



PATIENT

Floyd Martel

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 Years

WEIGHT

56 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

21603

DATE

3/13/23

PRESENTING CLINICAL SIGNS

History: anorexia, lethargic, emesis (2 times) lateral x-ray possible cranial mass

Abnormal PE/Chem/CBC/UA Results: wbc high (20.27) Neu 17 and Mono 2 high

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

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 left kidney measured 6.6 cm. The right kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** were 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 was visualized obliquely, measuring 0.6 cm. The right adrenal was visualized in part, measuring approximately 1.4 cm at maximum width.

Spleen

The **spleen** was mildly enlarged and mildly irregular. Slight free fluid was noted adjacent to the spleen. A splenic mass was noted, measuring 4.07cm, deriving from the mid body of the spleen. Another splenic mass measured 2.5 cm. Other heterogenous changes were noted in the spleen.

Liver

The **liver** was mildly swollen and slightly irregular with enhanced surrounding mesentery. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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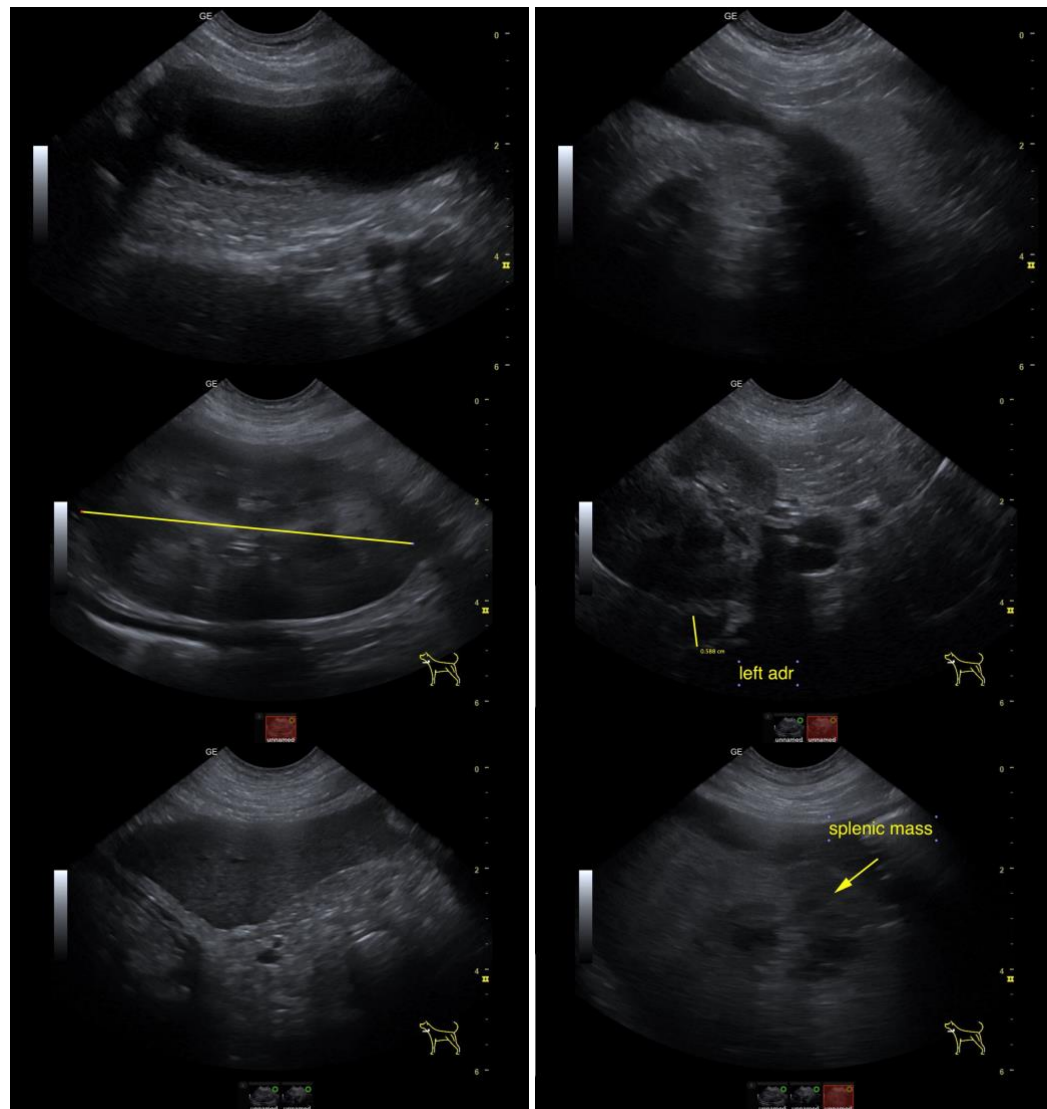
3/13/23

