

**DATE**

4/27/22

PRESENTING CLINICAL SIGNS

P seen at ER and on radiograph an abdominal mass was seen. P also has a hemoabdomen.

PATIENT

Picker Davis

Current Medications: None.

Lab Results: Unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined / Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Australian Shepherd

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.

SEX

Neutered Male

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 7.02 cm. The right kidney measured 6.9 cm.

AGE

2/4/10

WEIGHT

80 Pounds

Adrenal Glands

The **left adrenal gland** was slightly enlarged, measuring 1.08 cm at the caudal pole and 0.78 cm at the cranial pole and 3.25 cm in length.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right adrenal gland** was normal in size, measuring 3.15 cm x 1.3 cm at the cranial pole and 1.15 cm at the caudal pole.

Spleen

The **spleen** revealed a moderately complex polar mass measuring 6.7 cm, deriving from the caudal pole. Surrounding free fluid and ascites noted in the abdomen. The cranial pole of the spleen revealed a 6.7 cm parenchymal mass.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Northwind AH

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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No overt evidence of metastatic disease.

REFERRING VET

Dr. Cross

INVOICE

37241

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. 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

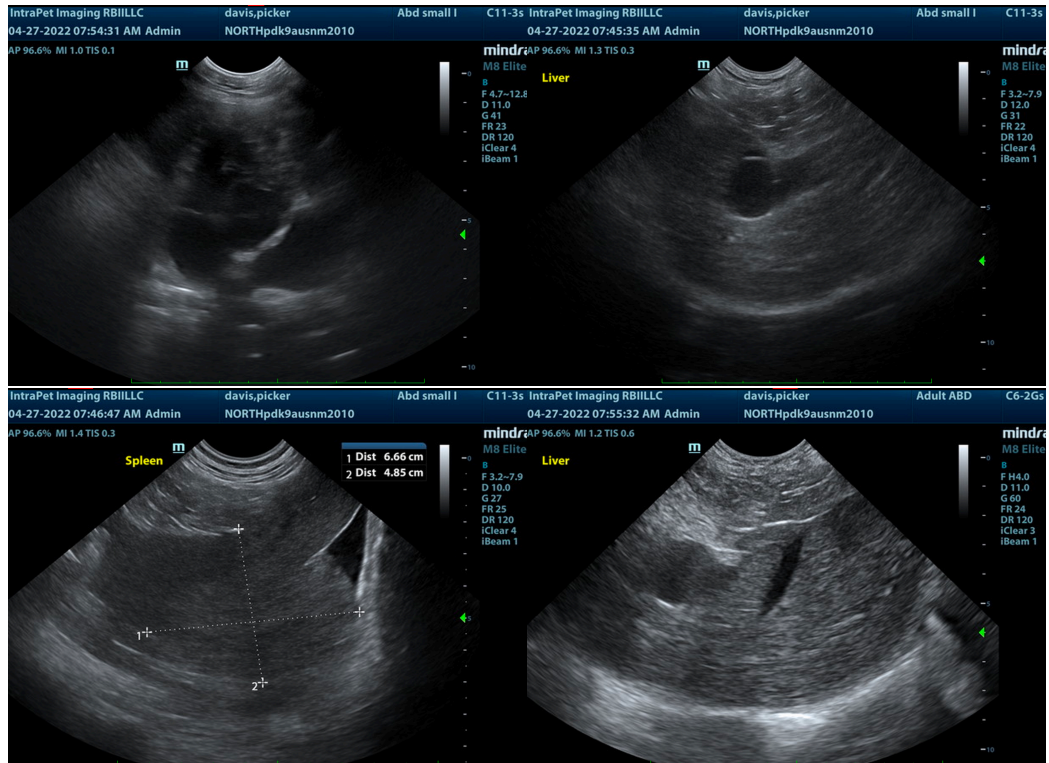
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium. Ringdowns noted through the diaphragm with pleural effusion, strongly suggestive for metastatic disease. However, the heart does not appear to be directly involved.

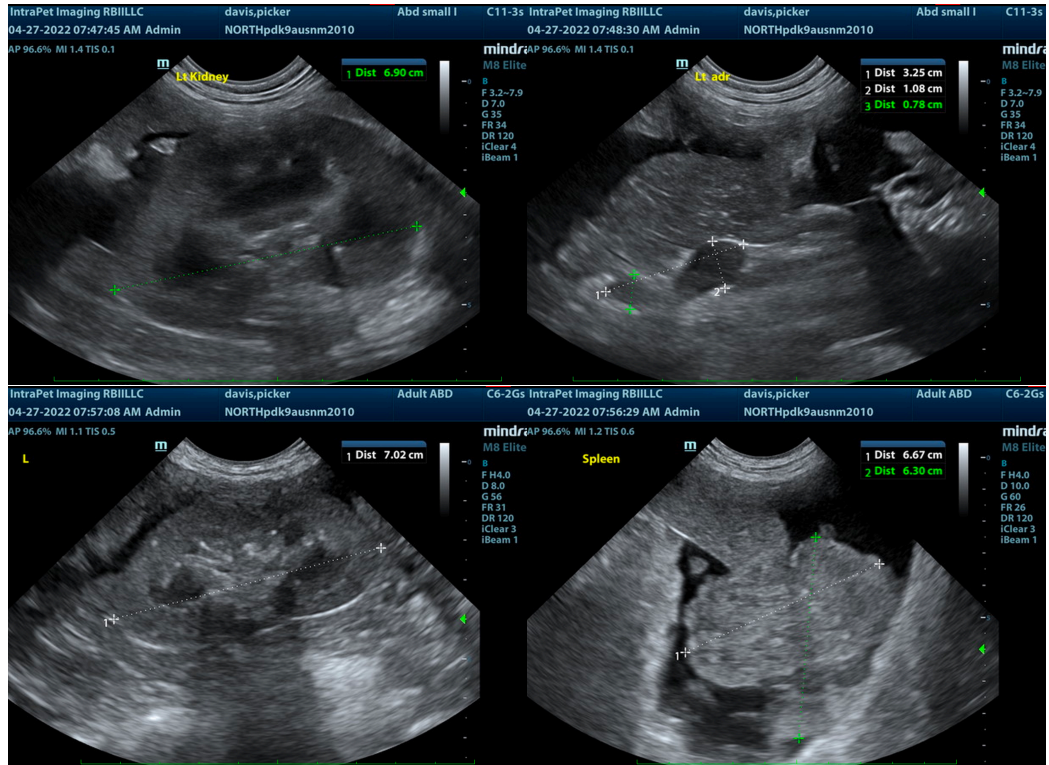
ULTRASONOGRAPHIC FINDINGS

- Splenic masses with free fluid likely owing to rupture or paraneoplastic effusion – hemangiosarcoma likely, round cell neoplasia possible.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of organ metastasis. However, micrometastasis could not be completely ruled out.





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
info@SonoPath.com