



**PATIENT**

Vikki Retuerto

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

10

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Travis Cerf

**HOSPITAL NAME**

Vet Center of  
Hardyston

**REFERRING VET**

Dr. Travis Cerf

**INVOICE**

46018

**DATE**

3/17/23

**PRESENTING CLINICAL SIGNS**

P has had 2 neuro episodes that O describes as being "frozen" for several hours. Hind end weakness. Heart arrhythmia, VPC's - ECG sent to Cardiologist; report attached.

Abnormal PE/Chem/CBC/UA Results: HCT 35.3 hgb 12.0 RBC 5.52

**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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measures 5.2 cm with pyelectasia at 0.50 cm. The right kidney measured 6.3 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 0.60 cm at the caudal pole and 0.45 cm at the cranial pole.

**Spleen**

A 9+ cm undifferentiated parenchymal mass noted deriving from the mid caudal body of the **spleen** with regional inflammation and hematoma formation.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No obvious evidence of metastatic disease yet cannot be ruled out, and should be inspected at surgery.

**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.



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**Pancreas**

Vikki Retuerto

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Pit Bull X

Potential mesenteric spread to the regional omentum noted in this patient in the ventral abdomen. This may be difficult to resect.

**SEX**

Spayed Female

- Extensive splenic mass with potential metastatic spread to the omentum
- Age related hepatic changes, possible micrometastasis.
- Age related renal changes

**AGE**

10

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory indicated. Chest radiographs and rapid echocardiogram warranted to assess for metastatic disease. Hemangiosarcoma or other form of sarcoma suspected.

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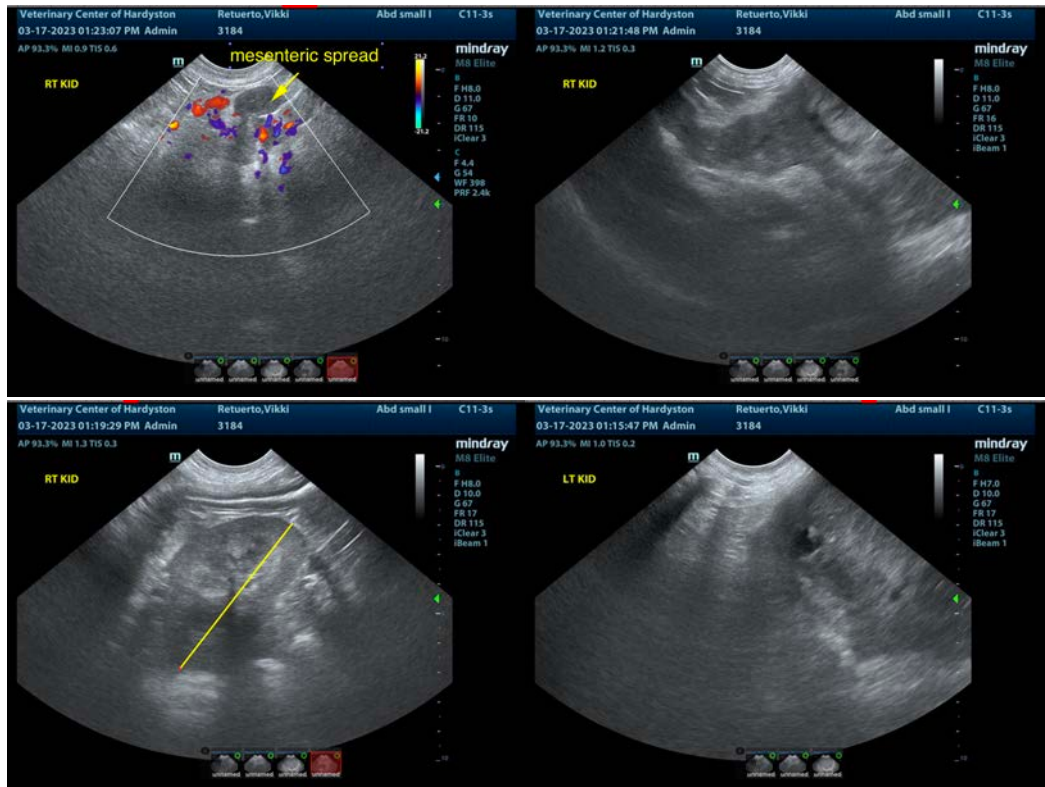
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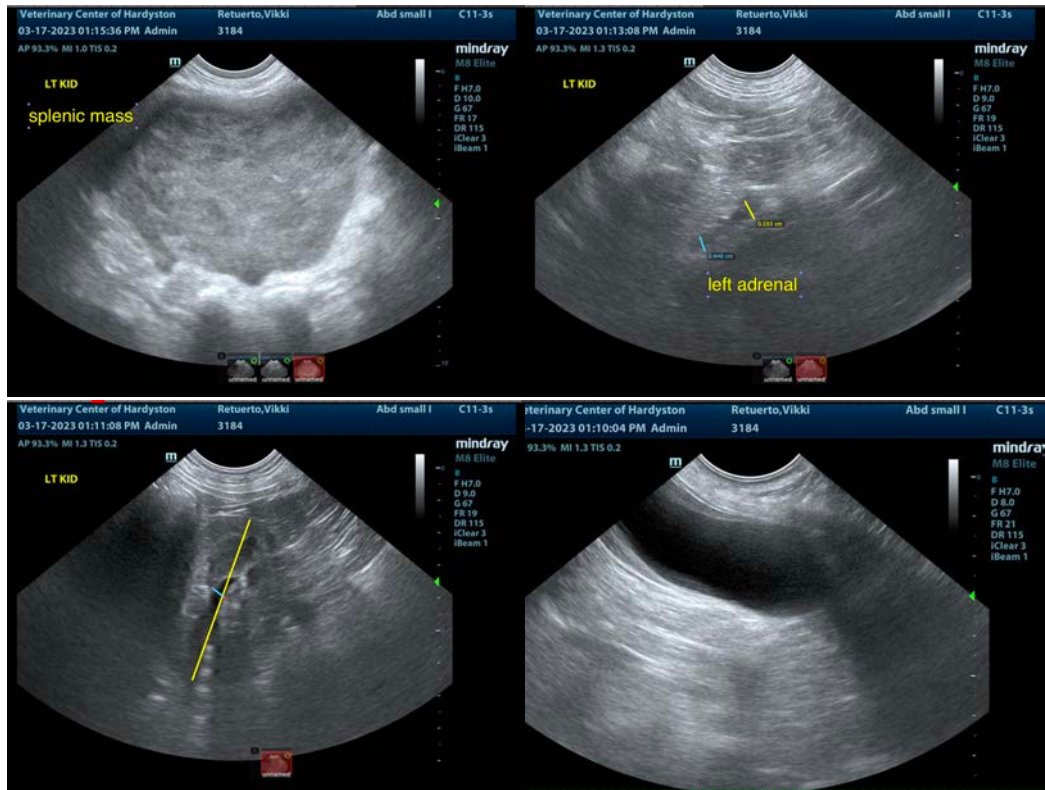
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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