



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Gia Rivera

**SPECIES**  
Canine

Presented as a referral for an abdominal ultrasound to evaluate possible abdominal mass. Owner noticed distended abdomen one week ago. Otherwise dog is acting normal. CBC and Chemistry was perform. no medication was given.

Abdomen and thoracic rads: thoracic no obvious nodules in the lungs, abdomen large about 62x60cm mass in cranial abdomen. CBC: LYM -0.91 (1 - 4.8) NEU +13.85 (3 - 12) PLT -136 (165 - 500) MPV +13.0 (3.9 - 11.1) Chemistry: WNL

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

German Shepherd

**Urinary System**

**SEX**

Spayed Female

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 was noted. Ureteral papillae were normal.

**AGE**

7 years

**WEIGHT**

95.6 lbs

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 7.7 cm. The right kidney measured 7.6 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The regions of the **adrenal glands** were visualized with no evidence of pathology.

**IMAGING PERFORMED BY**

Dr. Ferrer

**Spleen**

The **spleen** revealed a 20 cm+ complex mass that was deriving from the caudal pole. Minor, micronodular changes were noted elsewhere in the spleen. There was no obvious evidence of metastatic disease. Areas of free fluid were noted. Enhanced mesentery and areas of cavitation were also noted.

**HOSPITAL NAME**

Paseos VC

**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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Sierra Archilia

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**PATIENT**

**Gastrointestinal**

Gia Rivera

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Material was noted in the stomach and measured approximately 4.0 cm. The stomach was filled with shadowing material. 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.

**SPECIES**

Canine

**BREED**

**Pancreas**

German Shepherd

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.

**SEX**

Spayed Female

**Heart**

**AGE**

7 years

The right auricle was free of evident pathology. Subjectively the contractility and volumes of the heart are normal.

**WEIGHT**

95.6 lbs

**ULTRASONOGRAPHIC FINDINGS**

Splenic mass.

Concurrent foreign matter may be present if the patient was n.p.o. at the time of the sonogram.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious evidence of metastatic disease. Exploratory surgery is indicated with expectations towards splenectomy and possible gastrotomy as well as liver biopsy to rule out micrometastasis. No contraindication to anesthetic procedure. Chest radiographs are recommended prior to surgery.

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

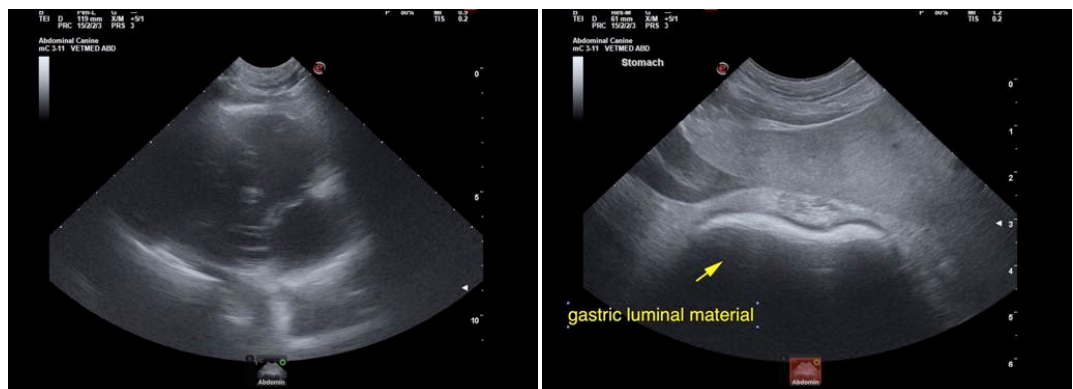
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**PATIENT**

