



PATIENT

Priam Leung

SPECIES

Canine

BREED

Treeing Walker Hound

SEX

Neutered Male

AGE

12 Years

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk, RDMC,
RDMS

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Tom LeBoldus

INVOICE

14375

DATE

3/18/22

PRESENTING CLINICAL SIGNS

History: Abdominal mass(es) palpated O/E. Lethargy. Low RBCs, hematocrit, platelets, electrolytes, albumin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

The **prostate** was enlarged, fairly uniform, measuring 3.5 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 6.79 cm. The left kidney measured 6.17 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 right adrenal gland measured 0.91 cm. The left adrenal gland measured 0.5 cm in width.

Spleen

A 15.5 cm undifferentiated, hypoechoic, expansive irregular mass was noted, deriving from the caudal pole of the **spleen**. Nodular, expansive irregular changes were noted throughout the spleen. No obvious metastatic disease.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

The **gallbladder** was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas



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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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Other

A rapid view of the **heart** revealed no evident pathology, other than arrhythmogenic disease, which may be related to the splenic mass.

BREED

Treering Walker Hound

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Large splenic mass with nodular changes throughout the spleen
- Arrhythmogenic disease
- Stomach ingesta
- Gallbladder sludge
- Vacuolar hepatopathy
- Enlarged prostate
- Urinary bladder debris

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious metastatic disease. Three-view chest radiographs warranted. EKG warranted. Splenectomy, liver biopsy and manual expression of the gallbladder recommended. Suspect splenic sarcoma.

