



PATIENT PRESENTING CLINICAL SIGNS

Jazz Holohan

History: Current clinical signs summary (Hx of suspected seizures vs syncope and OA ~ 6 months ago, no episodes since Presented today for trouble walking, sitting, laying down, fecal incontinence, weight loss despite good appetite, hesitant to lean down to eat food out of bowl over the weekend); Summary of PE findings (arrhythmia noted on auscultation T-L, L-S pain), T (100.7F/38.2C), P (100), R (panting), Patient attitude/demeanor (patient demeanor- quiet)
Abnormal PE/Chem/CBC/UA Results: geriatric bw pending

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

12 years

WEIGHT

58.5 lbs

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 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 left kidney measured 7.23 cm. The right kidney measured 5.44 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

43797

DATE

4/11/23

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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** revealed an overt 2.45 cm hypoechoic mass in the mid spleen. Heterogenous changes were noted in the spleen elsewhere.

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. Mild lobar biliary mineralization and increased portal markings. The gallbladder and common bile duct was unremarkable. There was no evidence of metastatic disease.



PATIENT

Gastrointestinal

Jazz Holohan

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.

SPECIES

Canine

Pancreas

BREED

Boxer

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.

SEX

Neutered male

Heart

Rapid view of the heart revealed no evidence of pathology.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

58.5 lbs

Splenic mass, hemangiosarcoma, round cell neoplasia, hyperplasia, granuloma and abscessation re all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

I recommend Holter monitor in this patient. This can be obtained from our office. FNA of the splenic lesion or direct splenectomy is indicated once the cardiac presentation has been managed. Chest radiographs are warranted if not already performed.

IMAGING PERFORMED BY

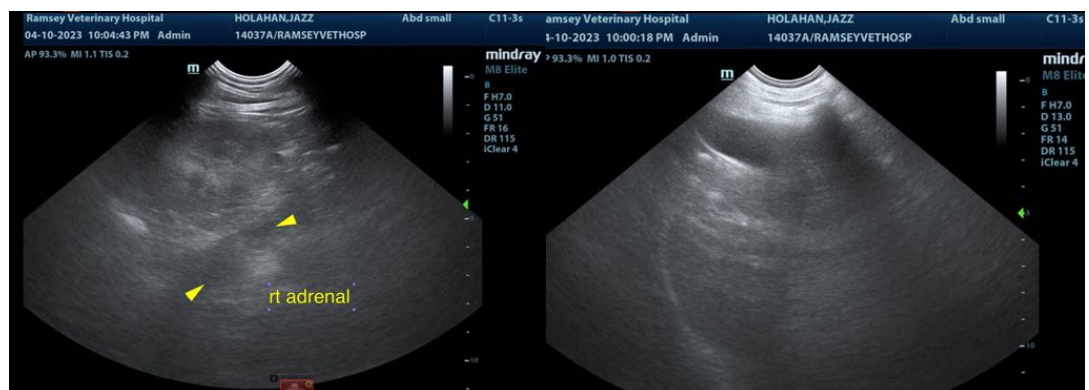
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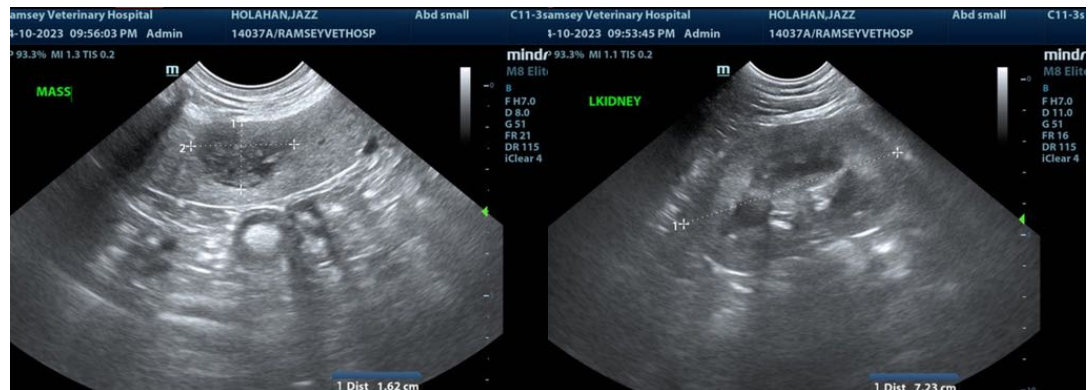
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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