



PATIENT PRESENTING CLINICAL SIGNS

Daisy Kenyon Anorexia, anemia, febrile, weight loss, vomiting, PU/PD. Current meds: enrofloxacin, cerenia, Pred.
Abnormal PE/Chem/CBC/UA Results: RBC 4.4, HGB 11.1, MCV 84.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Maltese

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

Intact female

AGE

11 years

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. The right kidney measured 5.04 cm with trace pyelectasia. The left kidney measured 4.76 cm.

WEIGHT

11 lbs

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 right adrenal gland measured 1.63 x 0.43 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 1.24 x 0.38 cm at the caudal pole and 0.39 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

The **spleen** in this patient revealed a 3.5 cm significantly disruptive mass without evidence of rupture. The mass is largely parenchymal, yet highly vascular. The remainder of the spleen is unremarkable.

HOSPITAL NAME

Glen Rock VH

Liver

The **liver** was riddled with multi-focal, hypoechoic nodular changes of similar echotexture to that of the spleen. Therefore, metastatic disease is a strong potential. However, pronounced nodular hyperplasia is possible. 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.

REFERRING VET

Dr. Stekler

INVOICE

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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

DATE

2/8/22



PATIENT

Daisy Kenyon

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

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.

BREED

Maltese

Heart

SEX

Intact female

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

AGE

11 years

Splenic mass with concerning nodular hepatic changes and remodeling.

WEIGHT

11 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia versus hemangiosarcoma are the primary differentials. FNA of the liver nodules could be considered for further definition. Otherwise, splenectomy, liver inspection and biopsy would be appropriate.

