



PATIENT

Dallas Martin

SPECIES

Canine

BREED

American Stafford
Terrier X

SEX

Spayed Female

AGE

12 Years

WEIGHT

80 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

INVOICE

46921

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Intermit decreased appetite. Hx of pancreatitis. Loose feces
Abnormal PE/Chem/CBC/UA Results: WNL except mild elevation in amylase/lipase

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 7.07 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 right adrenal gland measured 3.01 cm x 0.89 cm. The left adrenal gland measured 3.32 cm x 0.89 cm.

Spleen

The **spleen** revealed a slight hypoechoic nodule measuring 0.73 cm at the cranial pole. Other nodular changes noted on the spleen up to 2.0 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The left lateral liver revealed a hepatoma type mass. The liver otherwise presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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Free Abdomen

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A free floating mass measuring 5.0 cm. was noted in the left cranial abdomen, suspect accessory spleen or possible lymph node.

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American Stafford Terrier X

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Subjectively benign hepatopathy with irregular swelling or hepatoma type mass at the caudal aspect of the left lateral lobe.
- Separate 5.0 cm mass in the region where an accessory spleen would be.
- Nodular splenic changes.
- Age related pancreatic changes.

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend FNA of the spleen, free floating mass, and liver, or direct exploratory surgery for further definition. No obvious evidence of pancreatitis. Chest radiographs warranted +/- echocardiogram for comorbidity. Round cell neoplasia, hemangiosarcoma, benign hyperplasia all possible.

