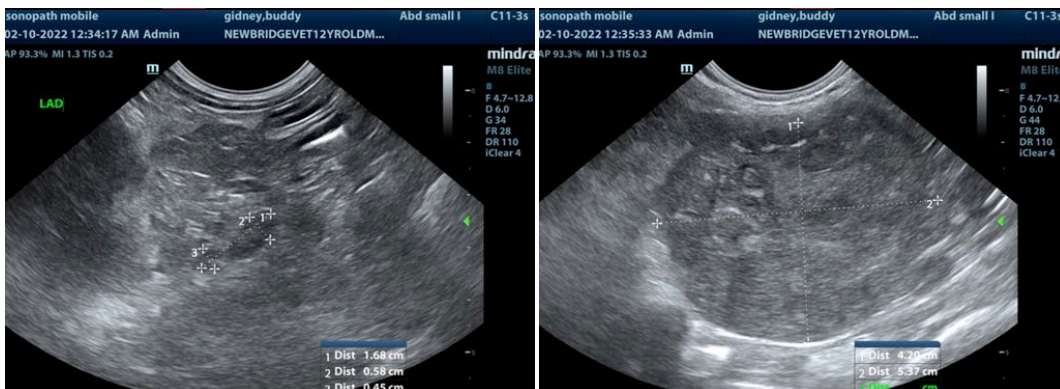
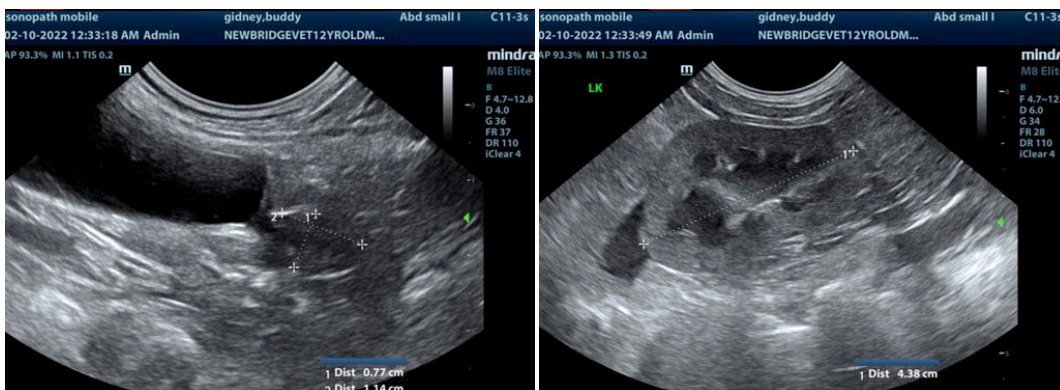
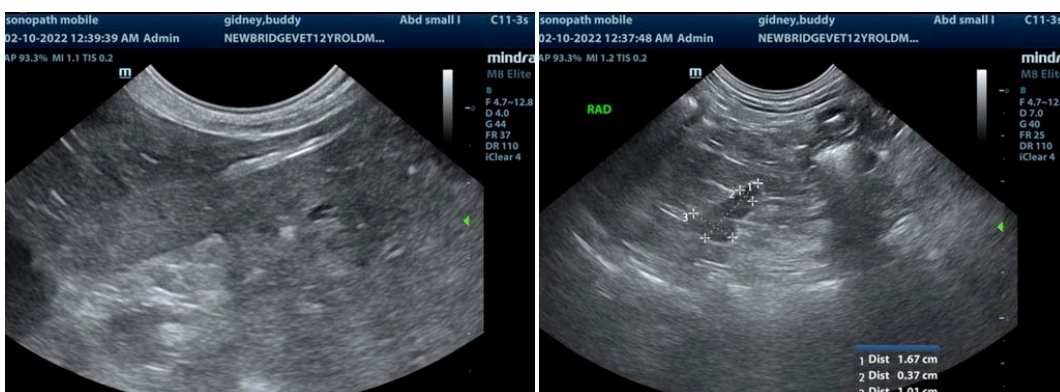
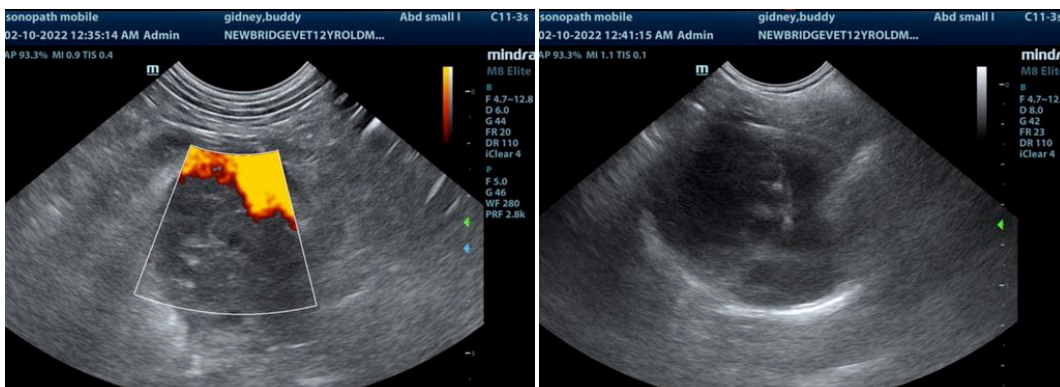
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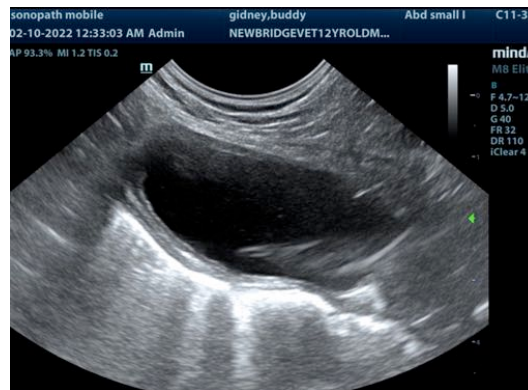
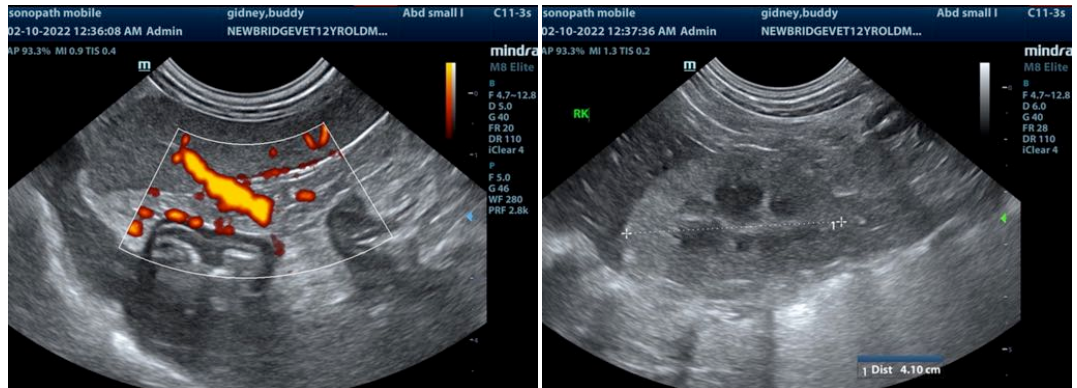
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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