



PATIENT

Mavz Salvadore

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

11 Years

WEIGHT

44.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

13801

DATE

2/6/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting and lethargy. O states that p wanted to go outside around 1 am today and when p got outside, he vomited. O tried to feed p his normal food and treats but p had ni. P has only wanted to lay around outside today and refuses to come inside. O thinks that p ingested part of a rubber bone since he found a piece outside in the yard. Previous Health Concerns: arthritis in hips Current Medications: elensa (joint health) Appetite/When did they eat last: decreased, last ate yesterday night

Abnormal PE/Chem/CBC/UA Results: Temp: 98.9 10% dehydrated, tender on abdominal palpation. Rads: lack of detail throughout, very thickened small bowel, boney density R cranial quadrant, chest: mineralization cranial to the heart base, mineral density in R middle lung lobe. Bloodwork: Chem: BUN 54.7; CREA 1.5; PHOS 8.0; TP 5.4; GLU 203; Lipase 611; CBC: WBC 34.51; NEU 30.69; NEU % 89.0; LYM% 7.2; EOS% 0.1; EPOC: pO2 59.1; cSO2 88.5; pCO2 21.8; Bicarb 10.9; TCO2 12.0; pH 7.306; Na 138; K 5.1; Lactate 5.83; BUN 42; CREA 2.07; GLU 182

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 **left kidney** revealed a cystic and parenchymal mass, invading into the left ureter. The ureteral mass may be a blood clot. The left kidney measured 6.0 cm.

The **right kidney** was unremarkable. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was volume contracted and uniform with minor heterogeneous parenchyma with a 2.0 cm nodule at the mid body.

Liver

The **liver** revealed generalized enlargement with multifocal hypoechoic nodular changes and increased portal markings. Passive congestion was noted with dilated hepatic veins.

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



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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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Free Abdomen

Free fluid was noted in the **abdomen**. Enhanced mesentery noted throughout the mid abdomen.

Other

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A rapid view of the **heart** revealed pericardial effusion and tamponade effect, which would be the cause of the ascites.

SEX

Neutered Male

- Left kidney mass with ureteral clot or ureteral invasion
- Splenic nodules
- Hepatic nodules with passive congestion liver pattern
- Pericardial tamponade

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

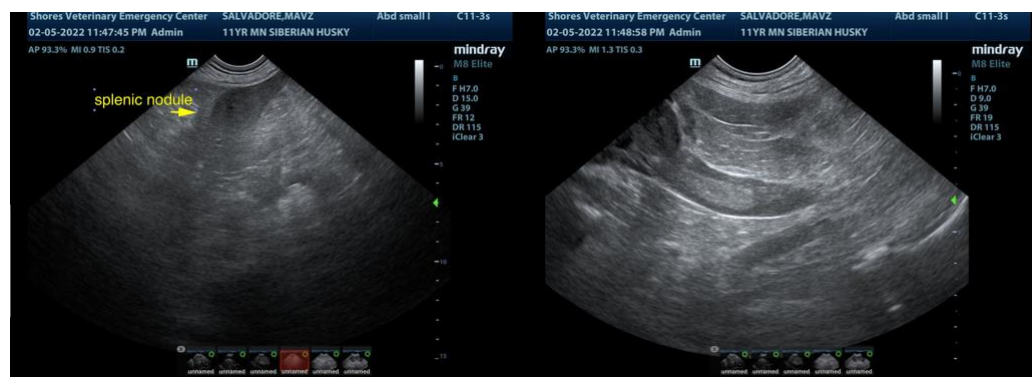
Multicentric hemangiosarcoma likely. Prognosis is poor. Palliative therapy with pericardiocentesis and immediate chemotherapeutic intervention would be necessary in this case.

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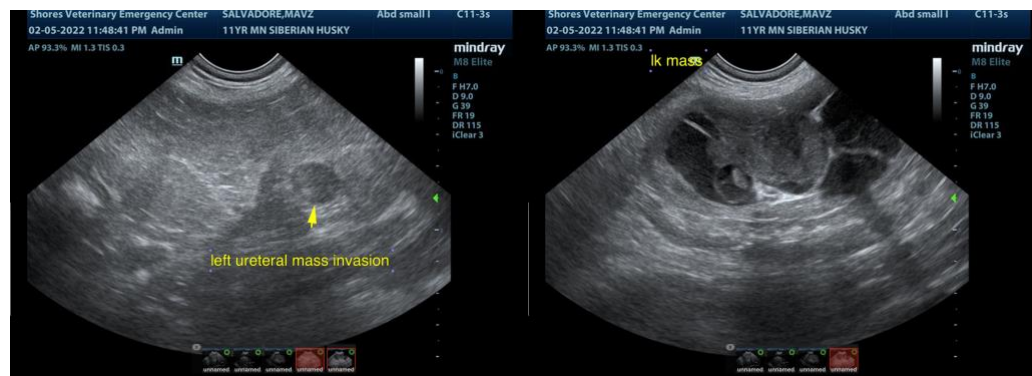