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with regional free fluid (suspect hemorrhage) and other nodular splenic changes
- Swollen liver
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cannot rule out micrometastasis to the liver. I recommend three view chest radiographs and rapid echocardiogram to ensure no pericardial effusion or right auricular masses are present (SDEP-3 approach). Exploratory surgery is recommended. Hemangiosarcoma is suspected. Round cell neoplasia is less likely but possible.





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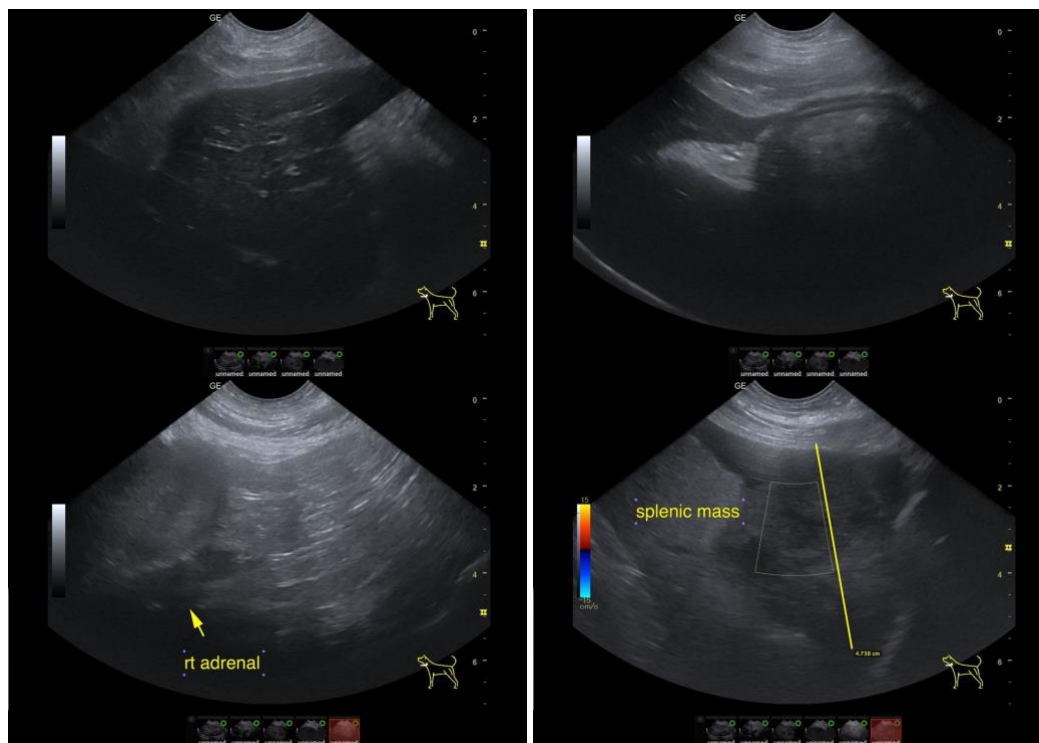
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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