



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Chase Maxwell

**SPECIES**  
Canine

**BREED**  
Shepherd Mix

**SEX**  
Neutered male

**AGE**  
6 years

**WEIGHT**  
51.3 ;bs

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Brenner

**HOSPITAL NAME**  
Riverside AC

**REFERRING VET**  
Dr. Brenner

**INVOICE**  
43891

**DATE**  
4/19/23

**History:** April 10, 2023 a 3 day history of urine accidents in house. Started Amoxicillin 500mg BID for 5 days. April 17, 2023 increase thirst since on Amoxicillin, still urine accidents in house, slow to go up stairs. Negative 4Dx heartworm test March 2023.

**Abnormal PE/Chem/CBC/UA Results:** April 10, 2023 urinalysis USG 1.019, pH 7.5, 2+ RBC, 2+cocci, no WBC, occasional RBC, April 17, 2023 urinalysis USG 1.000, pH 6, rare cocci, no WBC, occasional RBC. April 19, 2023 Temp 103.3F. MM light pink, pot bellied abdomen, rectal prostate normal.

**Radiographs:** bicavitary effusion. Irregular liver boarder extends past ribs, bullae right cranio-ventral lung field. CBC anemic normocytic normochromic yet regenerative RBC 3.23 (5.65-8.87), HCT 23.5% (37.3-61.7) Hgb 7.7 (13.1-20.5), Reticulocytes 739.3 (5.05-16.76). Leukocytosis Neutrophilia WBC 25.23 (5.05-16.76) Lymph 5.51 (1.05-5.1) Mono 1.66 (0.16-1.12). Thrombocytopenia 75 (148-484). CHEM BUN 6 (7-27), ALKP 20 (23-212), CI 105 (109-122).

**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. Microinfarcts were noted as well as cortical remodeling. The right kidney measured 6.22 cm. The left kidney measured 6.44 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 1.69 x 0.35 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 1.69 x 0.6 cm at the cranial pole and 0.49 cm at the caudal pole.

**Spleen**

A mixed, hypoechoic, irregular and nodular mass was noted and measured 8.0+ cm and extended into the regional omentum with dandelion type spread. The mass appeared to derive from the spleen. It does not appear cleanly resectable.

**Liver**

Masses impinged upon the **liver** cranially or derived from the liver. These are undifferentiated lesions. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and



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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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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**

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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.

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**Free Abdomen**

A moderate amount of echogenic free fluid was noted. This is consistent with hemorrhage.

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**Heart**

Rapid view of the heart revealed pericardial effusion as well as pleural effusion.

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**ULTRASONOGRAPHIC FINDINGS**

Multi-centric neoplasia splenic spread into the omentum with concurrent pericardial effusion and slight pleural effusion.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Humane euthanasia should be considered in this patient. The prognosis is poor.

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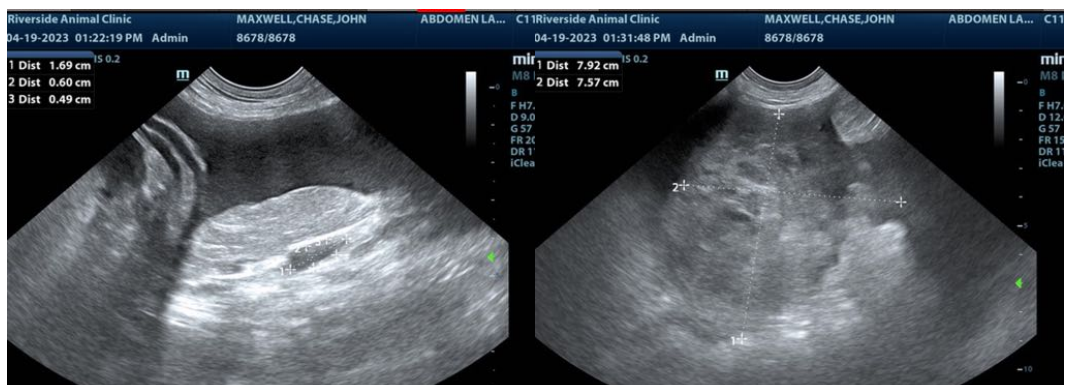
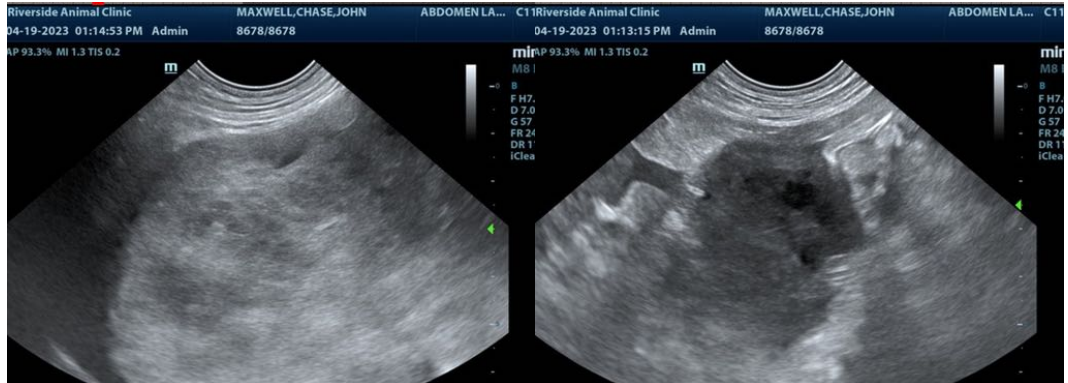
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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