



**PATIENT**

Harley Corbishley

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

104 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

AH of Roxbury

**REFERRING VET**

Dr. Elia

**INVOICE**

36078

**DATE**

3/10/22

**PRESENTING CLINICAL SIGNS**

Presented for eye discharge, large firm abdominal mass palpable and seen on rads. No obvious metastatic dz noted. R/O Spleen vs Liver vs other. Current meds: Neopolybac oint, Simplicef  
Abnormal PE/Chem/CBC/UA Results: Glob 3.7, Phos 2.3, Magnesium 1.4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The residual prostate measured 1.1 cm.

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 8.04 cm. The left kidney measured 8.05 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 2.59 cm x 0.44 cm at the cranial pole and 0.50 cm at the caudal pole.

**Spleen**

The **spleen** revealed a large cavitated, complex mass measuring 13 cm x 11 cm. The remainder of the spleen was unremarkable.

**Liver**

The **liver** appeared unremarkable. No obvious evidence of metastatic disease. The gallbladder was overdilated.

**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.

**Free Abdomen**

The right auricle and pericardium were free of evident pathology.



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**ULTRASONOGRAPHIC FINDINGS**

- Large splenic mass
- Overdistended gallbladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If chest radiographs are free of evident pathology, recommend exploratory surgery/splenectomy, liver inspection, biopsy, and manual expression of the gallbladder, which is overdistended. No obvious evidence of metastatic disease. Hemangiosarcoma versus hematoma/hyperplasia possible.

