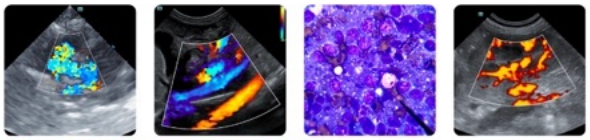


PATIENT

Athena Martinez

SPECIES

Canine

BREED

Great Dane

SEX

Spayed female

AGE

1 years

WEIGHT

55.8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Maria Lara DVM

HOSPITAL NAME

Allure Veterinary Hospital & Urgent Care

REFERRING VET

Dr. Morris

INVOICE

77915

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: Patient was spayed on Friday (5/22), the Saturday (5/23) started vomiting and having hematochezia. Patient presented inappetent to Allure 5/24. Initial radiographs and follow ups were inconclusive for foreign body obstruction.
Abnormal PE/Chem/CBC/UA Results: Lactate 3.39 0.5-2.5mmol/L H (@3am 5/25)

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 was 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 8.6 cm. The right kidney measured 8.6 cm.

The region dorsal cranial to the urinary bladder revealed amorphous undifferentiated, 3.0 x 7.2 cm tissue structure.

Adrenal Glands

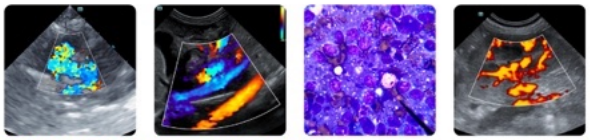
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed subtle, micronodular changes and was mildly enlarged. The spleen was folded upon itself.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

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.

Free Abdomen

A slight amount of free fluid was noted in the cranial abdomen adjacent to the spleen.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated hypoechoic structure dorsal cranial to the urinary bladder. This may be sequalae from ovariohysterectomy.

Micrnodular splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel is warranted to ensure that underlying VonWillebrands status or coagulopathy is not an issue. However, I cannot rule out undifferentiated neoplasia based on the structure and splenic changes. FNA of the structure dorsal to the urinary bladder is indicated to assess for bloodclot versus tissue proliferation. After coagulation panel exploratory surgery may be necessary with debridement or removal of the potential residual uterine structure or sampled for other pathology. FNA of the spleen is also indicated to ensure that this is reactive state versus round cell neoplasia. Prognosis is guarded depending upon further diagnostics.

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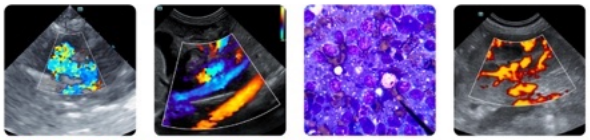