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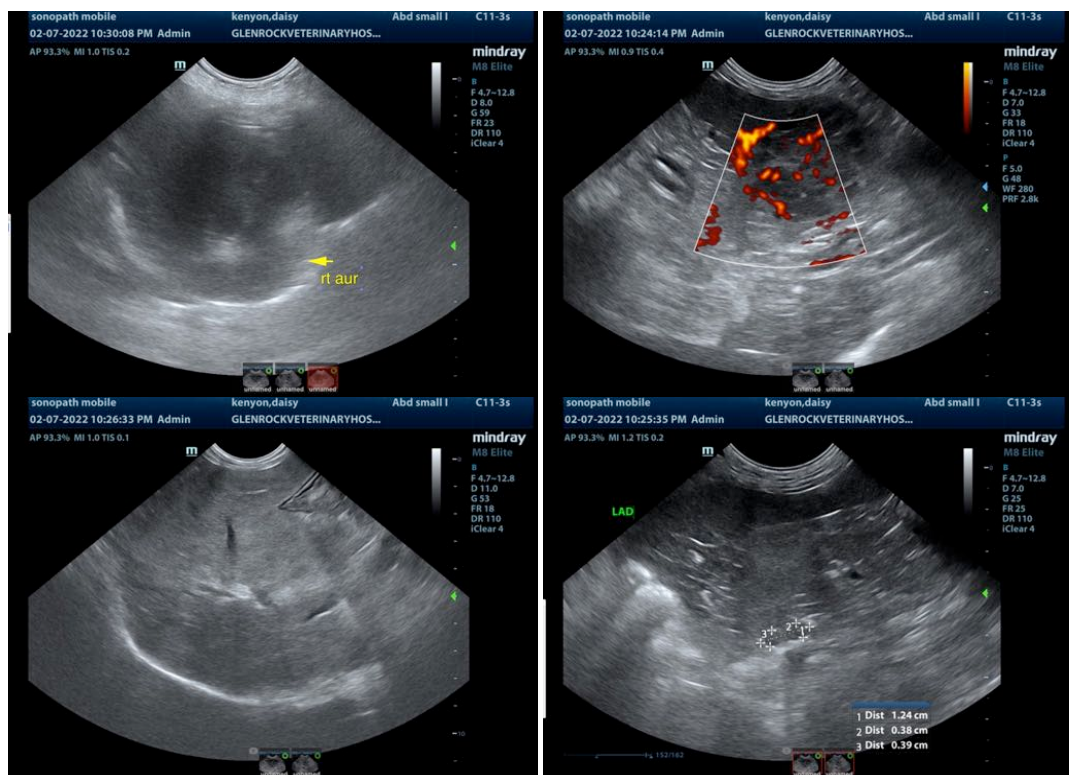
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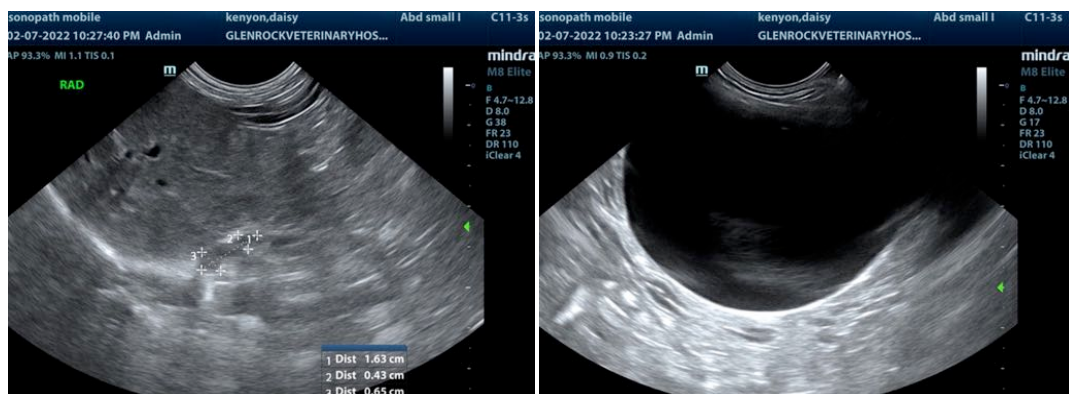
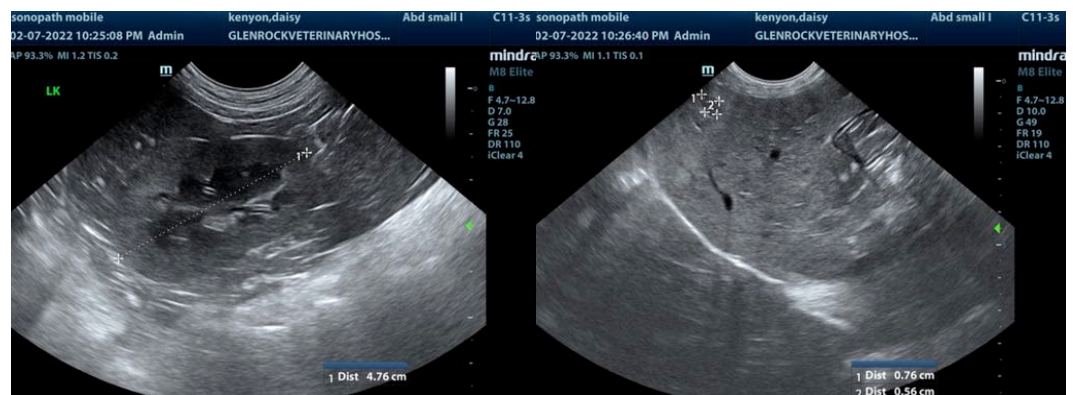
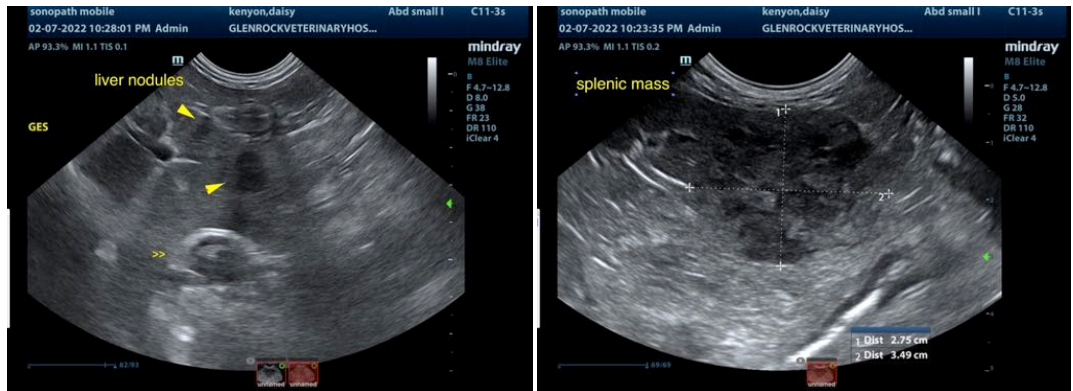
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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