

PATIENT

Dunkin Burts

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

10

WEIGHT

83

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

45524

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Acutely lethargic and collapsed this weekend. Recovered quickly.
Abnormal PE/Chem/CBC/UA Results: 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 **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 left kidney measured 5.2 cm. The right kidney measured 6.5 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 2.34 cm x 0.55 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally. Largely uniform parenchyma, however the cranial body of the spleen expanded into a large parenchymal 8.0 cm mass with reactive surrounding mesentery and other adjacent nodular changes, suggestive for a neoplastic process.

Liver

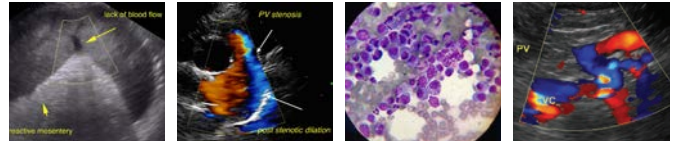
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls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

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

Dunkin Burts

Free fluid noted in the abdomen.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Splenic mass with heterogeneous changes and free fluid – suggestive for hemorrhage.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lab X

Hemangiosarcoma likely, round cell neoplasia less likely. No obvious organ metastasis. Rapid echocardiogram of the right auricle and 3-view chest radiographs warranted.

SEX

**Note that resolution significantly dropped beyond 6 cm of depth in some organs, therefore subtle changes would not be able to be ascertained on those views.

