



PATIENT

Sasha Pies

SPECIES

Canine

BREED

Staff Terrier

SEX

FS

AGE

10yr

WEIGHT

63lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Velasco

INVOICE

13629ag

DATE

04/28/2023

PRESENTING CLINICAL SIGNS

Pt has hx of intermittent IBD. She has had a distended abdomen for several days. Eating but decreased appetite. Chem/CBC from 2 days ago: mild ALKP and PSL elevation only UA - showed rods. Submitting cysto and culture today ACTH stim also being submitted today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 cm. 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 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 left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland exhibited 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 caudal pole width. The right adrenal gland was not visualized.

Spleen

The spleen was mildly enlarged with a slightly swollen contour. Subtle micronodular changes/reticular pattern was present. A mixed hypoechoic mass was noted with underlying subcapsular hematoma deriving from the caudal pole of the spleen measuring ~ 6.0 cm. Localized free fluid was noted.

Liver

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

Gastrointestinal

There was some residual chyme and gas noted in the stomach, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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



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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

Localized perisplenic free fluid was noted.

BREED

Staff Terrier

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with rupture and hematoma, no obvious organ metastasis.
- Age related hepatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A rapid ECG is warranted. The remainder of the abdomen was unremarkable.

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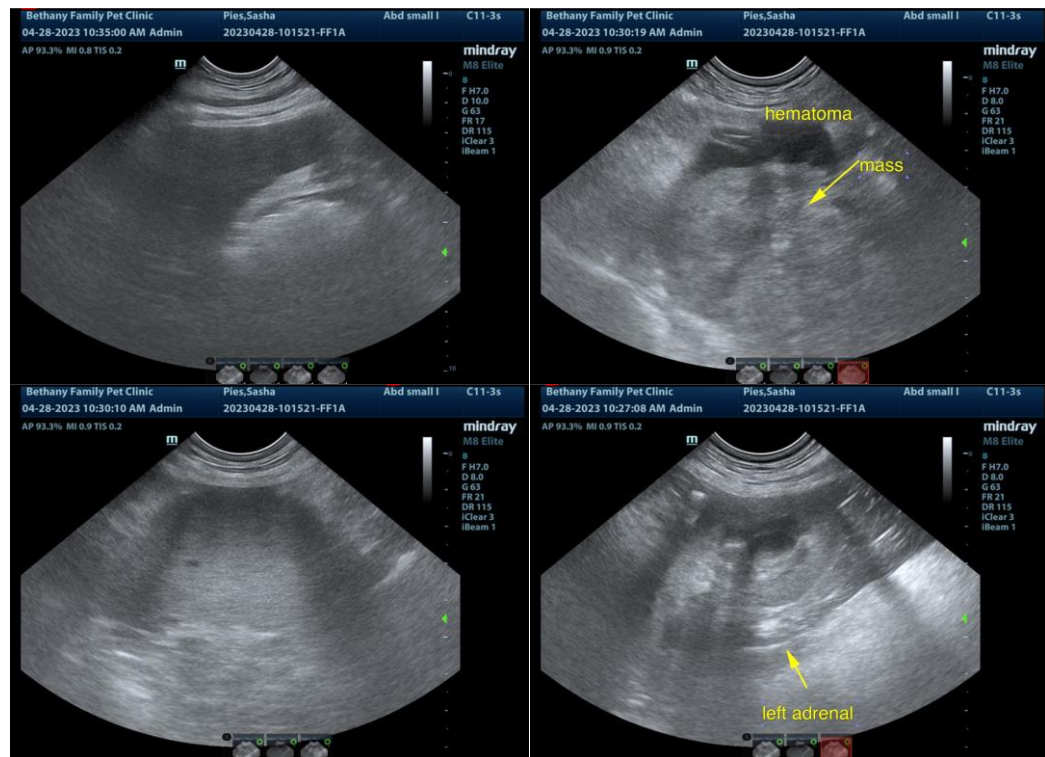
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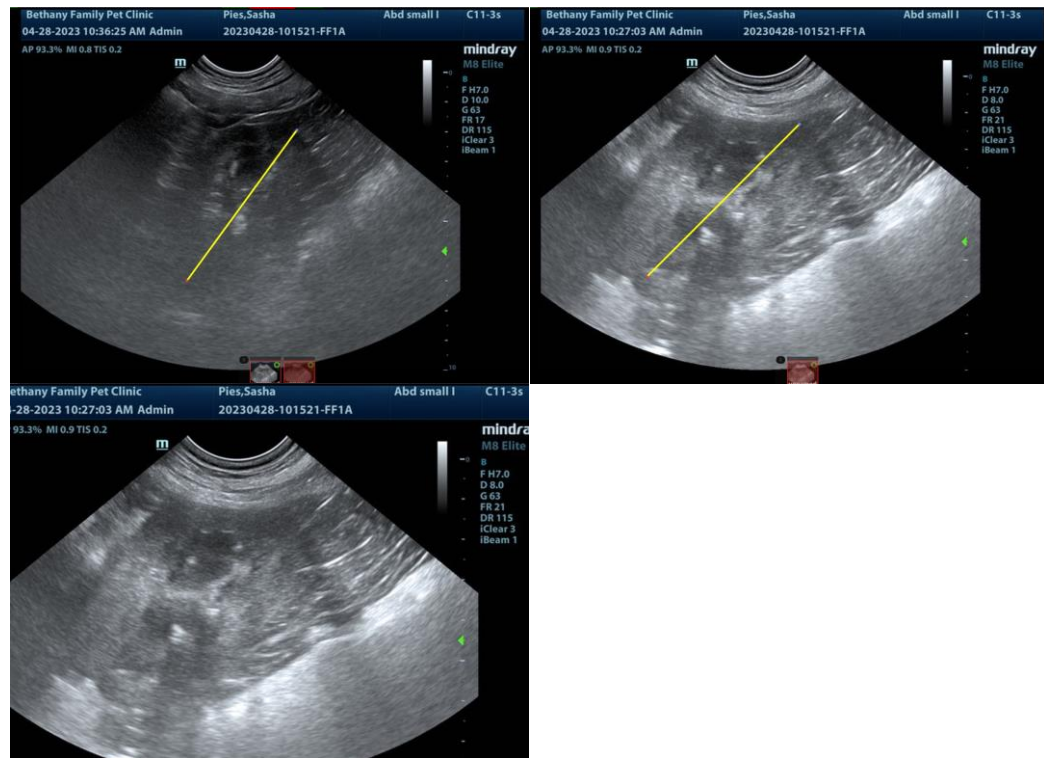
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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