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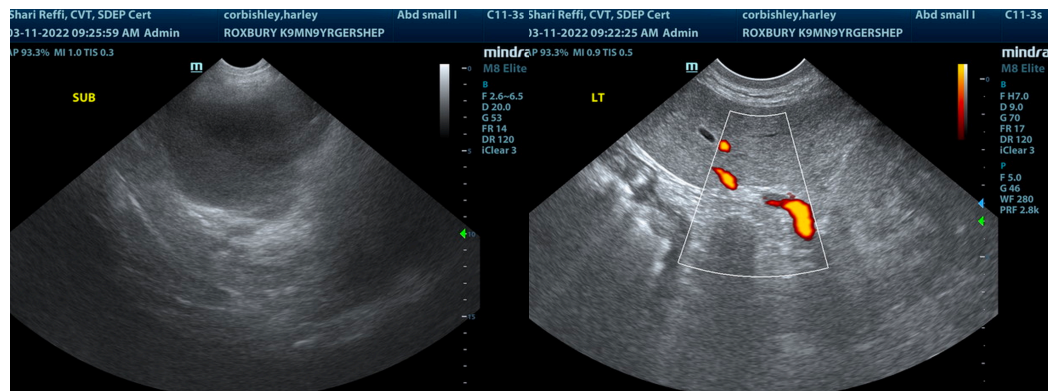
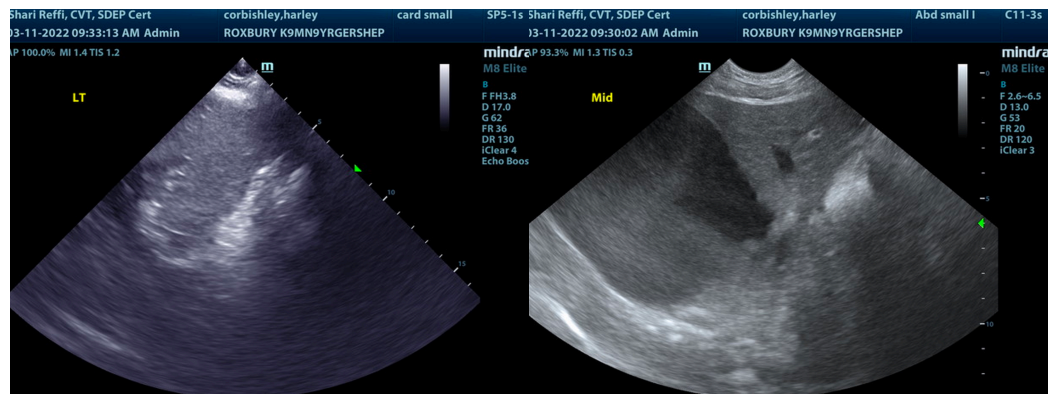
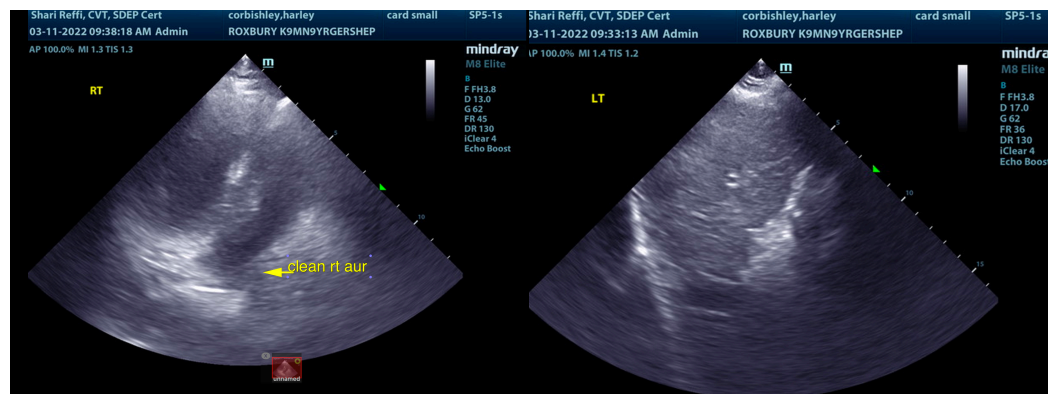
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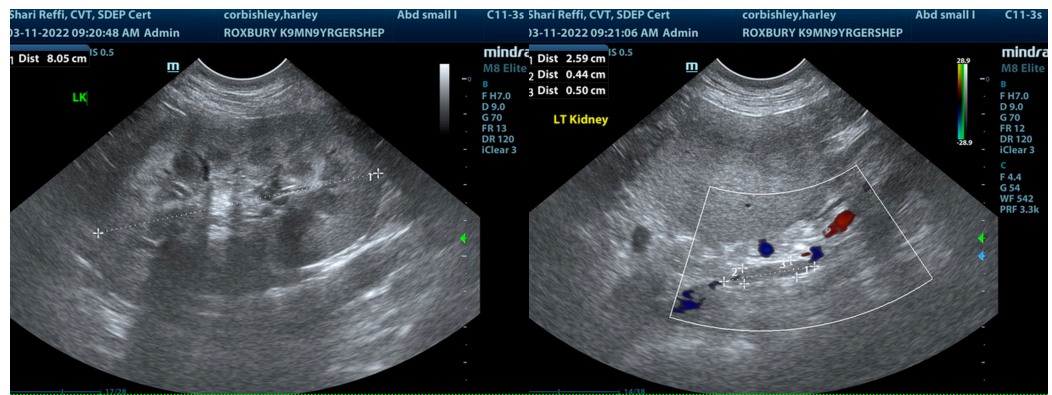
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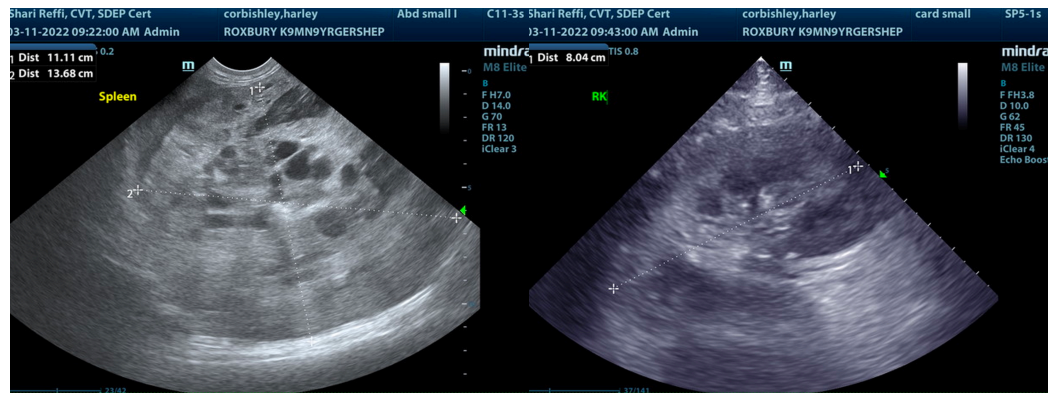
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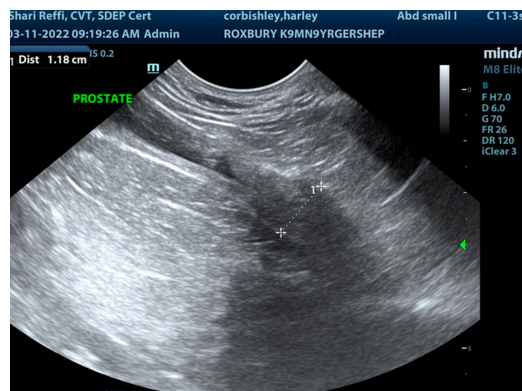
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)