

**DATE**

2/3/22

**PRESENTING CLINICAL SIGNS**

History: decreased appetite/energy; screening rads reveal possible abdominal mass.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**PATIENT**

Maggie Handy

**SPECIES**

Canine

**BREED**

Springer Spaniel

**SEX**

Spayed Female

**AGE**

4/19/12

**WEIGHT**

53 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex. Isoechoic nodular changes were noted in both kidneys possibly owing to metastatic disease. The left kidney measured 6.34 cm with slight pyelectasia that measured 0.62 cm. Cortical infarcts were noted in the left kidneys. The right kidney measured 5.88 cm with pyelectasia that measured 0.46 cm.

**Adrenal Glands**

The left **adrenal gland** was enlarged and measured 2.78 x 1.27 cm at the caudal pole and 1.16 cm at the cranial pole. The right adrenal gland was normal in size and contour measuring 2.93 x 0.78 cm at the caudal pole and 0.73 cm at the cranial pole.

**Spleen**

The **spleen** revealed expansive, undifferentiated 15 + cm sarcoma type mass with enhanced surrounding mesentery mass that was deriving from the mid caudal body.

**HOSPITAL NAME**

Bay Country VH

**Liver**

The **liver** revealed multi-focal, complex, expansive disrupted masses noted. The liver was riddled with target lesions throughout. This is consistent with aggressive neoplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The gallbladder was deviated owing to internal mass effects.

**REFERRING VET**

Dr. Smith

**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.

**INVOICE**

95797

**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.

### **Free Abdomen**

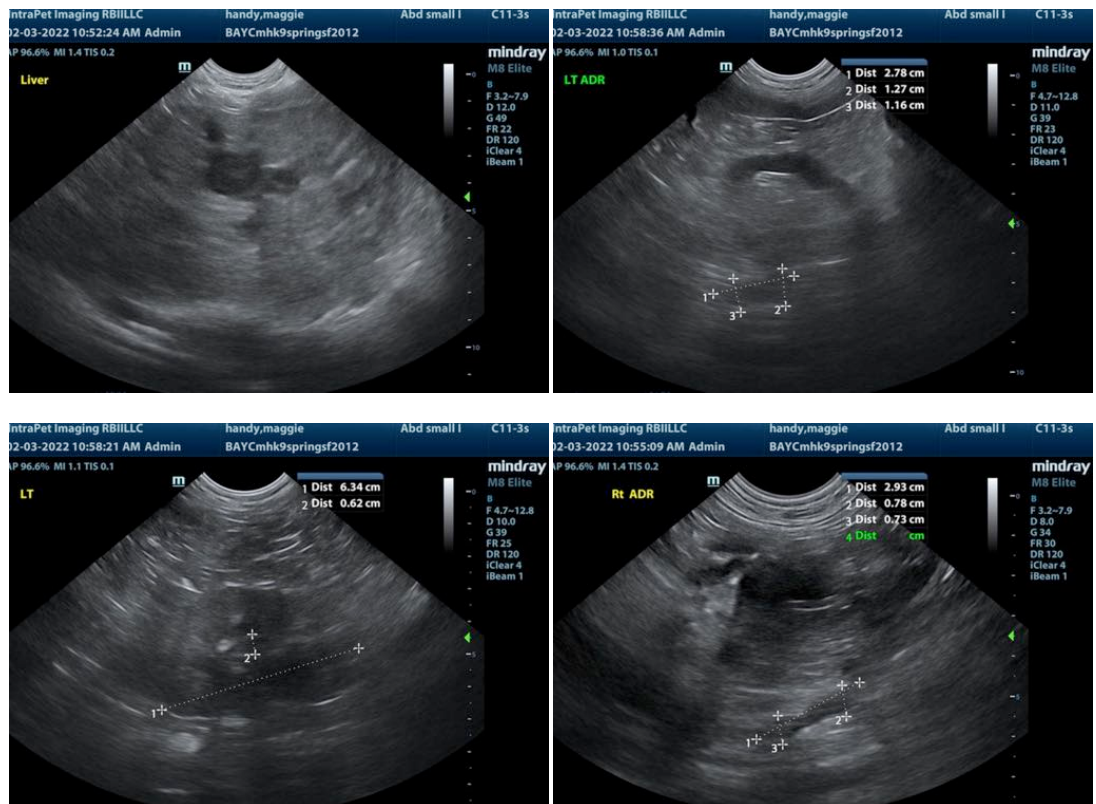
Multi-focal lymph nodes were enlarged, hypoechoic and irregular with loss of detail. Peripheral inflammation was noted. There were areas of free fluid noted.

