



**PATIENT**

Snoopy Montanez

**SPECIES**

Canine

**BREED**

Mixed Large

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

56 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. G. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Yolanda Sierra

**PRESENTING CLINICAL SIGNS**

Presented as a referral for and abdominal ultrasound to evaluate a possible mass. Pt presented to referring veterinarian on 4-4-22 as pt started to developed clinical signs of PU/ PD for 1 week prior and has not been eating just drinking water. Seems painful in abdomen palpation and acting lethargic. This is the second time this patient was seen by the rDVM as the first time was in July 2021 for vaccine when everything was okay. Pt is currently on Enrofloxacin and Famotidine

Abnormal PE/Chem/CBC/UA Results: PE: W: 56# No information provided BW: CBC: ( Leukocytosis and thrombocytopenic) WBC: 68.65 H, (6-17) MON: 6.53H, NEU:58.75 H, (3-12) PLT: 12 (125-450) CHEM: ALB: 2.1 L, ALP:191 H, NA: 162 H IDEXX 4DX: negative all

**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 residual prostate was uniform at 0.9 cm.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.55 cm with trace pyelectasia noted. The left kidney measured 6.4 cm with slight pyelectasia of 0.1 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 0.65 cm. The left adrenal gland measured 0.55 cm.

**Spleen**

The **spleen** was irregular. A 12+ cm mixed echogenic parenchymal mass was noted. The mass derived from the caudal pole of the spleen, connected to the spleen by a bridge of approximately 1.0 cm. This is highly precarious and at risk for rupture. Slight free fluid noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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.

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**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.

**Heart**

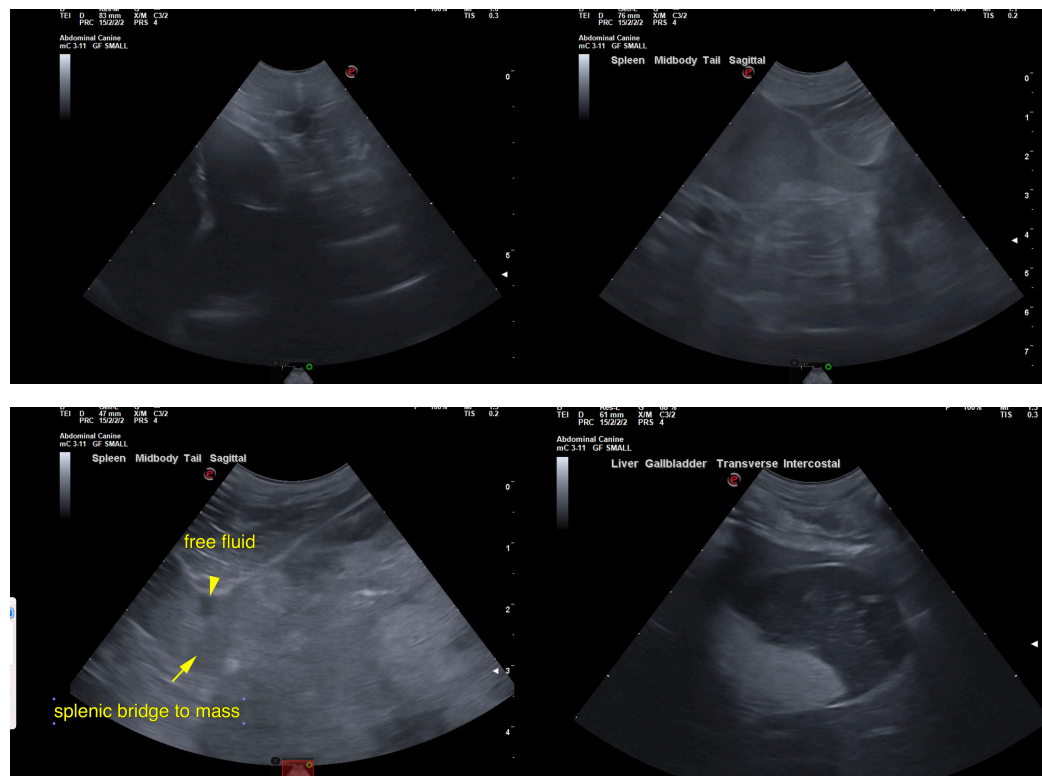
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

- Pedunculated splenic mass, high risk for rupture – splenic hemangiosarcoma versus hematoma or hyperplasia possible.
- Slight free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate surgical intervention is essential. No obvious metastatic disease. However, slight free fluid would suggest potential abdominal spread. The surgeon should be very careful with exteriorizing the mass, as it is barely connected to relatively normal spleen





