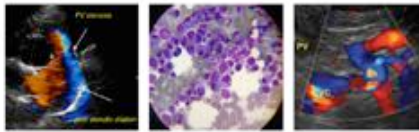


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fredgromalak@gmail.com

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENTJasper Fredrickson
50082A**SPECIES**

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 years

WEIGHT

34.5 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

On Saturday Jasper had episode where he stretched out and acted disoriented for a bit. Took to pcDVM today and was diagnosed with hemoabdomen and transferred here.
Abnormal PE/Chem/CBC/UA Results: PCV: 22% PT-14 PTT-95

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.1 cm and the right kidney measured 7.4 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 0.48 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

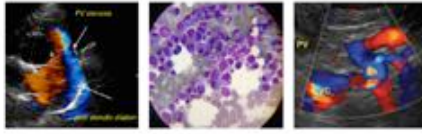
A 5.7 cm parenchymal and cavitated **splenic** mass was noted with regional, hyperechoic adhesions. A separate 8.0 cm cavitated mass was noted with free fluid. Nodular changes were noted elsewhere in the spleen.

Liver

The **liver** was coarse in architecture with heterogenous nodular changes without cavitation. Slight irregular contour was noted. Enhanced surrounding mesentery was noted extending from the splenic pathology to the liver. The gallbladder was unremarkable.

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. The colon was fluid filled.

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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

Heterogenous omental changes were noted.

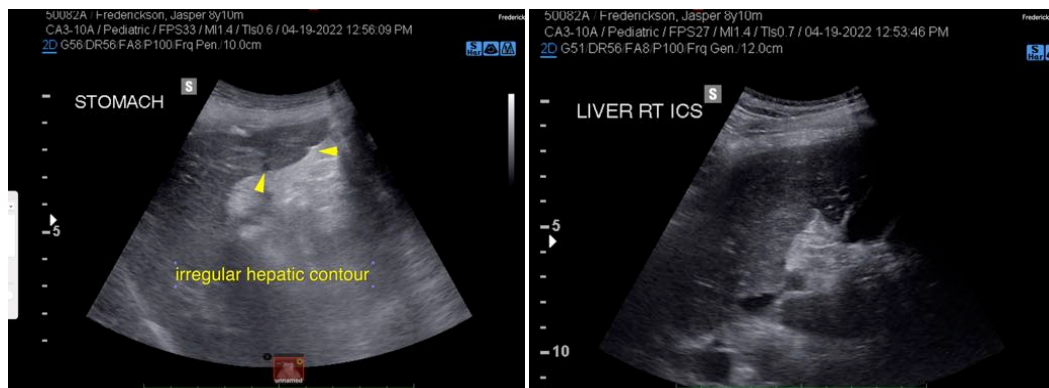
ULTRASONOGRAPHIC FINDINGS

Multiple splenic masses with free fluid, suspicious for hemoabdomen given the patient's history.

Heterogenous omental changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive neoplastic process such as hemangiosarcoma is likely. There is a potential for early metastatic disease to the liver without overt metastatic lesions, yet irregular heterogenous changes may represent early metastasis. Three view chest radiographs and rapid echocardiogram is recommended for screening, if negative for metastasis then exploratory surgery is indicated. However, adjunctive chemotherapy and management of a neoplastic process is likely necessary. Heterogenous omental changes may be consistent with seeding from the splenic tumors.



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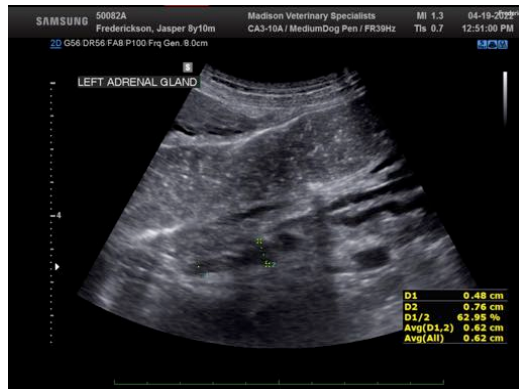
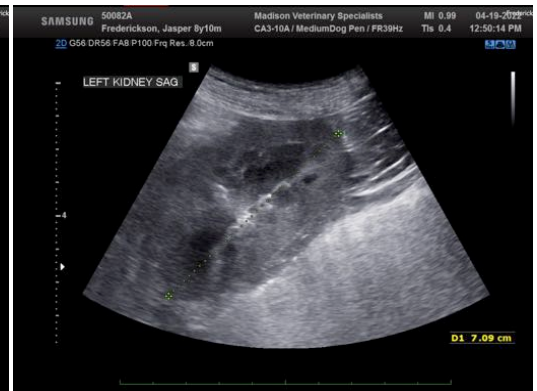
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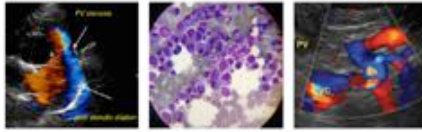
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com