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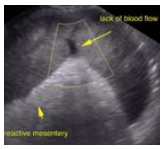

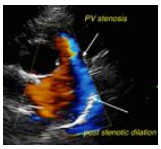

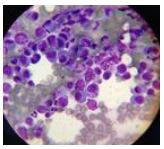
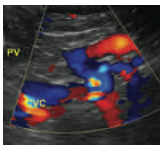

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sam Freedman

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Freedman

INVOICE

96667

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Recent lethargy, decreased appetite, vomiting. Poss. splenic or liver lesion seen at E.R. facility on ultrasound.
Abnormal PE/Chem/CBC/UA Results: Glucose 141, WBC 24.4, neuts. 2171, monos 1220.

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 1.5 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 left kidney measured 7.3 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 left adrenal gland measured 2.45 x 0.71 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 2.58 x 1.28 cm at the cranial pole and 0.98 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed, hypoechoic mass that was deriving from the caudal pole with adjacent echogenic free fluid. The mass measured approximately 5.0+ cm with ill-defined caudal margin. The remainder of the spleen was fairly unremarkable and uniform. Reactive mesentery was noted. The mass was surrounded by omental adhesions.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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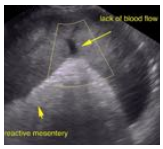

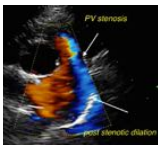

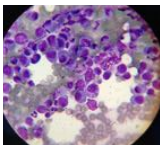
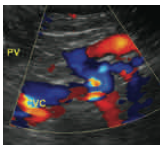

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Gastrointestinal

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

The omentum appeared fairly unremarkable.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass, appears isolated with omental adhesions.

Local omental spread into the caudal abdomen may be an issue.

No obvious organ metastasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate exploratory surgery as long as chest radiographs are free of evident pathology.

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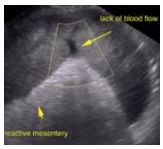
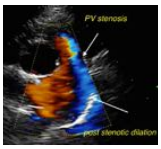
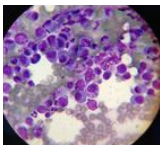
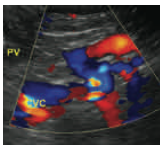

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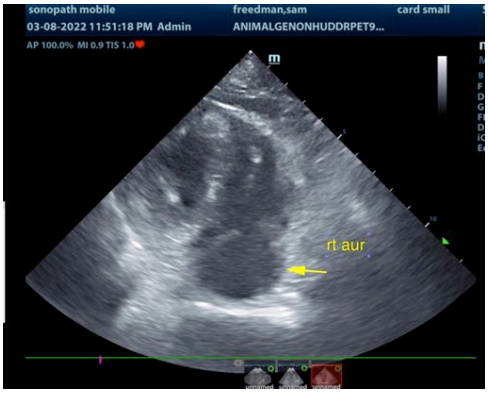

