



**PATIENT**

Bandit Chriswell

**SPECIES**

Canine

**BREED**

Golden Ret

**SEX**

Male

**AGE**

10

**WEIGHT**

47 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr. Moser

**INVOICE**

10594ag

**DATE**

05/13/2022

**PRESENTING CLINICAL SIGNS**

**History:** Presented at our hospital for AUS. Went in to rdvm for vaccines yesterday, felt possible abdominal mass on exam. Rec AUS. Concern for splenic mass. Otherwise has been normal. Previous Health Concerns: cyst/mass between toes that flares up occasionally  
**Abnormal PE/Chem/CBC/UA Results:** Palpable mass in cranial abdomen. Rdvm rads: probable splenic tumor

**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 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 8 cm in length. The right kidney measured 8.5 cm in length.

**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 left adrenal gland measured – cm in length by – cm caudal pole width by – cm cranial pole width. The right adrenal gland measured – cm in length by – cm caudal pole width by – cm cranial pole width.

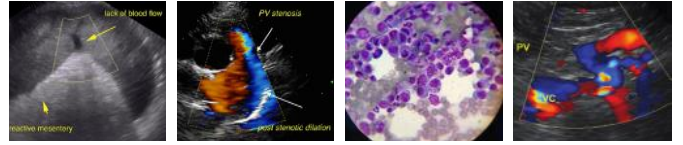
**Spleen**

The spleen revealed a complex mixed echogenic mass measuring approximately 15 cm. No evidence of rupture however it is highly prone to rupture. The mass appears to impinge upon the spleen or derive from the caudal pole of the spleen. The mass occupies the area of the left pancreatic limb. Reactive mesentery noted around the splenic mass.

**Liver**

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 evidence of metastatic disease.

**Gastrointestinal**



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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.

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Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

- Cystic mass presumed to be of splenic origin-unconfirmed, possibly pancreatic

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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A CT evaluation for surgical planning or a direct exploratory is indicated if chest radiographs and echocardiogram are normal. This may be a histopathologically benign lesion.

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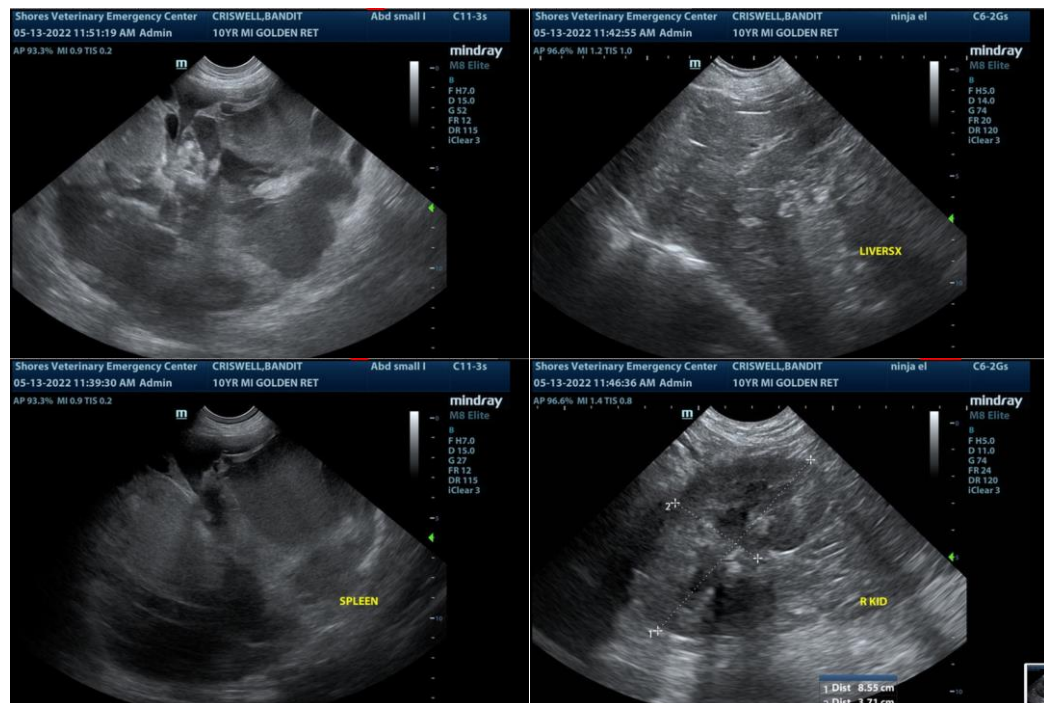
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com