



**DATE PRESENTING CLINICAL SIGNS**

04/03/26 *Imaging in this patient was challenging owing to body habitus. The image sets are based on the best potential imaging available.*

**PATIENT**

Bella Hines Patient History: 9 year old FS Rottweiler presented for weight loss and decreased appetite. Owner also notes gagging after drinking water. Blood work findings: HCT low normal (41.9), decreased BUN (8), albumin decreased (2.6), globulin increased (4.6), ALP increased (331), 2+ proteinuria.

**SPECIES**

Canine Current Medications: None listed.  
Labwork Results: Labwork attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Patient sedated with Torbugesic and Valium.

**BREED**

Rottweiler Stat Report: Not requested.  
Imaging Performed by: Andi Parkinson, BS, RDMS,

**SEX**

Spayed Female

**AGE**

09/16/16

**WEIGHT**

118.2 pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a minor amount of dependent debris.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.76 cm in length. The right kidney measured 7.76 cm in length.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**Adrenal Glands**

The **left adrenal gland** was 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 2.98 cm x 0.64 cm width at the cranial pole and 0.58 cm width at the caudal pole.

**HOSPITAL NAME**

Chadwell Animal  
Hospital

The **right adrenal gland** was not visualized.

**Spleen**

**REFERRING VET**

Dr. Copes

The **spleen** revealed a focal hyperechoic expansive nodule measuring 3.0 cm. Other nodular changes were present in the spleen with disruption of architecture.

**Liver**

**INVOICE**

14846

The **liver** presented with coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** was filled with progressively shadowing luminal material measuring up to 5.0 cm. If the patient was NPO, I would be concerned for soft foreign matter. The small intestine and colon were unremarkable.

## **Pancreas**

A cranial abdominal hypoechoic ill-defined 2.1 cm lesion was present in the left **pancreatic** body.

## **Free Abdomen**

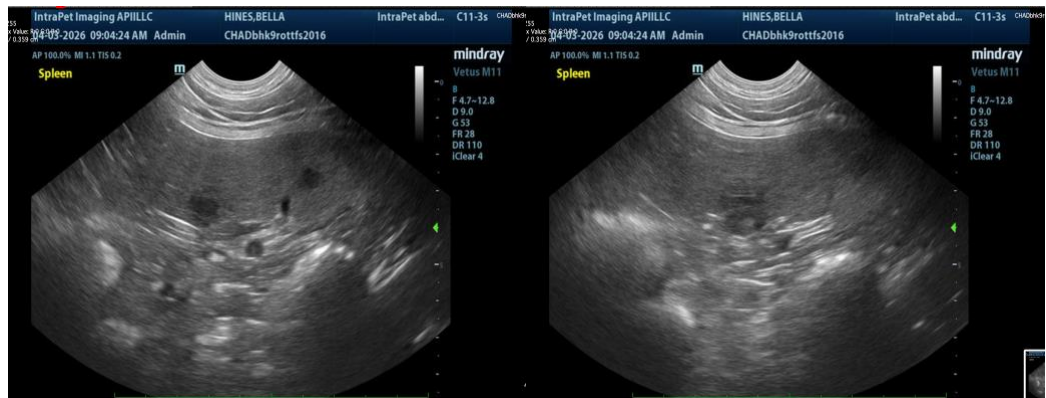
Rapid view of the **heart** revealed an at least 10.0 cm x 7.2 cm right auricle basilar mass. Full extent of the cardiac mass was not able to be visualized owing to extension beyond the acoustic window. No pericardial effusion was present. Internal volumes of the heart appeared unremarkable.

