SonoPath
Clinical Sonography & Telecytology
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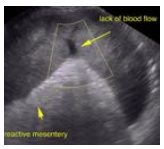
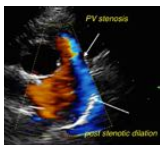
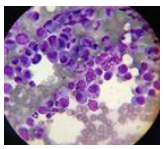
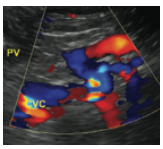

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brooklyn Griese

SPECIES

Cainne

BREED

Pitbull

SEX

Spayed female

AGE

8 years

WEIGHT

84 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

43515

DATE

3/27/23

PRESENTING CLINICAL SIGNS

History: Lethargic, vomiting, weakness, increase drinking, poor appetite
Abnormal PE/Chem/CBC/UA Results: Bloated belly appearance, elevated liver and kidney values. BUN 52,creat 2.6, AST >1000, GGT 124, TOTAL BILIB 4.3

Radiographs revealed mild cardiomegaly.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 8.2 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.

Spleen

The **spleen** revealed multiple, hypoechoic, disruptive and mildly complex nodules and masses that measured up to 1.76 cm and 1.52 cm with capsular expansion and disruption of architecture. This is strongly consistent with hemangiosarcoma or round cell neoplasia.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Hepatic veins appeared dilated. The gallbladder was edematous and thickened. Free fluid was noted between the liver lobes. Transdiaphragmatic view revealed potential pericardial effusion. However, further imaging is recommended.

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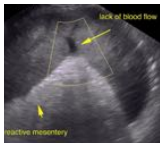
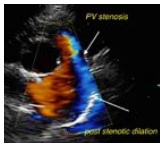
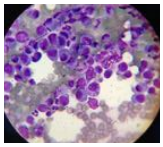
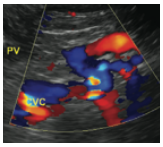

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Gastrointestinal

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

Free fluid was noted throughout the abdomen.

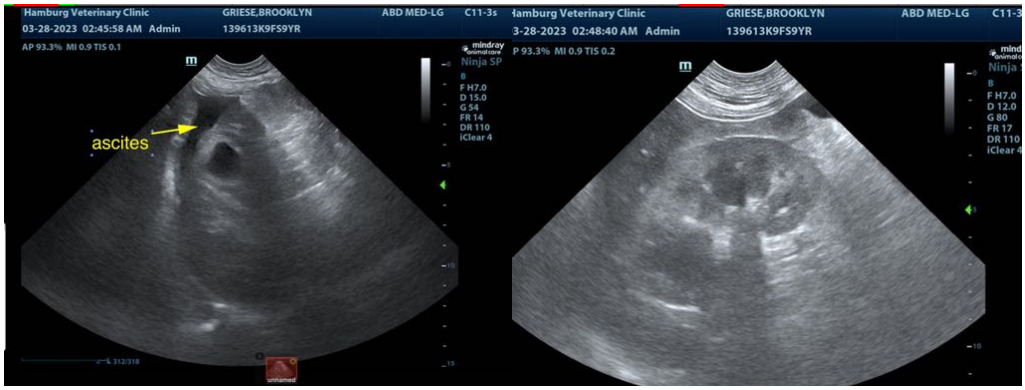
ULTRASONOGRAPHIC FINDINGS

Splenic masses with pericardial effusion.

Reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An echocardiogram is warranted with multiple views on SDEP 3 position is recommended to assess for right-auricular masses. Hemangiosarcoma is suspected.



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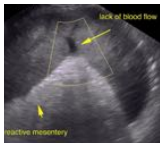
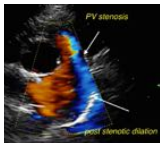
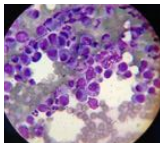
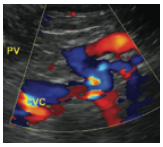

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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