



**PATIENT**

Roxee Rachejian

**PRESENTING CLINICAL SIGNS**

Patient presents for concern of likely mass seen on radiographs; suspect splenic mass.  
Abnormal PE/Chem/CBC/UA Results: UPC 0.9, USG 1.027.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Boxer

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**

Spayed Female

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 left kidney measured 6.54 cm.

**AGE**

9 years

**WEIGHT**

**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 2.16 x 0.8 cm at the caudal pole and 0.7 cm at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

A 6.5 cm, mixed, hypoechoic, moderately complex splenic mass was noted deriving from the caudal body. Minor, heterogenous changes were noted elsewhere in the spleen.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Oakland AH

**Liver**

The **liver** revealed hypoechoic, 1.05 x 1.53 cm nodule in the left cranial liver. Increased portal markings were noted in the liver. The gallbladder was unremarkable. A mild amount of pleural effusion was noted on transdiaphragmatic view.

**REFERRING VET**

Dr. Chabora

**Gastrointestinal**

**INVOICE**

96310

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.

**DATE**

2/24/22



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**Pancreas**

Roxee Rachejian

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.

**SPECIES**

Canine

**Heart**

**BREED**

Boxer

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

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Splenic mass with heterogenous hepatic changes and overt nodule. Strong concern for metastatic disease.

**AGE**

9 years

Pleural effusion seen through transdiaphragmatic view.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view chest radiographs or chest CT would be ideal in this patient to assess for thoracic metastasis. The heart appears to be unaffected at this point. There is a strong concern for multi-centric sarcoma. FNA of the parenchymal portion of the splenic mass and liver nodule is recommended for staging purposes. The prognosis is guarded to poor.

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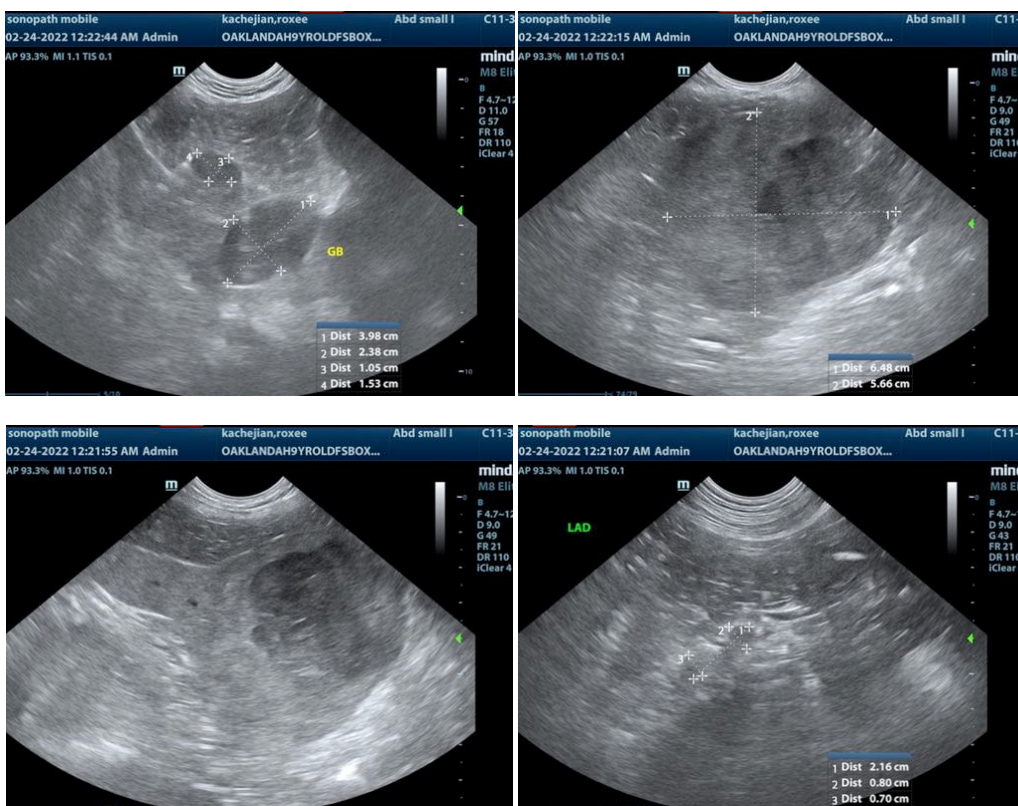
Dr. Chabora

