



PATIENT

Jumby Ruckstuhl

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

59 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Marco and Dr. Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Sova

INVOICE

36041

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Presenting for acting painful, decreased appetite, episodes of weakness. Was showing signs of pain in back as well.

Abnormal PE/Chem/CBC/UA Results: Chem 27 WNL CBC: WBC 16,800/uL, Neutrophils 14,280/uL, MOnocytes 1008/uL, Accuplex 4 neg, HCT: 48% -03/09 lab MM pale, CRT 2 sec 3/10- PCV- 25% TS: 5.0 g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine. Structurally, the bladder was unremarkable, as was the proximal urethra.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.67 cm. The left kidney measured 6.1 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 0.61 cm at the cranial pole and 0.80 cm at the caudal pole.

Spleen

The **spleen** presented multifocal heterogeneous nodular changes with an overt ill-defined mass with surrounding omental adhesions. Enhanced omentum noted around the splenic mass. The splenic mass measured approximately 6.0 cm with both cavitated and parenchymal changes. The mass extended into the regional omentum. Clean resection may be difficult.

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 evidence of passive congestion or obvious 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.



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Free Abdomen

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A moderate amount of free fluid was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with separate nodular changes
- Free fluid suggestive for rupture
- Ill-defined omental penetration

BREED

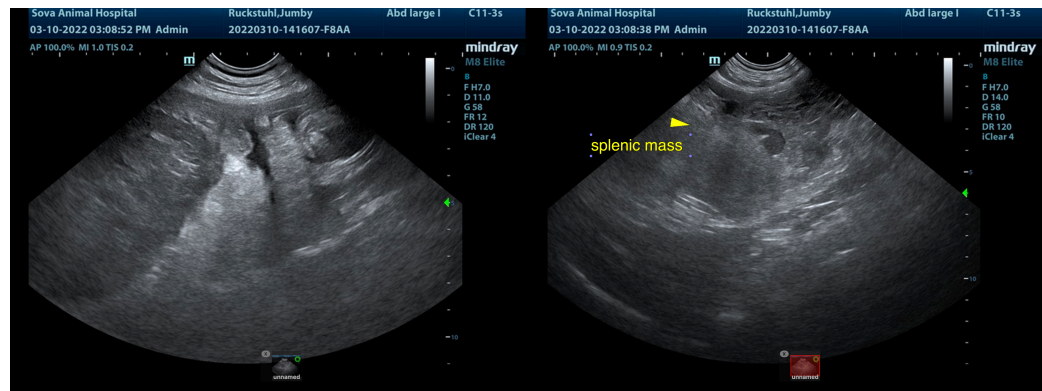
Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If 3-view chest radiographs and echocardiogram are free of evident pathology, then exploratory surgery would be indicated. Suspect hemangiosarcoma. Mild potential for non-neoplastic hematoma.

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Neutered Male



AGE

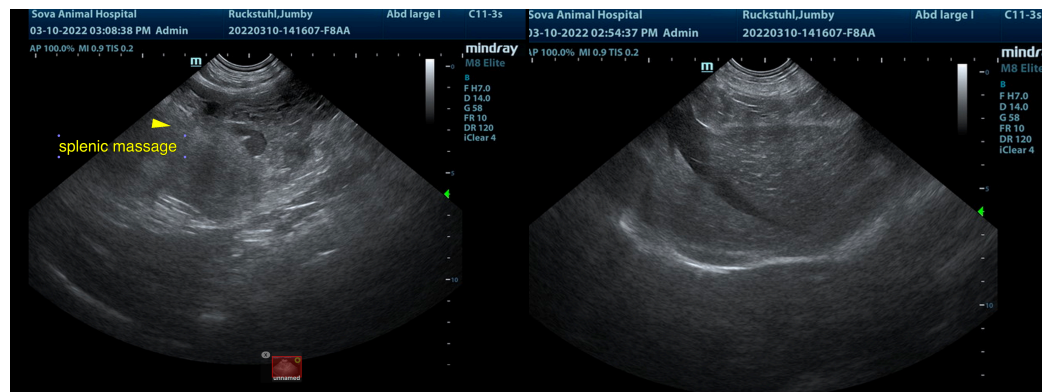
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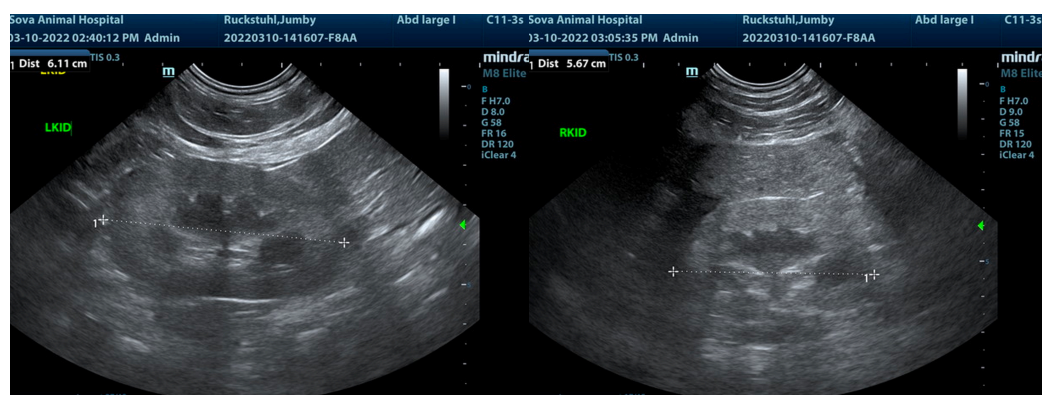
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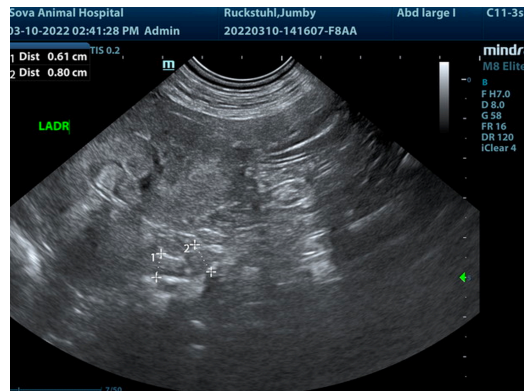
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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