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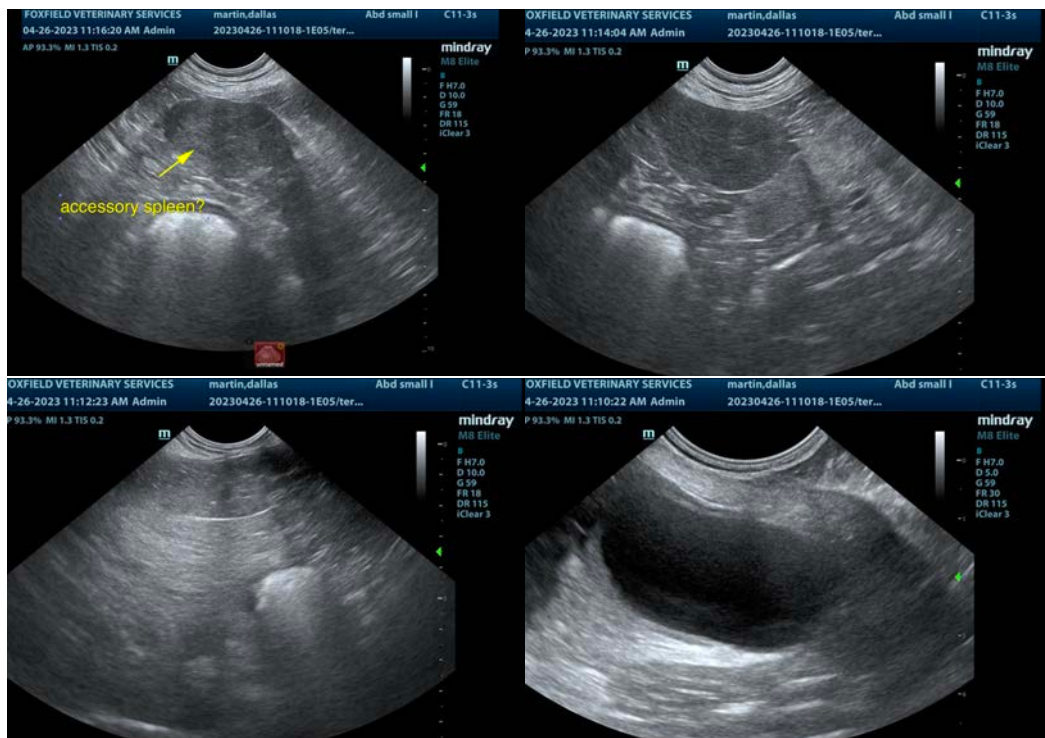
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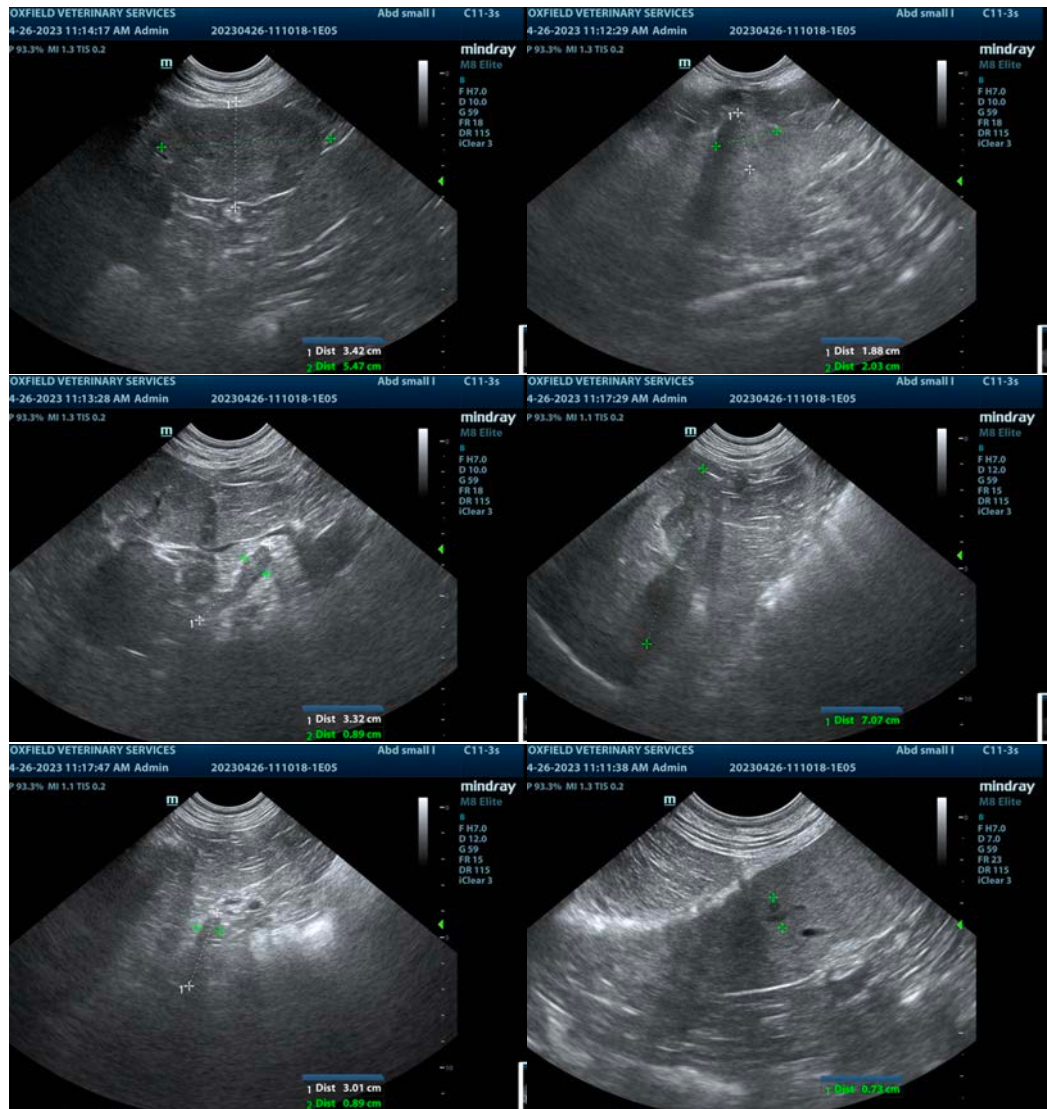
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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