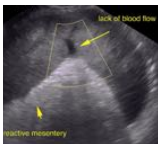

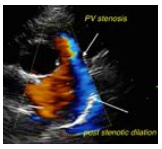

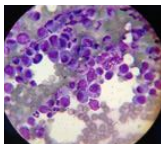
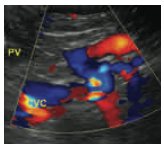

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1-800-838-4268 info@sonopath.com

PATIENT

Lucy Cruz

SPECIES

Canine

BREED

SEX

Spayed Female

AGE

12 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marco and Dr. Ammeraal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

96999

DATE

3/21/22

PRESENTING CLINICAL SIGNS

History: Recheck of splenic lesion has increased in size or has a secondary mass that formed. . Vomited a few days ago and also seems quieter than normal , did better on 18th.
Abnormal PE/Chem/CBC/UA Results: ALKP 1004 U/L was 986 U/L Oct 21 HCT 54% rest BW WNL

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.5 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 0.79 cm at the caudal pole and 0.94 cm at the cranial pole. The left adrenal gland measured 0.73 cm at the caudal pole and 0.76 cm at the cranial pole.

Spleen

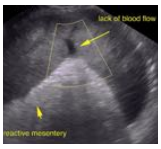
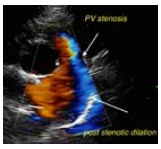
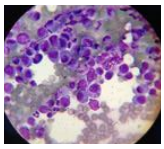
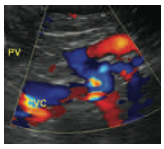
The **spleen** revealed multi-focal, heterogenous parenchymal changes with a parenchymal mass that measured 4.1 cm and was deriving from the mid cranial body. This may be benign; however, it is precarious. A separate splenic cyst/nodule was noted and measured 1.0 cm. Heterogenous changes were noted throughout the spleen otherwise.

Liver

The left cranial liver revealed an isolated microcystic lesion to investigate at surgery. This lesion measured 1.0 cm. Metastatic lesion is possible, but benign cystic change is more likely since this is isolated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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

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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

A large amount of abdominal fat was noted in this patient.

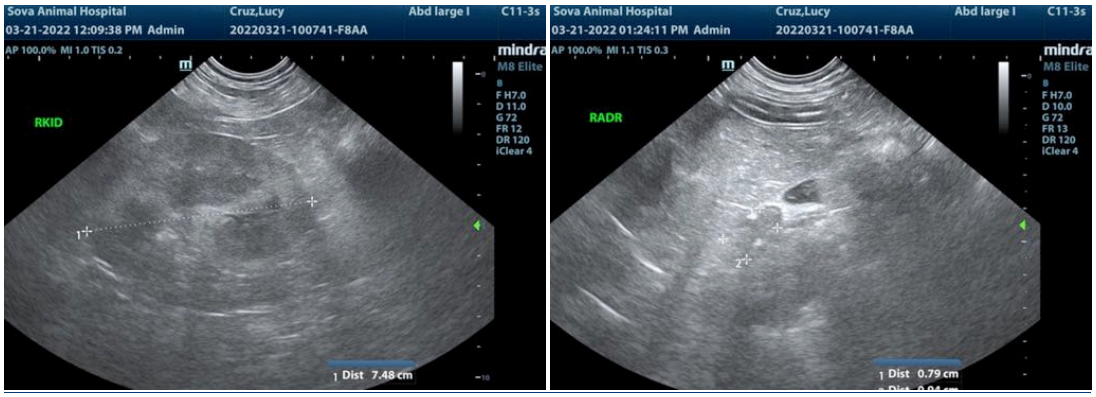
ULTRASONOGRAPHIC FINDINGS

Splenic mass with slight free fluid with separate splenic cyst or nodule.

Left hepatic cystic nodule. Benign cyst/cystadenoma vs metastatic lesion to investigate +/- remove at surgery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass may be resectable; however, extension into the omentum may be an issue. Three view chest radiographs, rapid echocardiogram to assess for right auricular masses is warranted. If chest radiographs are free of evident pathology and the right auricle and pericardium are free of evident pathology then exploratory surgery is indicated. Hemangiosarcoma versus round cell neoplasia is possible. The hepatic nodule can be investigated +/- removed at the time of surgery.