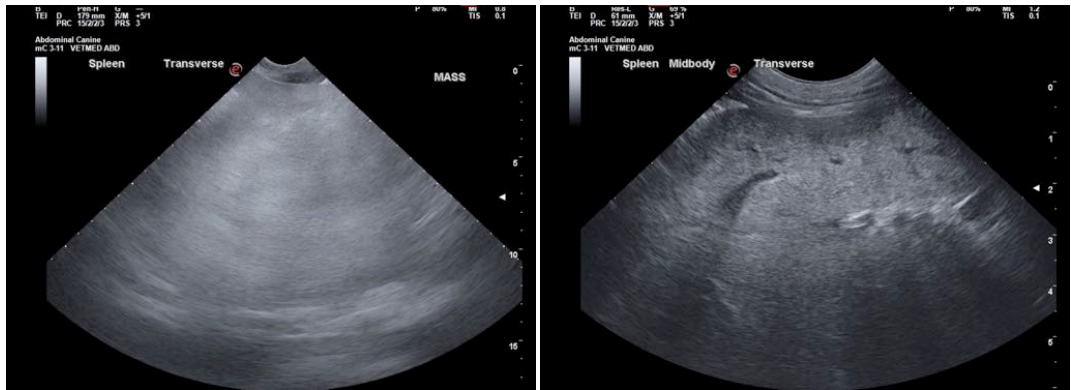
Gia Rivera

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German Shepherd



**SEX**

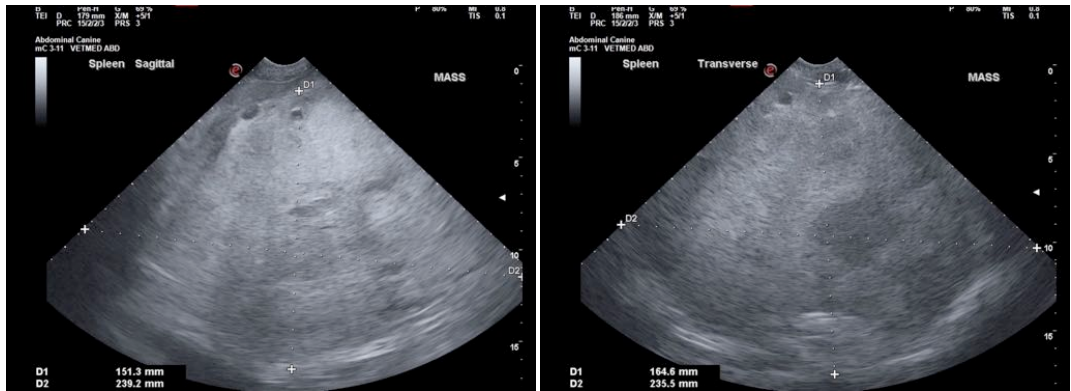
Spayed Female

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**INTERPRETED BY**

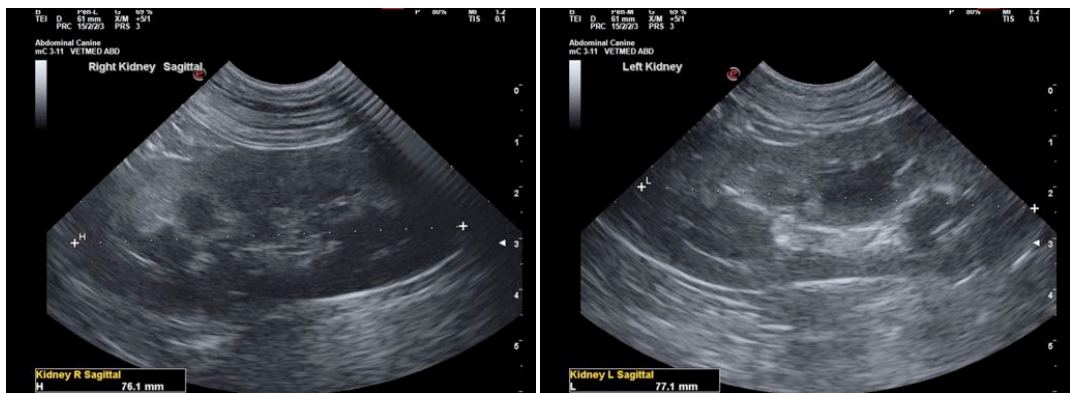
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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