Clinical Sonography & Telecytology
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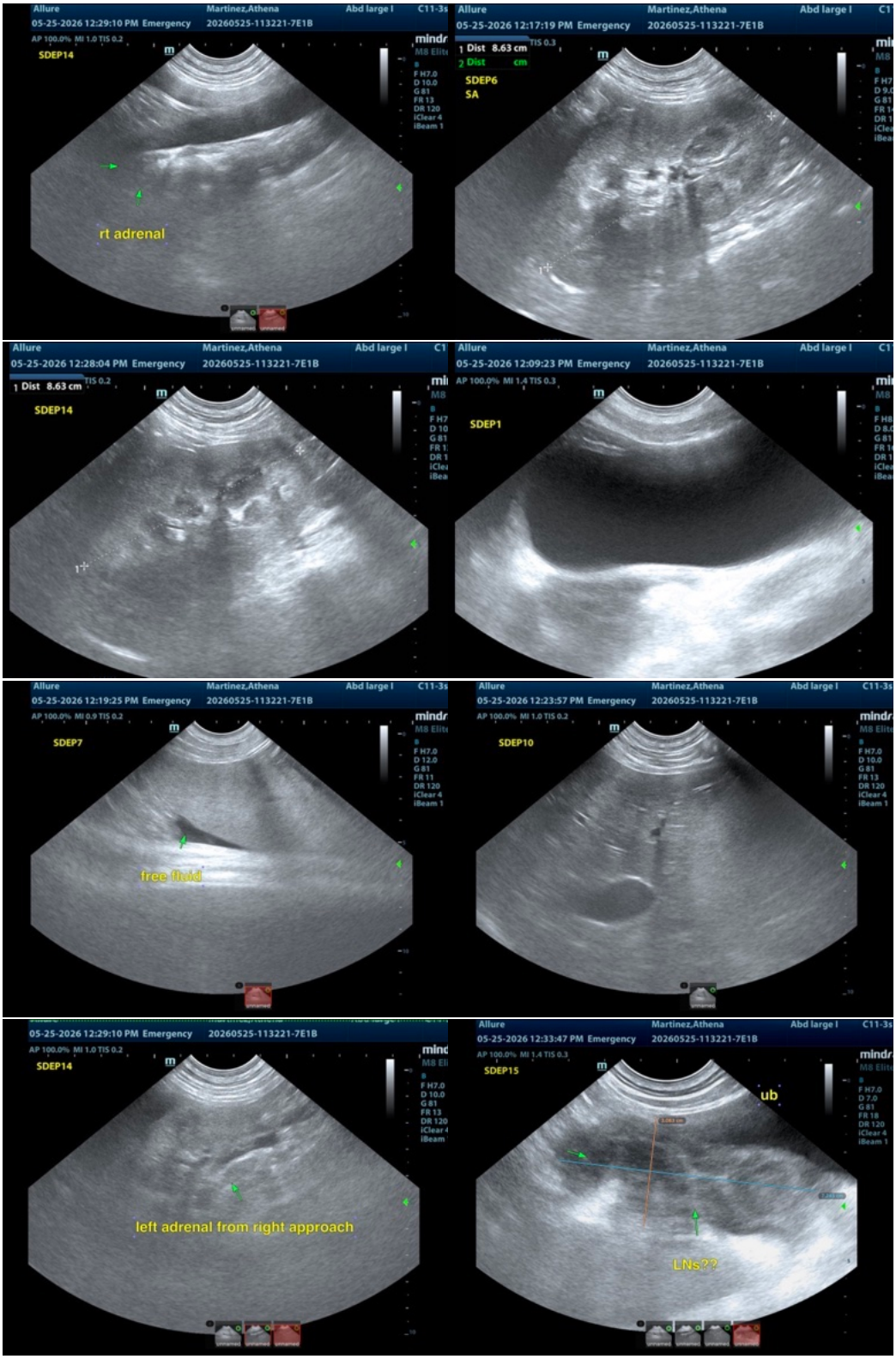

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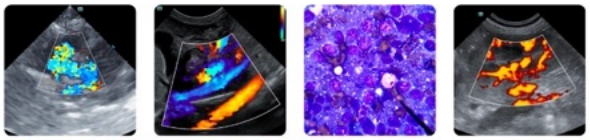

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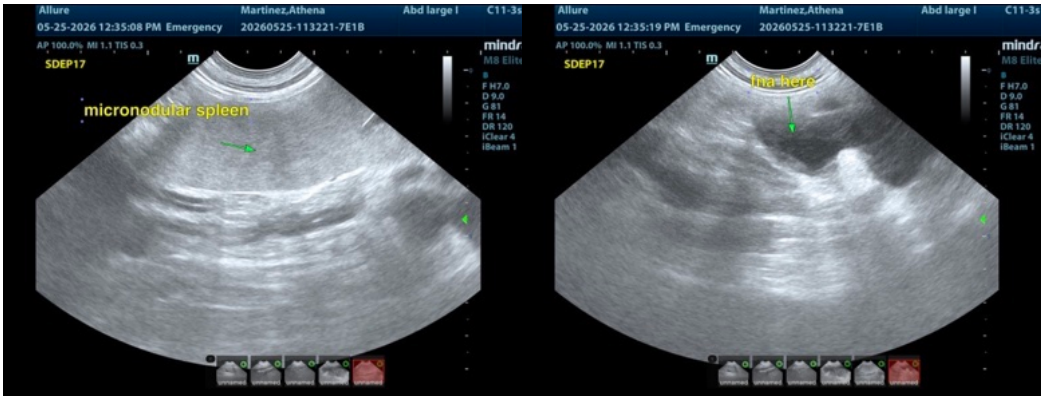

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com