



**PATIENT**

Chance Lindstrom

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

90 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Kahn

**INVOICE**

15814

**DATE**

5/30/22

**PRESENTING CLINICAL SIGNS**

History: acute onset diarrhea, anorexia suspect splenic mass on rads Current meds LRS, Cerenia, Pantoprazole Metro Cefa

Abnormal PE/Chem/CBC/UA Results: HCT 29.4 WBC 19.7 increased Neut, Monos decreased PLT BUN 29

**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 mild 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 6.0 cm. The right kidney measured 6.0 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 2.78 cm x 1.61 cm at the cranial pole and 0.75 cm at the caudal pole. The left adrenal gland measured 1.99 cm x 0.6 cm at the caudal pole and 0.71 cm at the cranial pole.

**Spleen**

The **spleen** revealed an expansive hypoechoic parenchymal mass, measuring 5.2 cm. Other heterogeneous changes were noted in the spleen, more suggestive for a neoplastic process.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 and common bile duct were unremarkable. Occasional hyperechoic nodule noted, subjectively benign.

**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**



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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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass with nodular changes
- Age-related hepatic changes with occasional hyperechoic nodule (subjectively benign)
- Age-related renal changes

**BREED**

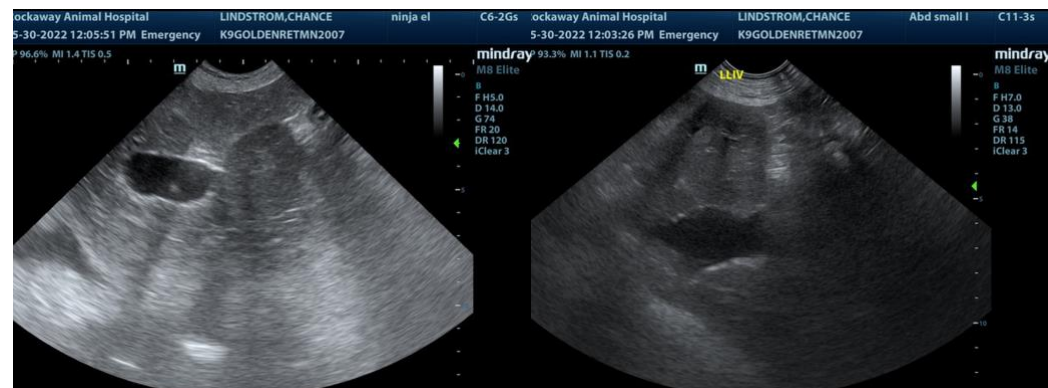
Golden Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious metastatic disease, other than potential micrometastasis to the liver. Minor heterogeneous changes can be normal for this age patient. I recommend three-view chest radiographs and echocardiogram, followed by exploratory surgery/splenectomy and liver inspection and biopsy. Hemangiosarcoma is a strong potential. Benign hyperplasia/hematoma is possible (less likely). Lymphoma is less likely. No evidence of active hemorrhage.

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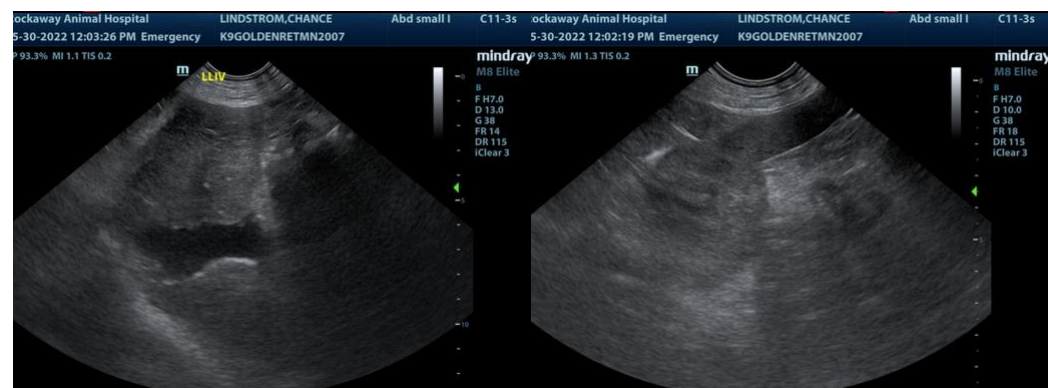


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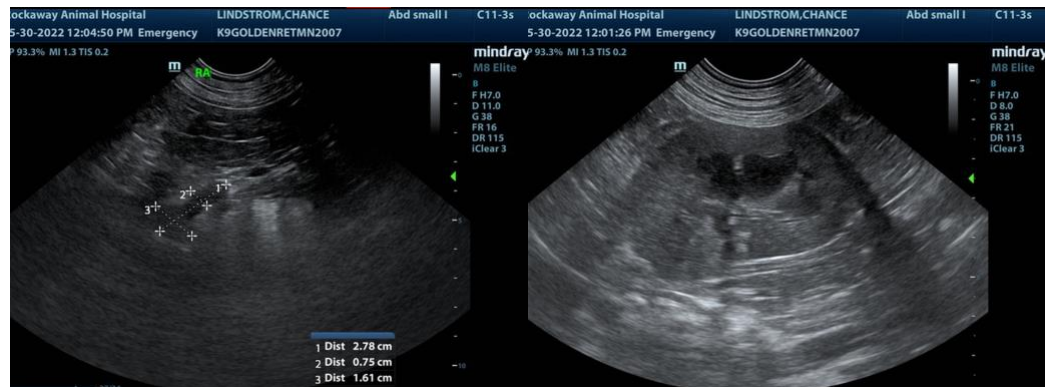
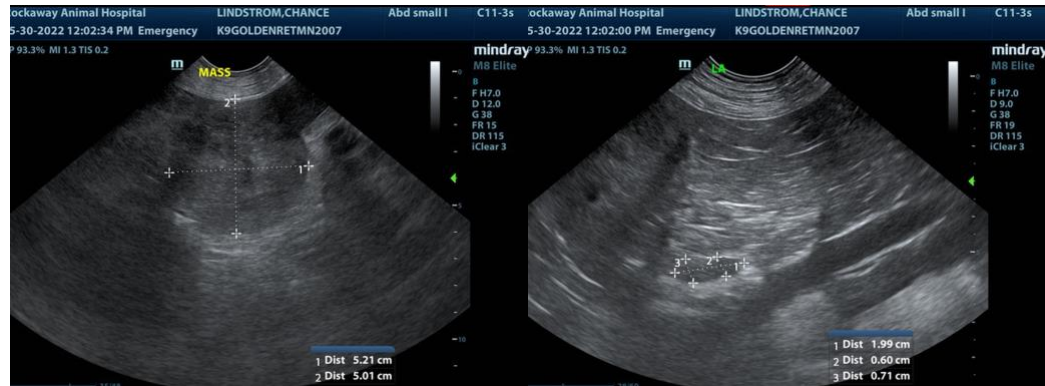
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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