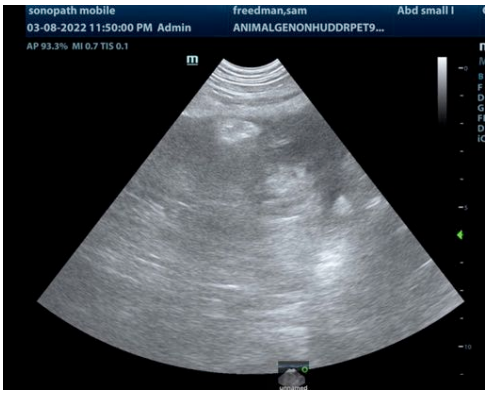

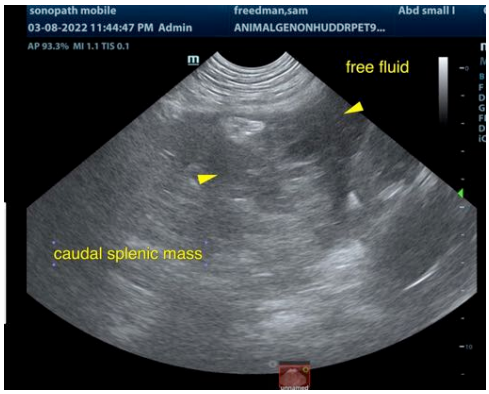

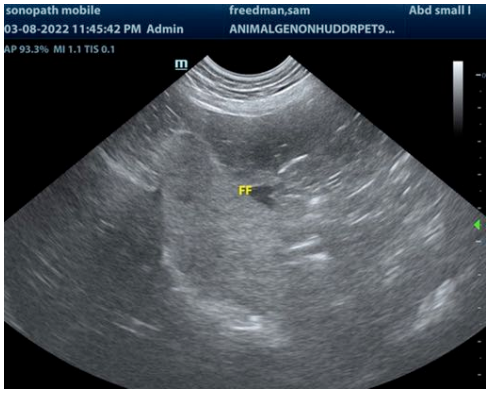

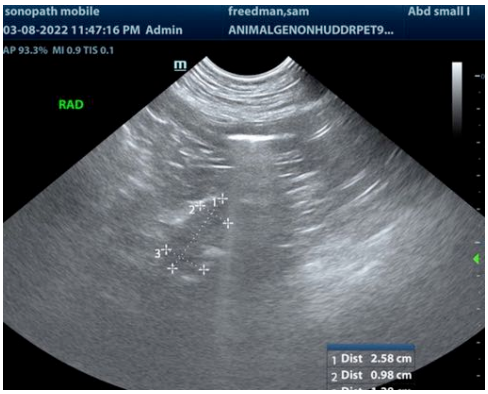

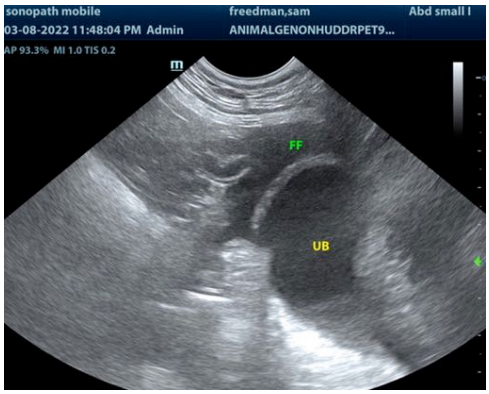

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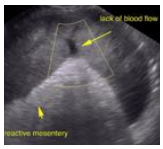
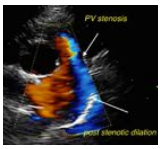
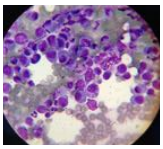
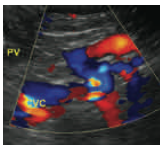

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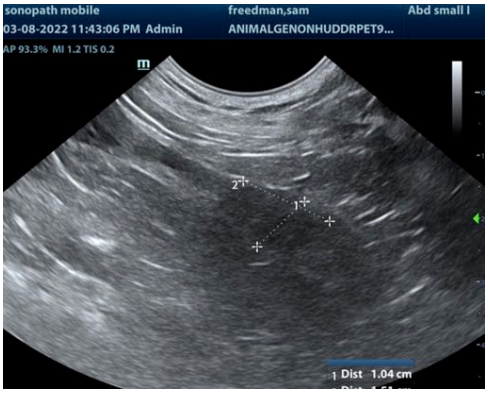

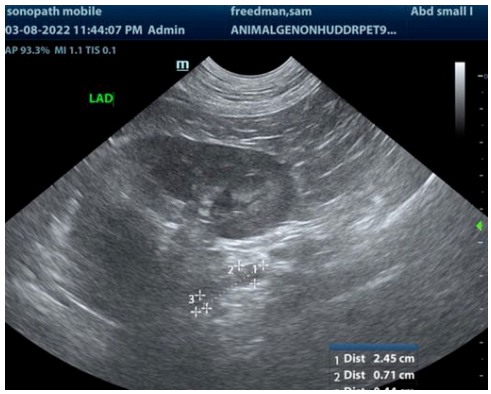

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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