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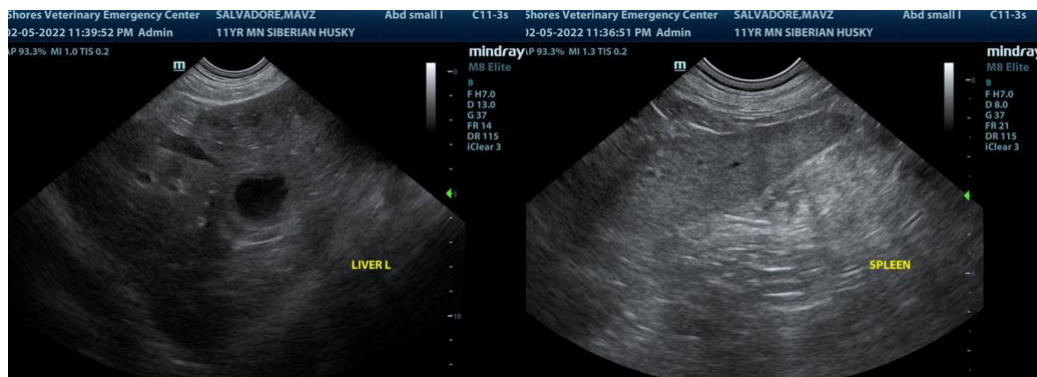
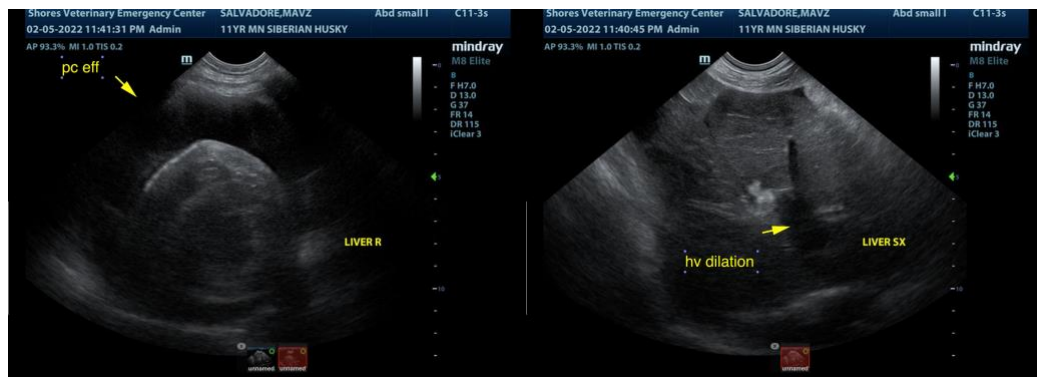
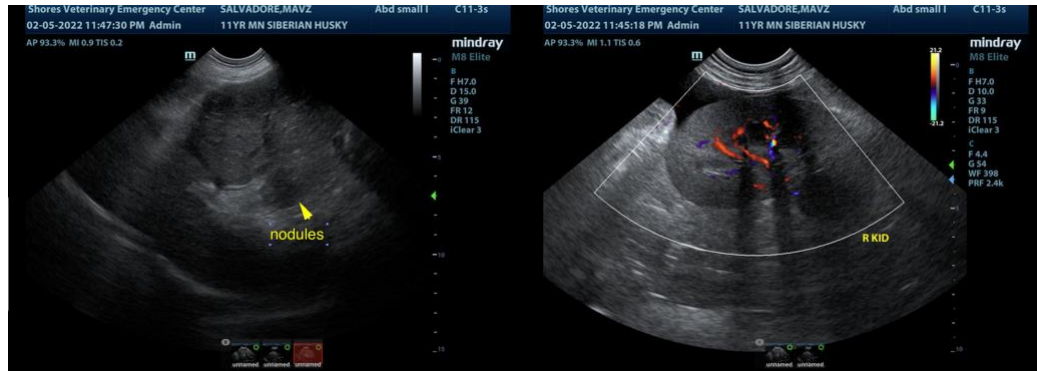
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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