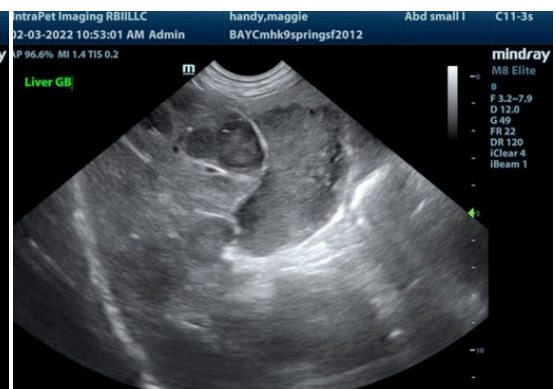
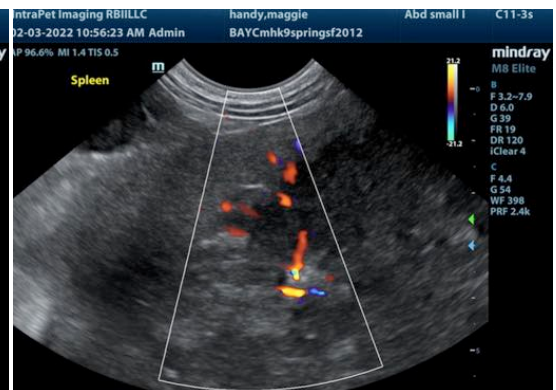
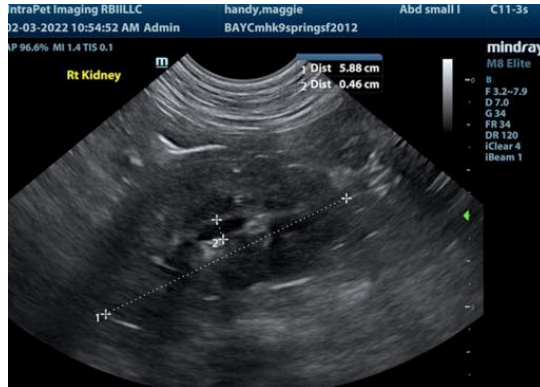
### **ULTRASONOGRAPHIC FINDINGS**

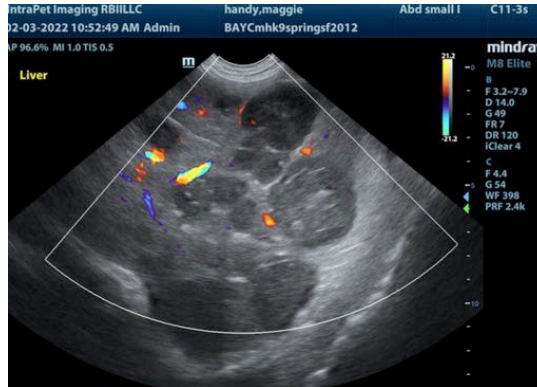
Aggressive multi-centric neoplasia involving the spleen, liver, mesenteric lymph nodes and possibly kidneys. Round cell neoplasia pattern.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prognosis is poor. Humane euthanasia should be considered in this patient.







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.

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