



PATIENT

Maverick Taylor

SPECIES

Canine

BREED

Shar Pei

SEX

Neutered male

AGE

7 years

WEIGHT

65.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Mulero

INVOICE

96666

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Maverick presented to the referring veterinarian with a history for hematuria 3/7/22, large round ventral abdominal mass found on radiograph. Also had anemia, increased total bilirubin and anemia on BW. Currently on azathioprine 50mg 3/4 po daily and dexamethasone injectable 1mg q 3 days as instructed by rDVM.

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 residual prostate was uniform and measured 0.14 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 6.23 cm. The left kidney measured 6.39 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 0.6 cm. The left adrenal gland measured 0.48 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed, hypoechoic, undifferentiated cystic and parenchymal mass that measured 10.0 x 7.0 cm with regional inflammation.

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. Some hypoechoic nodular changes were noted. 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.



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Gastrointestinal

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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. The mesenteric lymph nodes were reactive and measured 3.16 x 0.45 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

Free fluid and enhanced mesentery was noted.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with mild free fluid and adhesion pattern.

Minor gallbladder sand.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There was no obvious metastatic disease; however, some heterogenous hepatic changes were present. If the chest radiographs are free of evident pathology then exploratory surgery is recommended. However, clean resection may be difficult given the omental involvement. Hemangiosarcoma or other sarcoma is suspected. There is a mild potential for non-neoplastic mass. Liver inspection and biopsy is warranted at the time of surgery.

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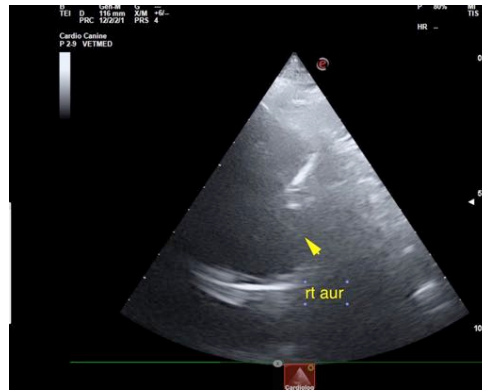
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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