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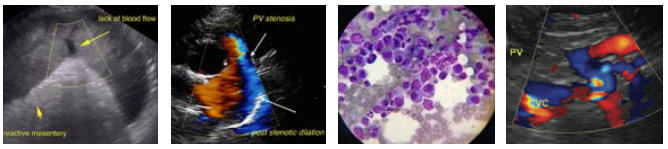

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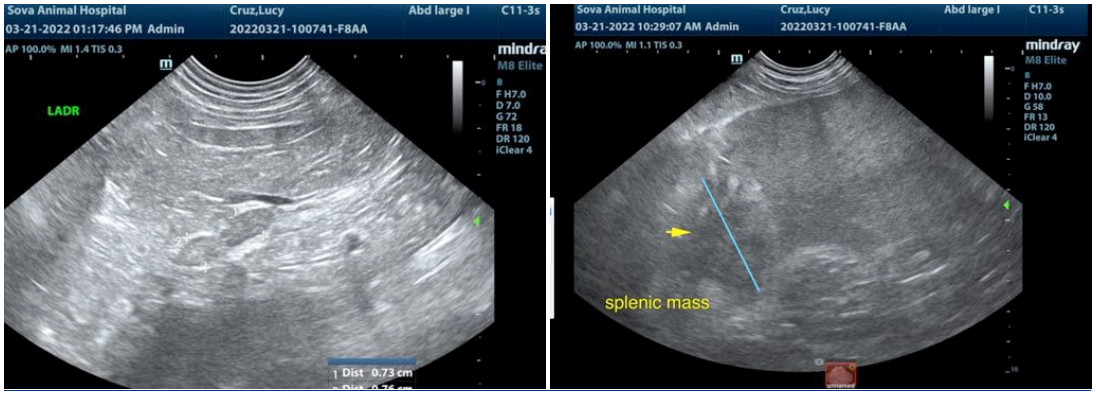

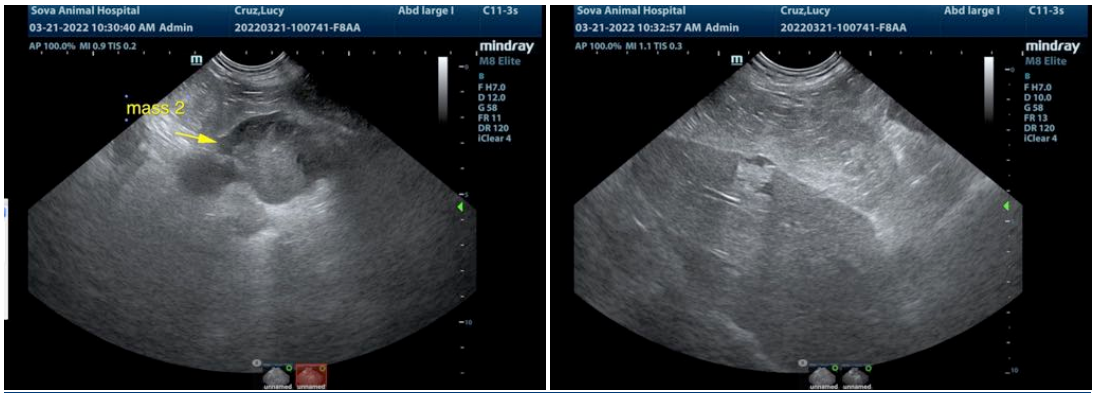

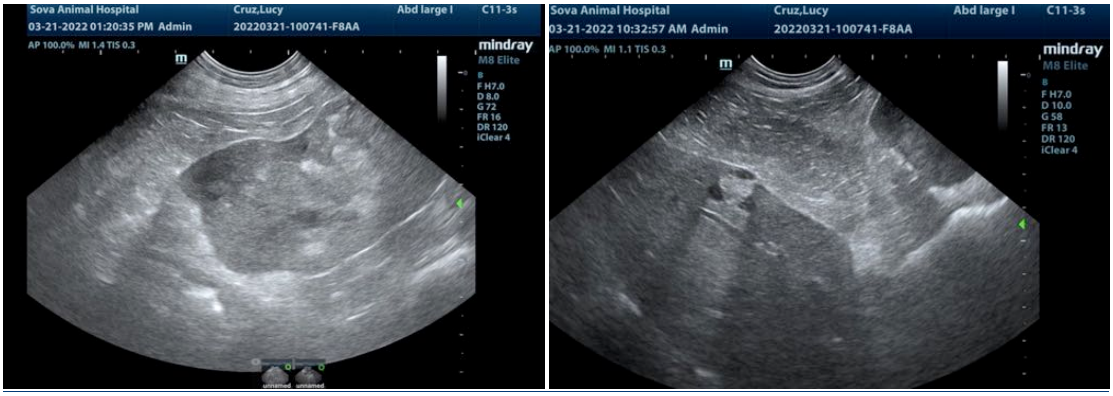

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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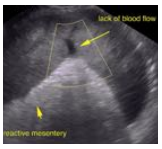

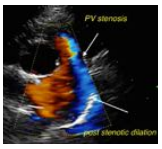

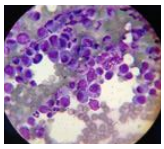
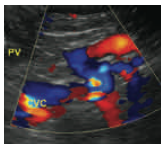

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