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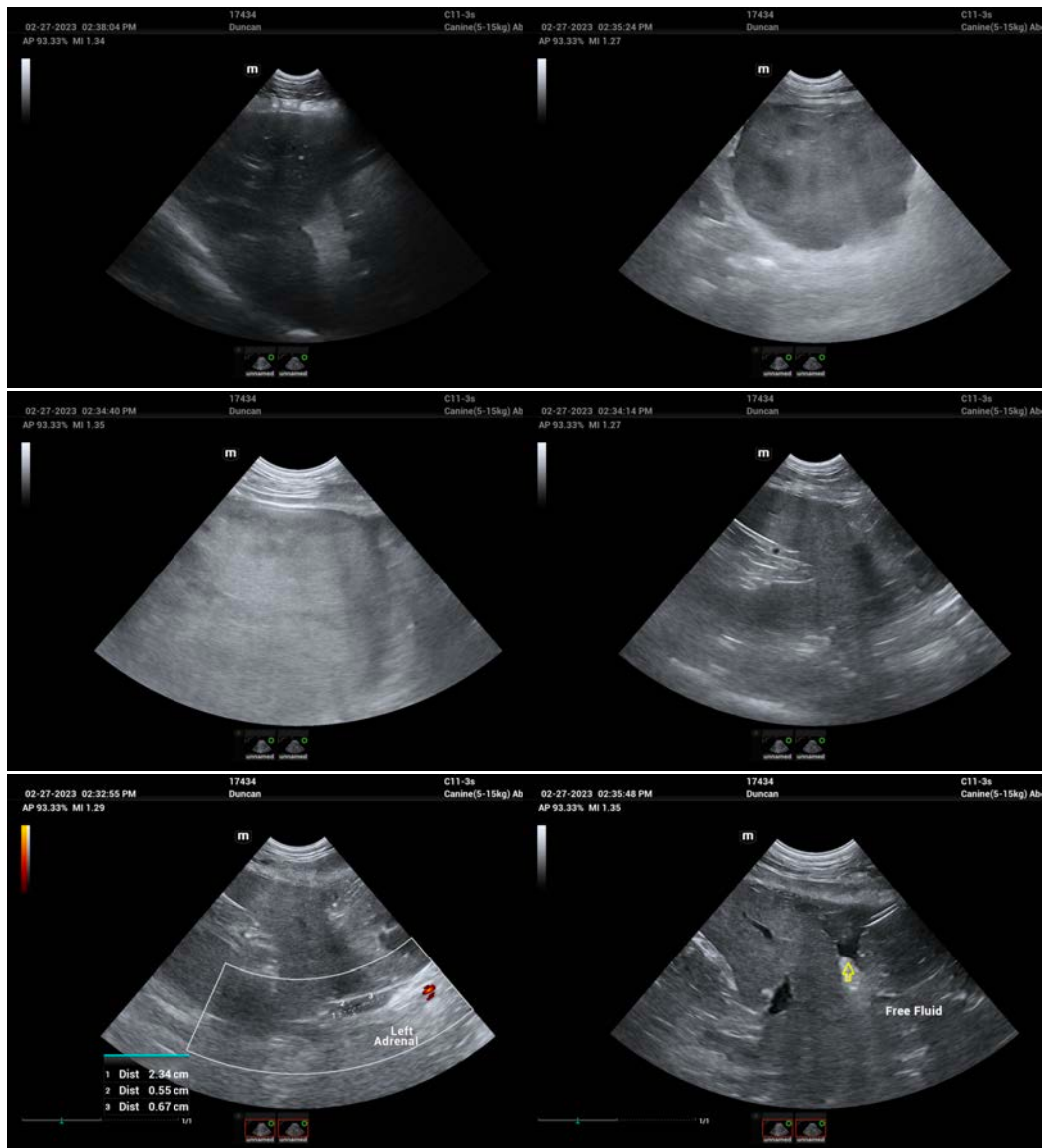
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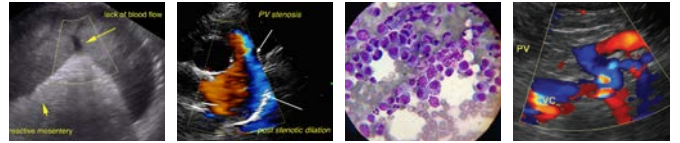
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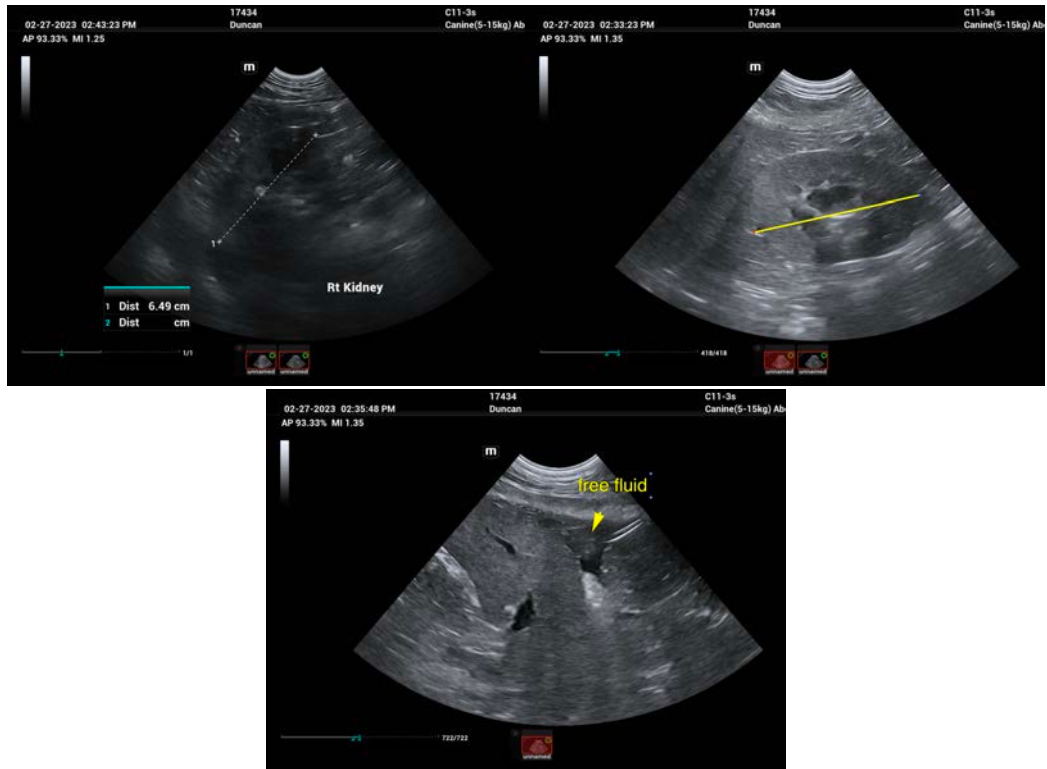
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com