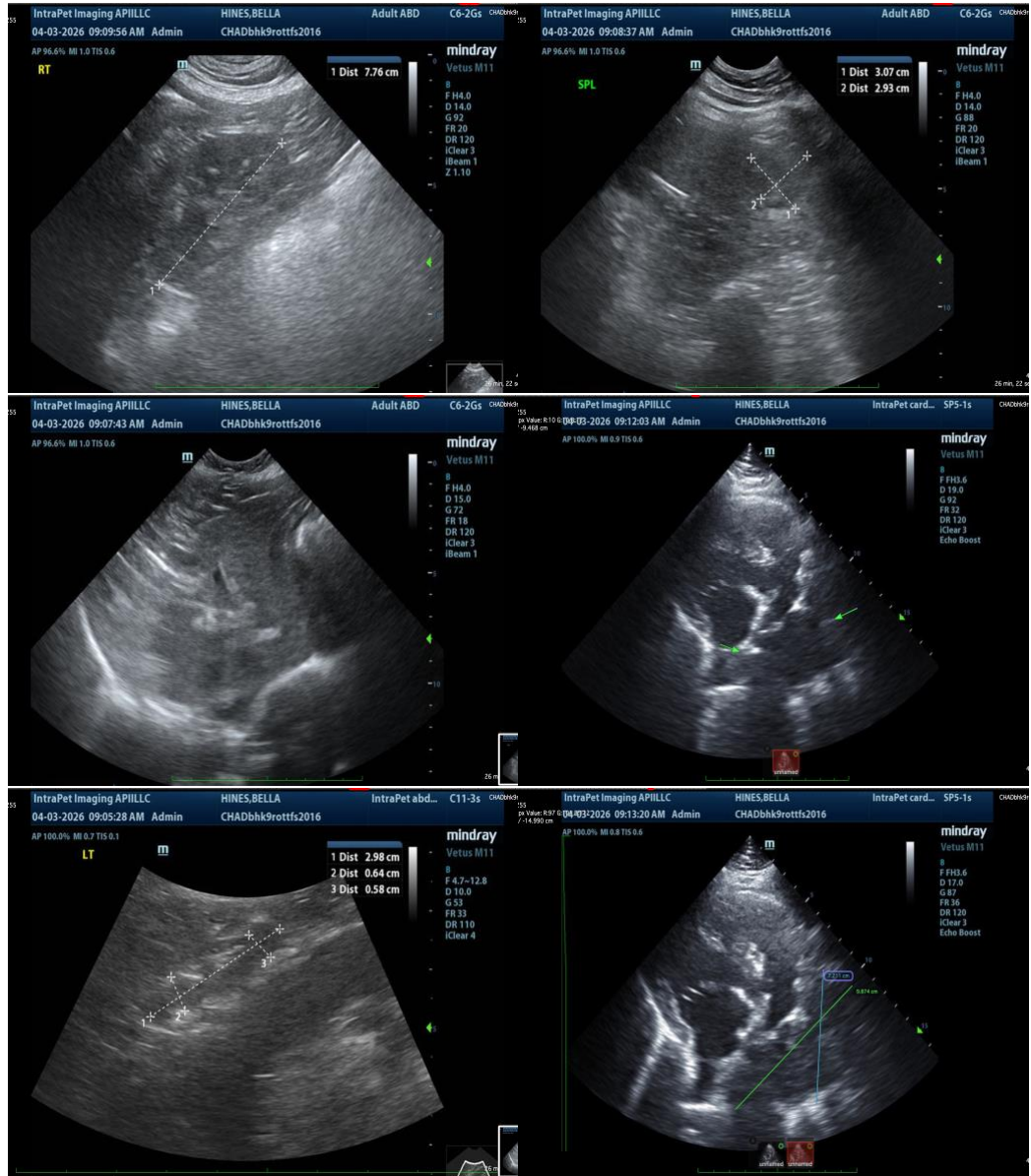
## **ULTRASONOGRAPHIC FINDINGS**

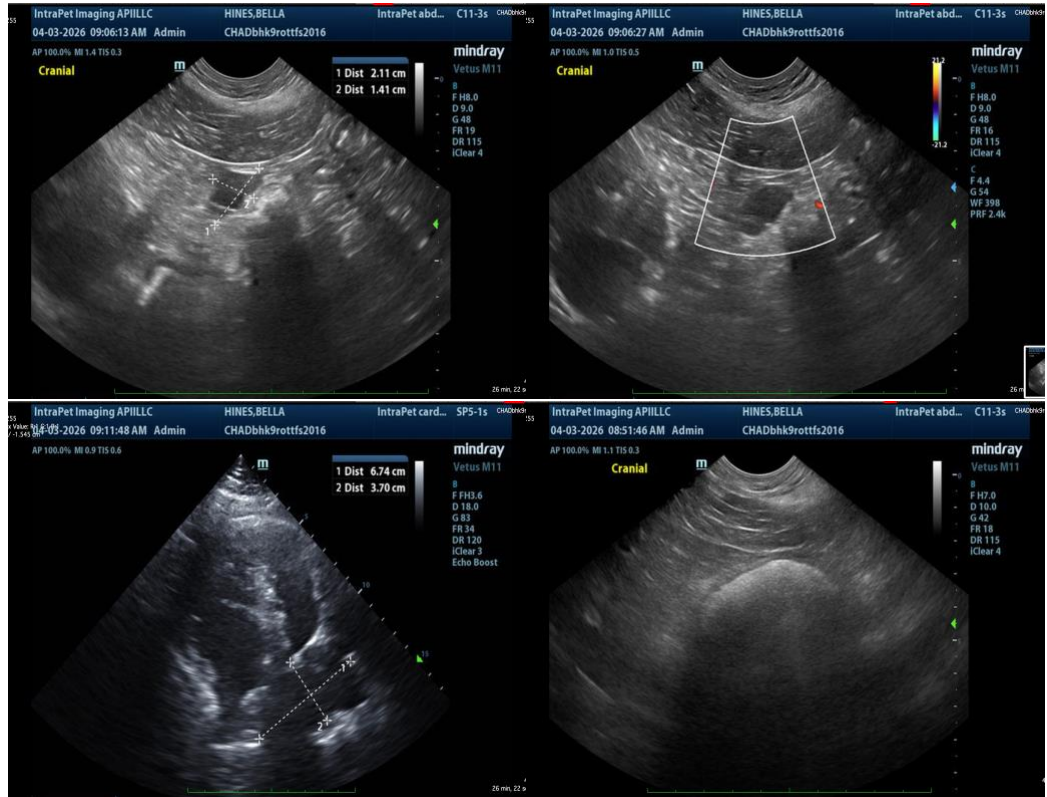
- Multifocal splenic nodules.
- Mid abdominal undefined lesion.
- Heart base mass consistent with multicentric hemangiosarcoma.
- Urinary bladder debris.
- Gastric luminal material.
- Age-related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Oncological intervention is recommended. A CT evaluation would be necessary for further definition.







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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)