



PATIENT

Hank Karaffa

PRESENTING CLINICAL SIGNS

Has bleeding mass near penis, ultrasound to rule out possible spread of hemangiosarcoma

SPECIES

Canine

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.

BREED

Pit Bull

SEX

Neutered Male

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.

AGE

11 Years

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 0.50 cm. The right adrenal gland measured 0.60 cm.

WEIGHT

40.6 kg

Spleen

The **spleen** was slightly enlarged with minor heterogeneous parenchymal changes and slight swollen contour. Hypoechoic nodules noted.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

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. Minor mesenteric lymph nodes slightly enlarged, reactive, measuring 1.0 cm x 0.5 cm.

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Debbie White

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. Undulating contour noted in the left limb with duct dilation. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INVOICE

38095

DATE

5/27/22



PATIENT

Hank Karaffa

ULTRASONOGRAPHIC FINDINGS

- Irregular pancreas
- Splenic enlargement with swollen contour and occasional nodule

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation is not typical of hemangiosarcoma. However, emerging round cell neoplasia is possible. Nodular hyperplasia most likely. No evidence of metastatic pattern. However, splenic FNA is strongly encouraged. Benadryl injection prior to FNA of the spleen recommended in case of mast cell disease.

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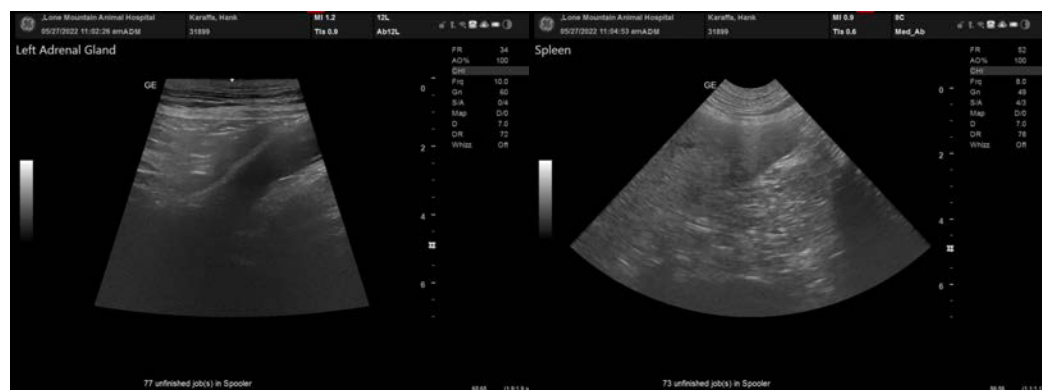
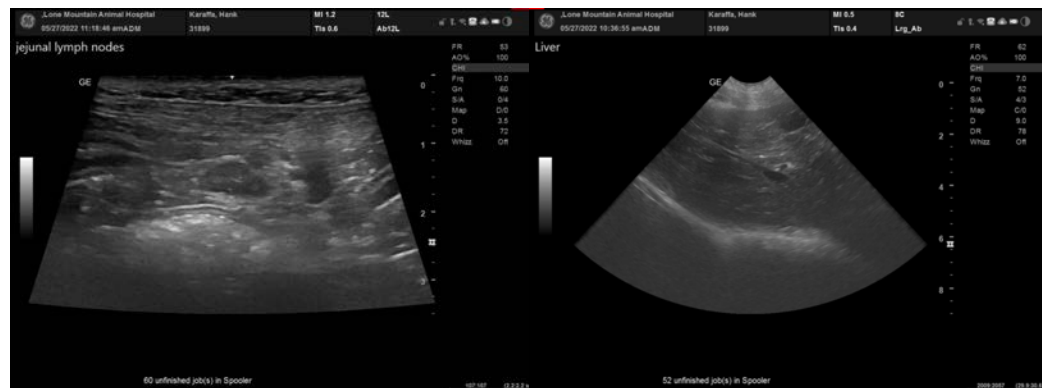
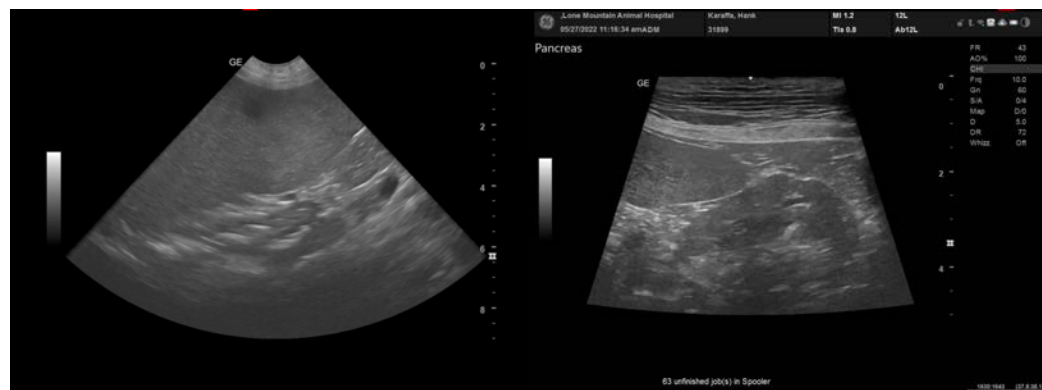
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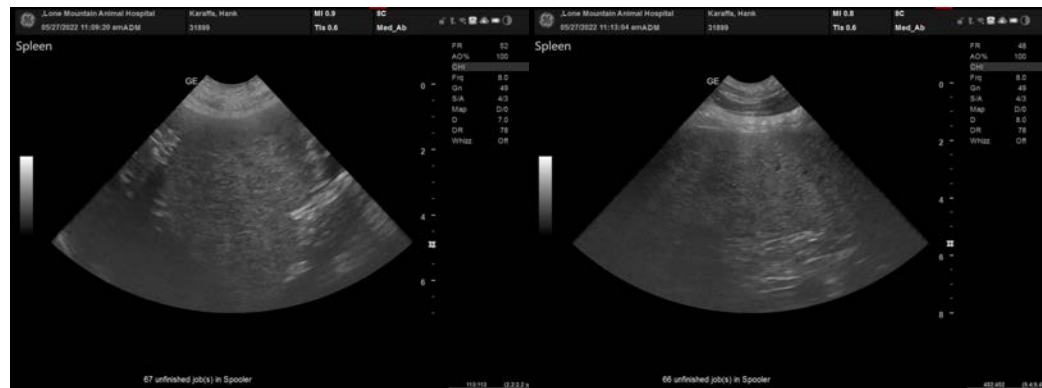
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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