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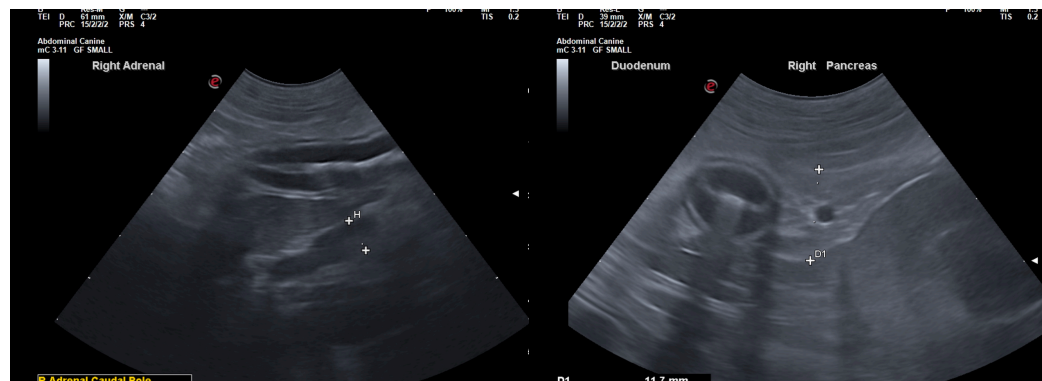
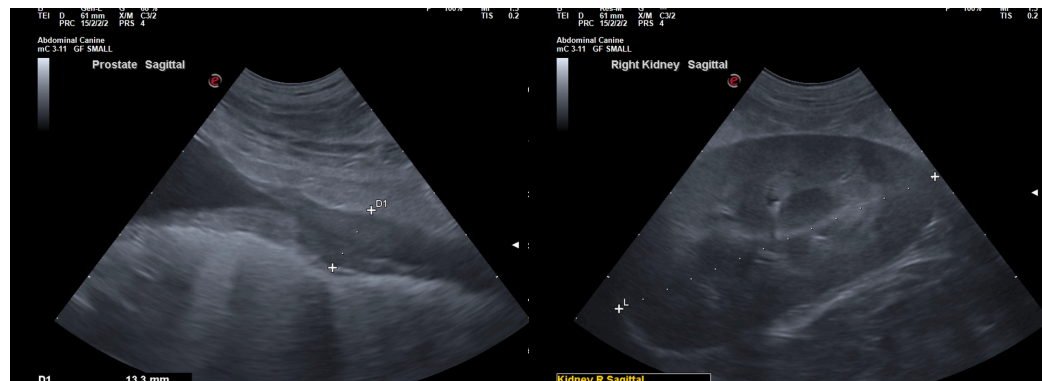
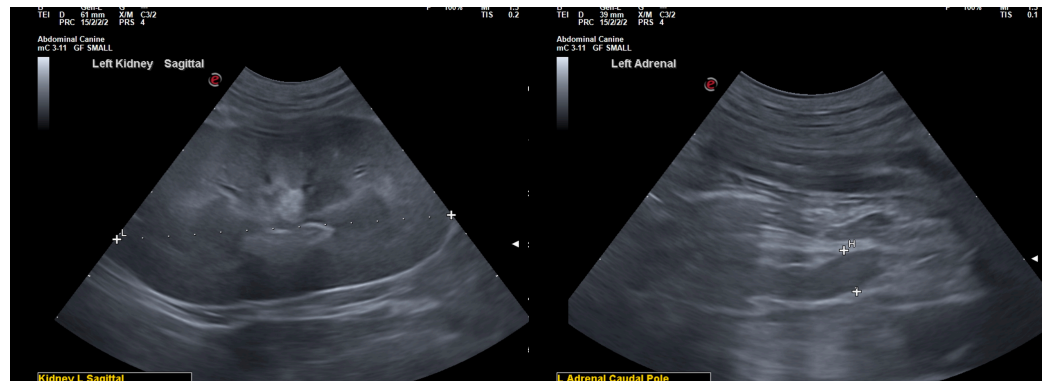
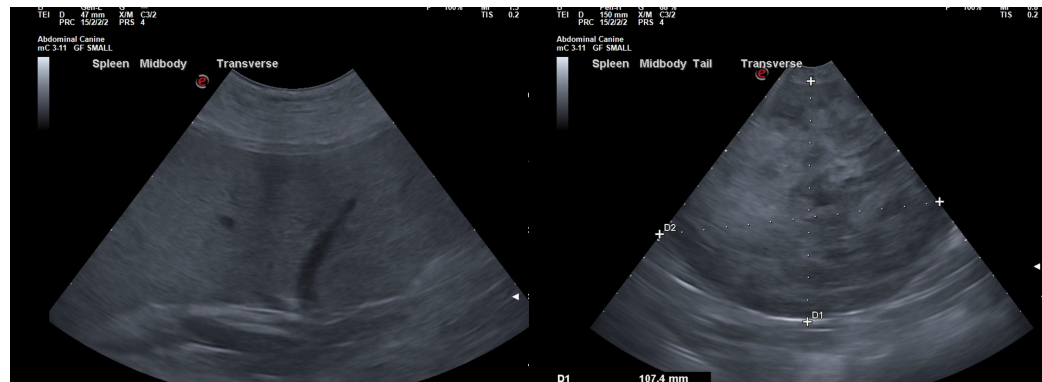
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**

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