



PATIENT PRESENTING CLINICAL SIGNS

Ollie Mendoza

History: Patient was seen at ER 1 week ago for not wanting to eat. Full abdominal radiographs and chest radiographs taken, abdominal mass seen, chest radiographs were unremarkable. AFAST found cavitated splenic mass. Patient presents today for full ultrasound to see if local metastasis seen, as owner may consider splenectomy.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PCV/TS was 52%/8 on 3/3, PCV today is

BREED

Basset Hound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

11 years

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. The capsules were acceptably uniform without significant irregularities. The right kidney revealed minor pyelectasia and an anechoic cyst that measured 1.9 cm at the cranial pole. The cyst is not pathological. The right kidney measured 7.7 cm and the left kidney measured 6.4 cm. .

WEIGHT

52.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** are not visualized.

IMAGING PERFORMED BY

Dr. Schultz

Spleen

The **spleen** revealed mixed, hypoechoic expansive splenic mass with regional inflammation. The mass measured 6.0 cm. The mass was deriving from the cranial pole of the spleen.

HOSPITAL NAME

Marina Village
Veterinary and
Integrative Care

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

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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

DATE

3/7/23



PATIENT

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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SPECIES

Pancreas

Canine

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.

BREED

Basset Hound

Free Abdomen

SEX

No free fluid was noted.

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Splenic mass, no obvious metastatic disease.

11 years

Over distended gallbladder with dependent debris.

WEIGHT

Minor degenerative renal changes with anechoic cyst and slight pyelectasia of the right kidney.

52.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Secondary inflammation around the splenic pathology may be playing a role. I recommend chest radiographs and rapid echocardiogram of the right auricle primary to assess for metastatic disease. If chest radiographs and the heart are normal and no metastatic disease is noted then splenectomy, liver inspection and biopsy is indicated. Manual expression of the gallbladder would be ideal to empty the minor excessive debris. Hemangiosarcoma, benign hematoma and hyperplasia are possible as this is a solitary lesion. Splenic abscessation is possible, yet less likely.

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

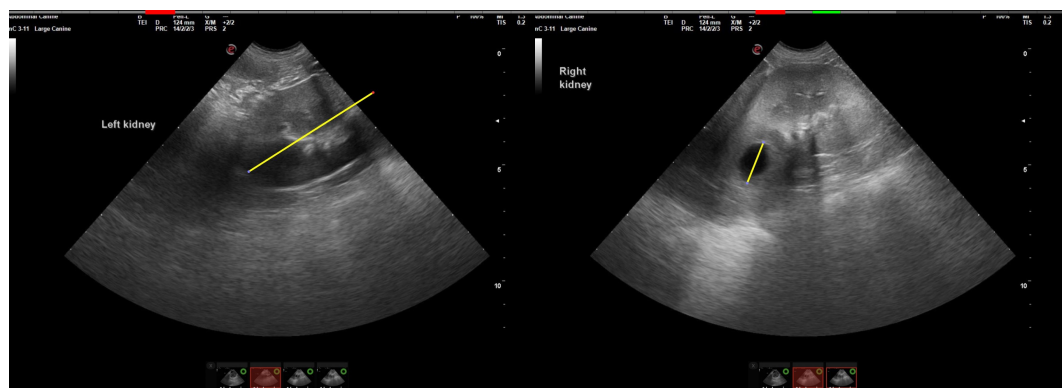
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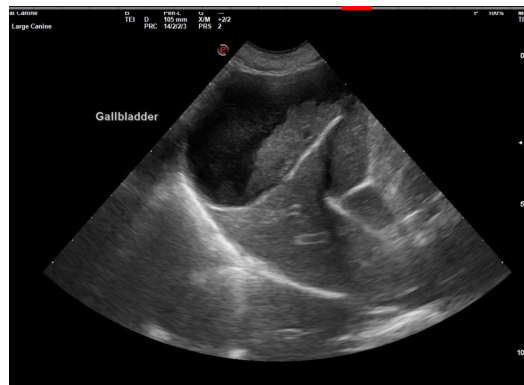
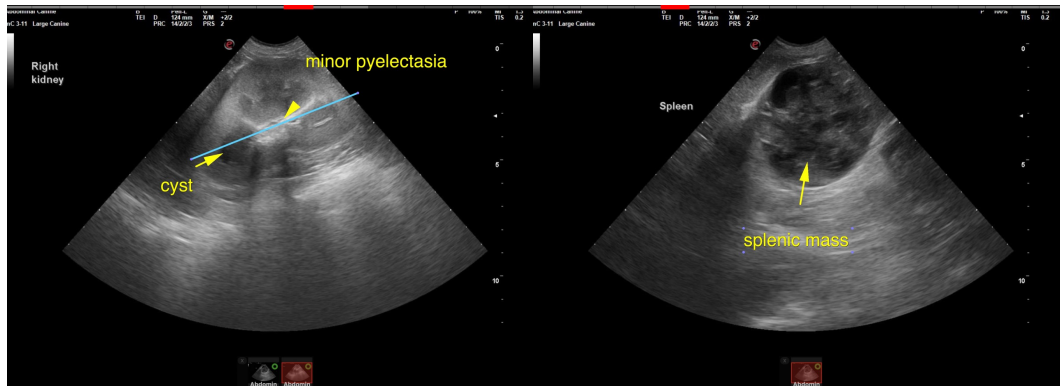
Neutered male

AGE

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WEIGHT

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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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