



PATIENT

Pepper Ryder

SPECIES

Canine

BREED

Border Collie Cross Lab

SEX

Spayed Female

AGE

11 years

WEIGHT

27.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

98002

DATE

4/1/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started with weakness, took to rdvm Tuesday, rads revealed tumor attached to spleen. Rec AUS to check for spread before surgery. Distended abdomen. **Previous Health Concerns:** fatty mass removed from side 1yr ago **Current Medications:** iron and vit B liquid **Appetite/When did they eat last:** small amt 7am **Diet:** dry grain free **Vomiting/Diarrhea:** Tue vomited 1x, BM normal

Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork: BUN 28; RBC 5.2; HCT 30.7; HGB 11.3; MCV 59; Retic-HGB 20.1; NEU 13.08; MONO 1.56; EOS 0.02; PLT 117; MPV 14.8 **Abdomen tense and mildly painful.** Rdvm rads: suggestive of splenic mass, not free fluid in the abdomen, heart equivocally enlarged.

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 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 6.92 cm. The left kidney measured 6.67 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 2.8 x 0.55 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 2.0 x 0.5 cm.

Spleen

The **spleen** was enlarged with scalloping contour and enhanced surrounding mesentery. An overt, mixed, hypoechoic parenchymal mass was noted.

Liver



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The **liver** revealed heterogenous parenchymal changes with swollen, irregular contour and surrounding free fluid. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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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.

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Pancreas

The **pancreas** was enhanced with irregular changes owing to the free fluid.

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ULTRASONOGRAPHIC FINDINGS

Strong suspicion for splenohepatic infiltrative disease/sarcoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver is recommended. If the liver by change is benign then exploratory with splenectomy is indicated. However, given the free fluid enhanced omental spread into the abdomen is suspected. This is more consistent with a round cell neoplasia pattern as opposed to hemangiosarcoma.

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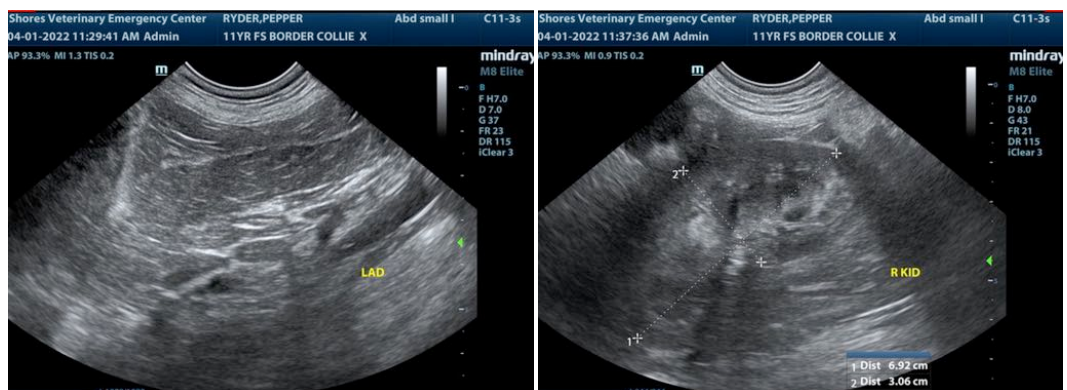
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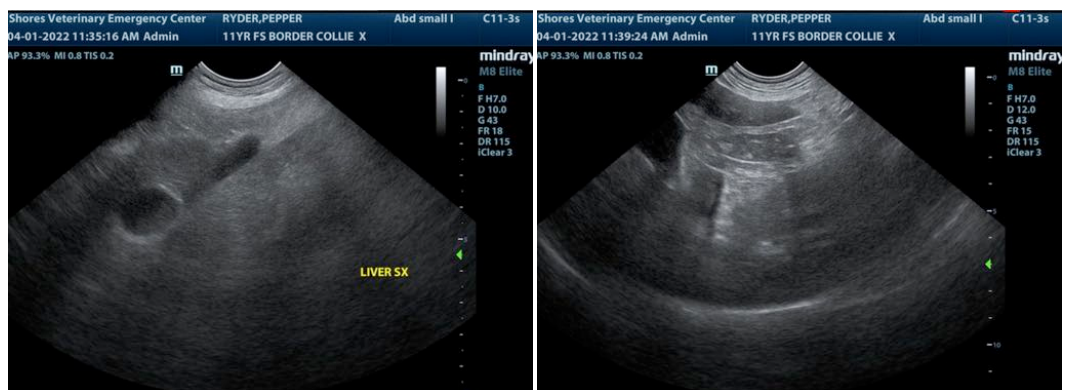
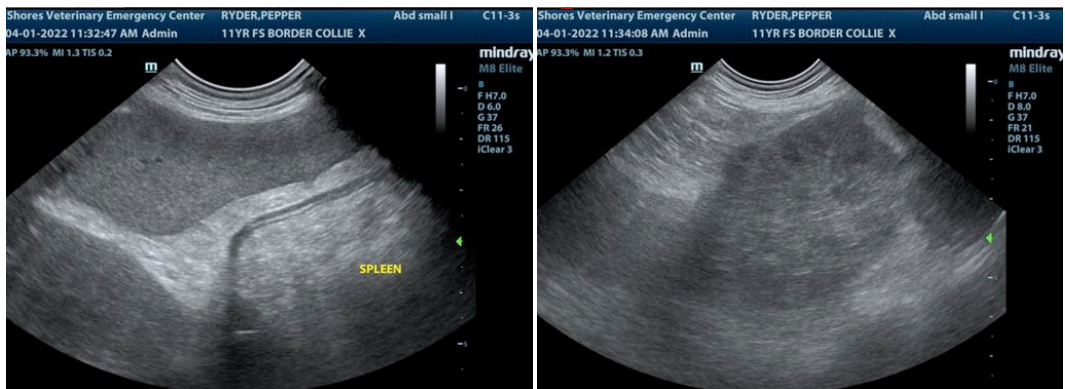
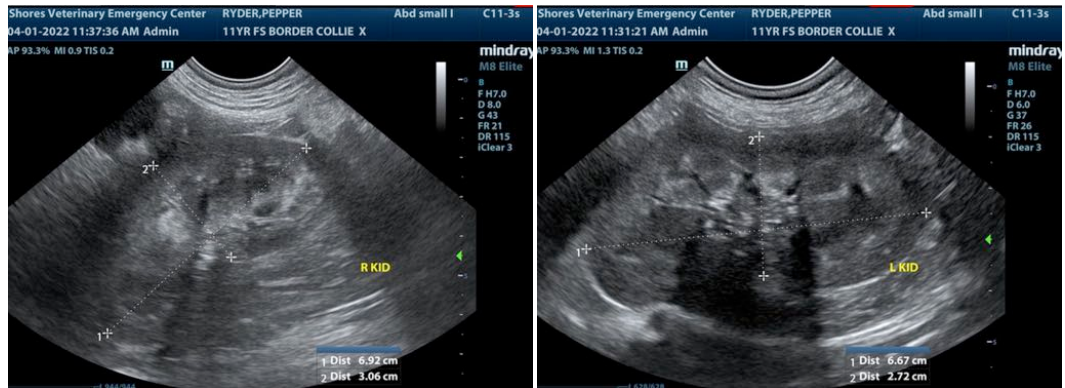
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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