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**SPECIES**

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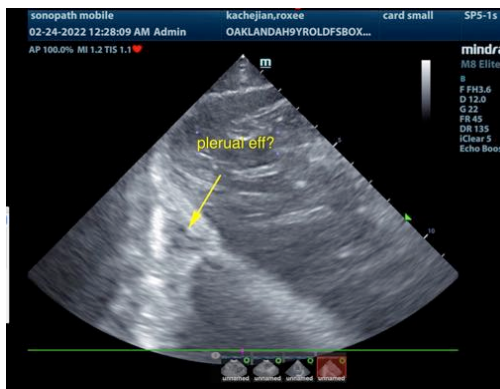
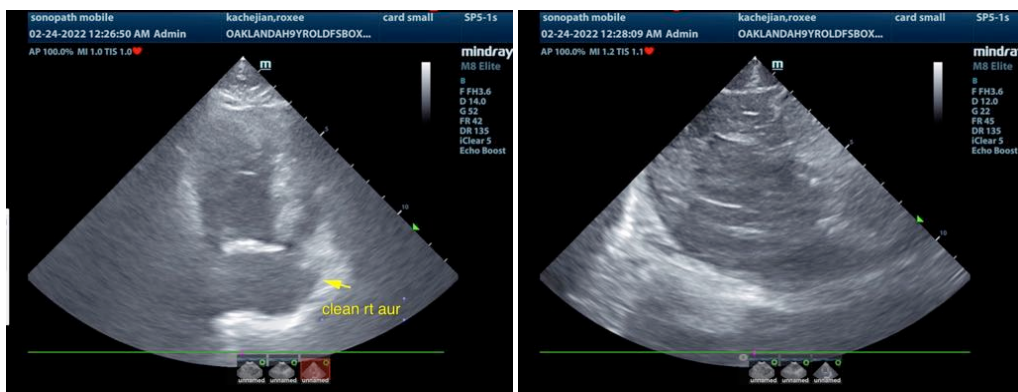
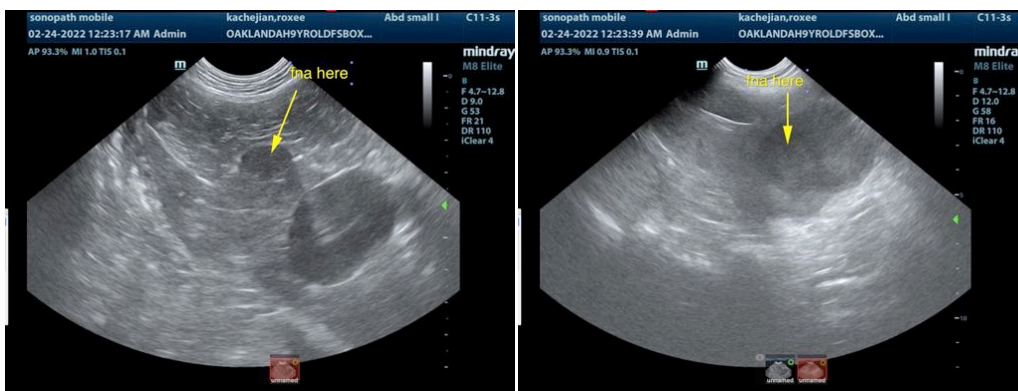
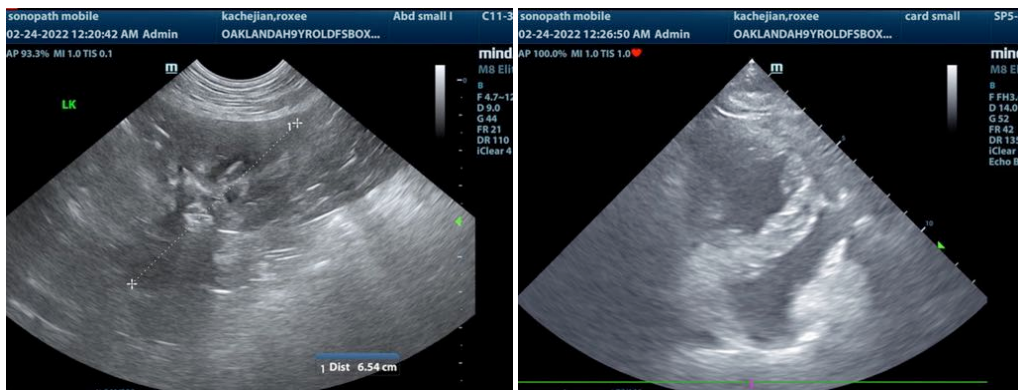
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

Info@SonoPath.com

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

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