



PATIENT

Dozer Cossel

SPECIES

Canine

BREED

Bulldog

SEX

Intact male

AGE

7 years

WEIGHT

118 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Bessler

INVOICE

42733

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Pt presented for watery diarrhea of 2 days duration sometimes with a little blood. E/D fine. Did vomit once. Roommates dog did start with some diarrhea today. Color pink, CRT 2 sec. Pt has lost weight from last time. H/L normal. Can feel a baseball sized lump in center abdomen. Rectal exam normal. Fecal smear shows mainly rods, no cocci and a few clostridium. Abdominal U/S shows cavernous mass believe on tip of spleen. Tx. 1000 mg metronidazole BID x 5 and motazol for bilateral yeast otitis. Schedule to do sonopath ultrasound of abdomen and possible heart to check for heart base tumor. FNA of mass if feel warranted. Forti-flora is for roommates dog Clyde as Dozer is allergic to some of ingredients in forti-flora

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 6.0 cm. The left kidney measured 8.1 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented multiple target type nodules with an overt parenchymal mass and generalized splenomegaly. The splenic contour was irregular.

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.



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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

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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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Heart

Rapid view of the heart revealed no evidence of pathology. However, a large amount of fat was present.

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ULTRASONOGRAPHIC FINDINGS

Splenic mass and target type nodules.

WEIGHT

118 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver could be considered or a direct exploratory with splenectomy and liver biopsy. The pattern is most consistent with round cell neoplasia. However, hemangiosarcoma cannot be ruled out. Chest radiographs are warranted to assess for metastatic disease.

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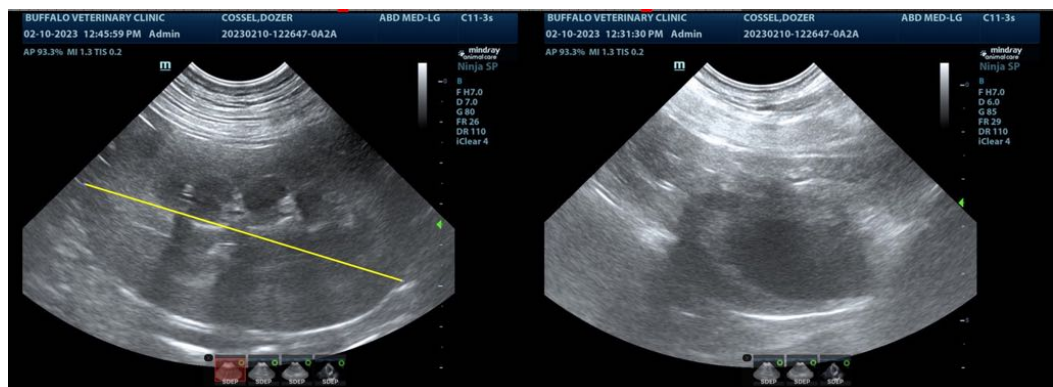
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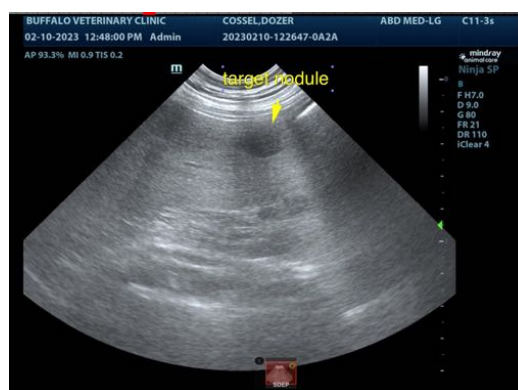
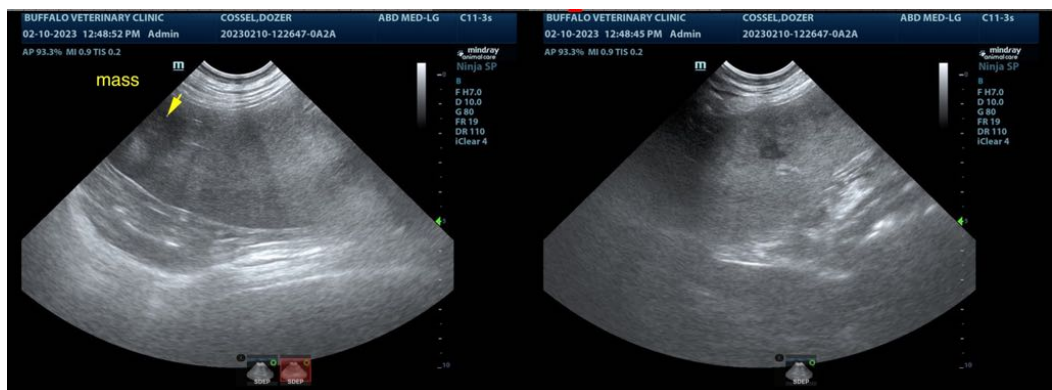
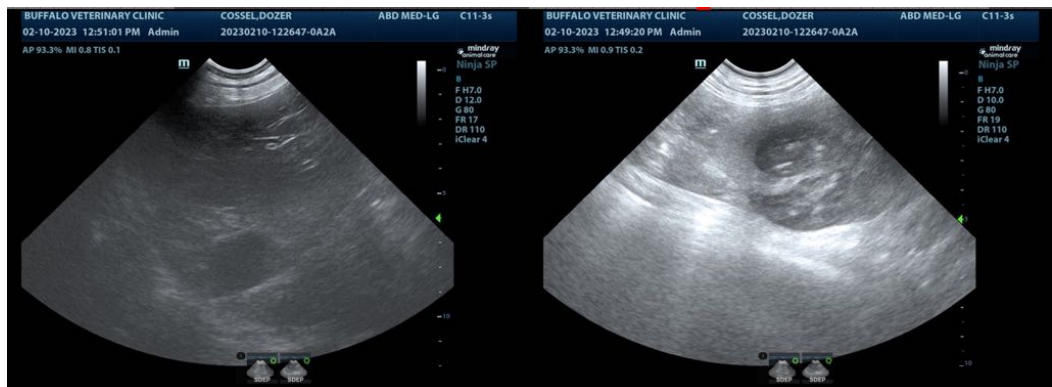
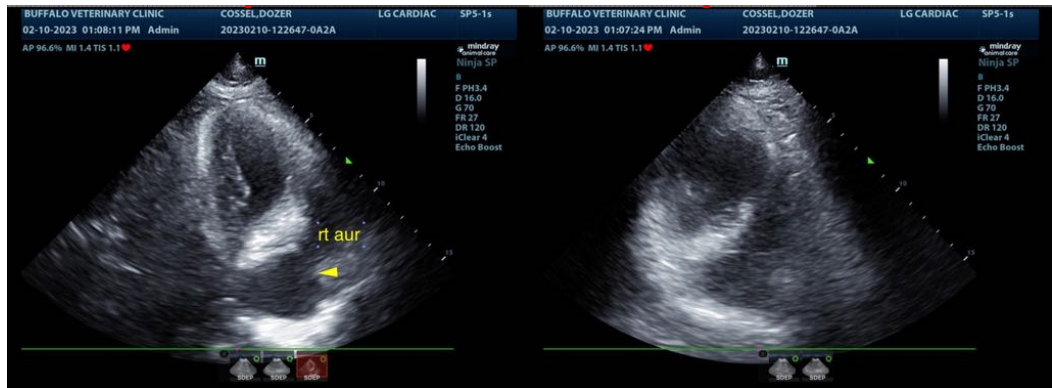
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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