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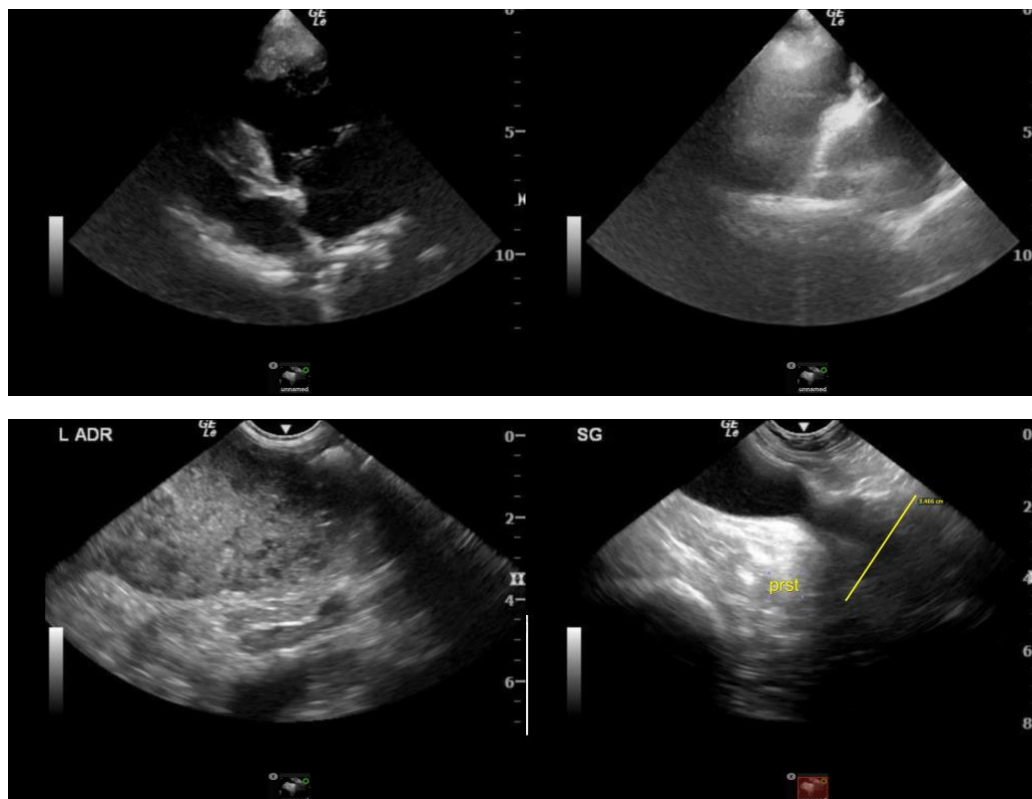
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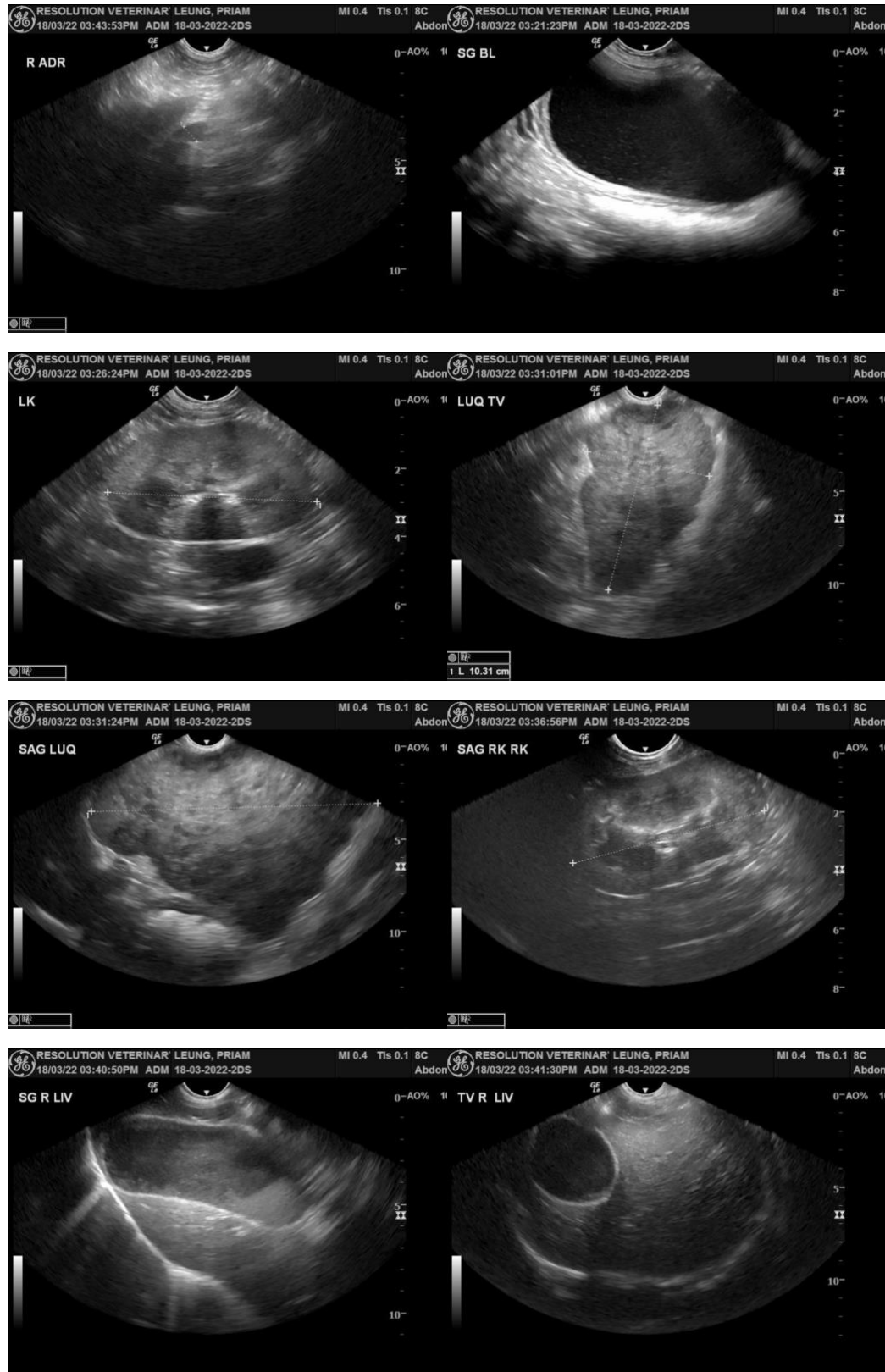
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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