



PATIENT

Dusty Demarco

PRESENTING CLINICAL SIGNS

hyporexia weight loss mid abdominal mass present on rads

SPECIES

Canine

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.

BREED

Mix

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 right kidney measured 5.6 cm. The left kidney measured 4.32 cm. Occasional cortical cysts noted in the kidneys. A 1.0 cm cyst was noted in the caudal aspect of the right renal cortex.

SEX

Neutered Male

AGE

9 Years

Adrenal Glands

The **adrenal glands** were not visualized.

WEIGHT

56 Pounds

Spleen

The **spleen** revealed an expansive 8.77 cm parenchymal mass with enhanced mesentery. No evidence of rupture or cavitation. The mass appeared to derive from the caudomedial aspect of the spleen. The remainder of the spleen presented multiple nodular changes, suggestive for a neoplastic process.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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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.

DATE

3/28/22



PATIENT

Dusty Demarco

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – hemangiosarcoma likely, round cell neoplasia possible

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3-view chest radiographs and echocardiogram warranted, followed by splenectomy.

BREED

Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

56 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

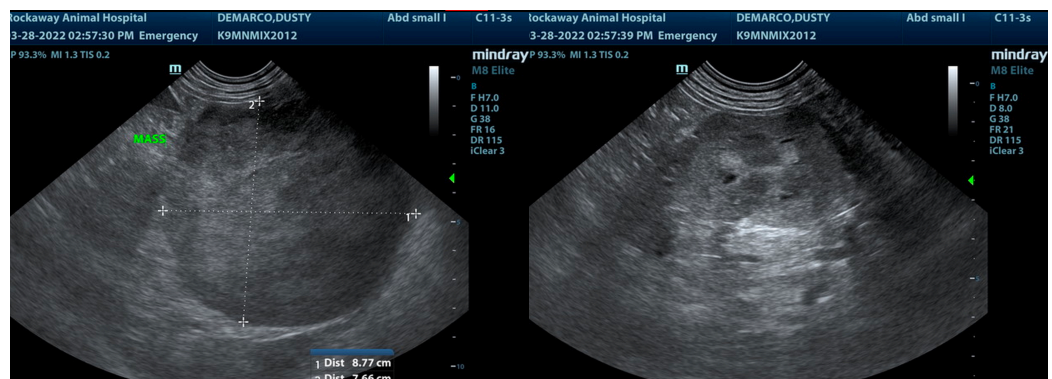
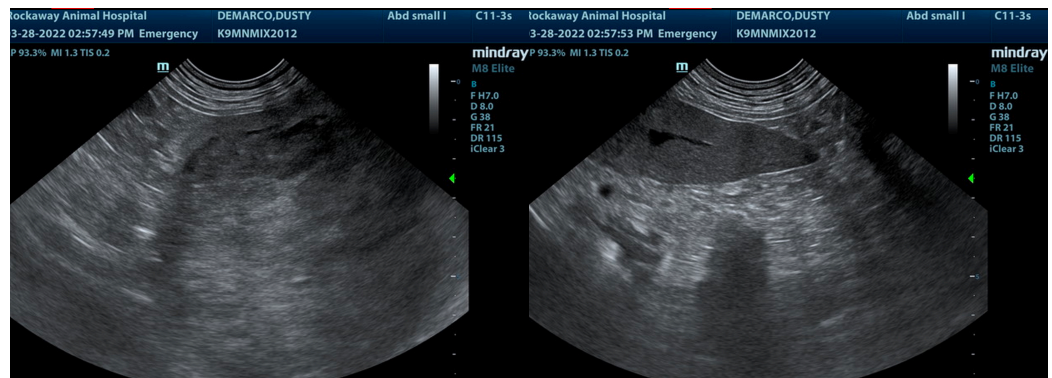
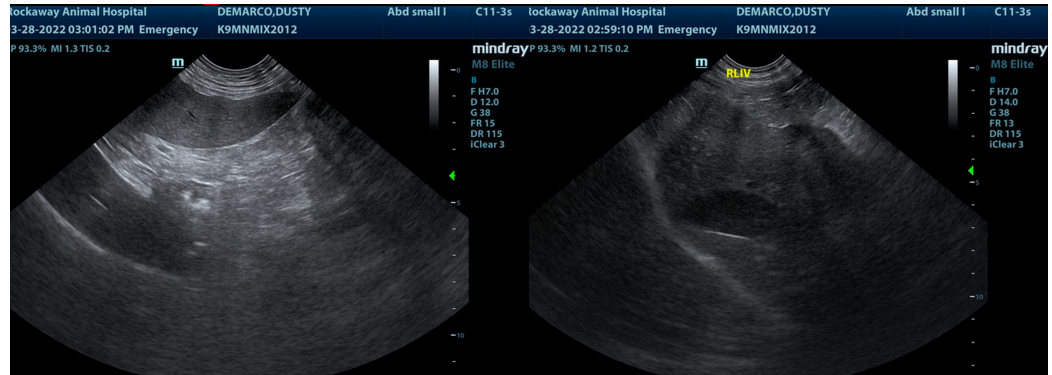
Jenn

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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.

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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.

DATE

3/28/22

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