



**PATIENT**

Selkie Hilton

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Perkins

**INVOICE**

15092

**DATE**

5/7/22

**PRESENTING CLINICAL SIGNS**

History: Mass and localized free fluid noted on US on Thursday.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, mild muscle wasting, distended abdomen. 1/6 systolic heart murmur. BW: HCT 27%, mild regenerative anemia, thrombocytopenia, neutrophilia. Abd tap: Blood.

**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 6.4 cm. The right kidney measured 6.79 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.84 cm at the cranial pole and 0.68 cm at the caudal pole.

The region of the **right adrenal gland** revealed no evident pathology.

**Spleen**

The **spleen** revealed an expansive mixed echogenic disruptive and undifferentiated mass, measuring 6.0 cm with surrounding free fluid. Other nodular changes were noted in the spleen. The spleen was riddled with coalescing target lesions with disrupted architecture. Enhanced mesentery was noted. Other smaller masses were noted in the spleen. Omental nodular changes noted, suggests for omental seeding.

**Liver**

The **liver** was riddled with multiple coalescing nodular changes with disrupted architecture and deviated gallbladder. Irregular contour was noted.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach** or possible soft foreign matter. The small intestine and colon were unremarkable.

**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

**Free Abdomen**

A moderate amount of echogenic **free fluid** was noted in the abdomen. The free fluid is likely hemorrhage or paraneoplastic effusion.

**BREED**

Lab Mix

**ULTRASONOGRAPHIC FINDINGS**

- Splenohepatic aggressive neoplasia, sarcoma pattern, likely omental involvement
- Free fluid
- Age-related renal changes
- Stomach ingesta or possible soft foreign matter

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12 Years

Prognosis is poor. Humane euthanasia should be considered in this patient.

**WEIGHT**

50 Pounds

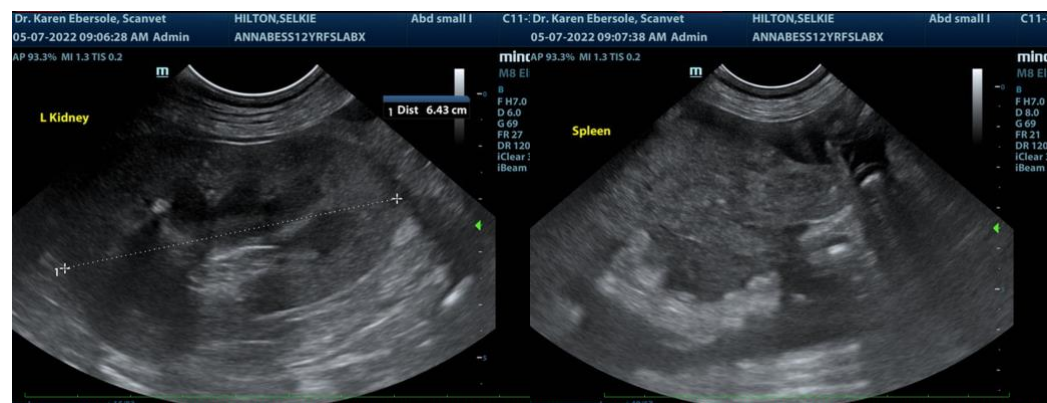


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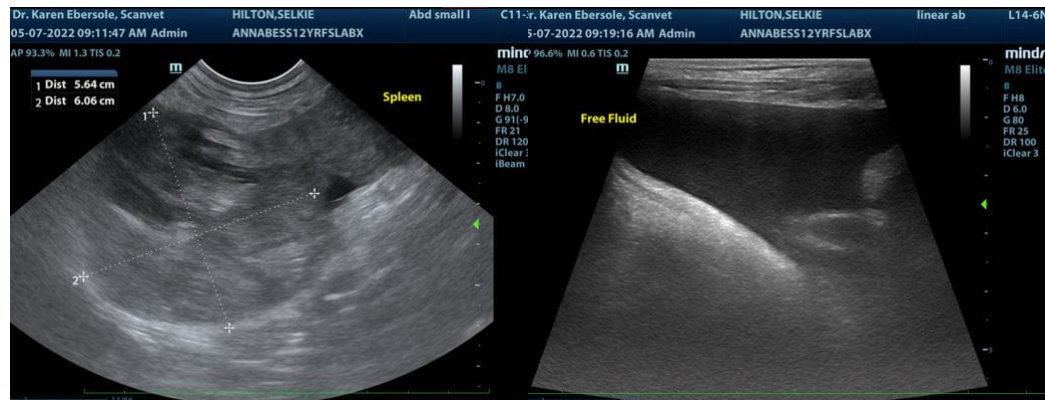
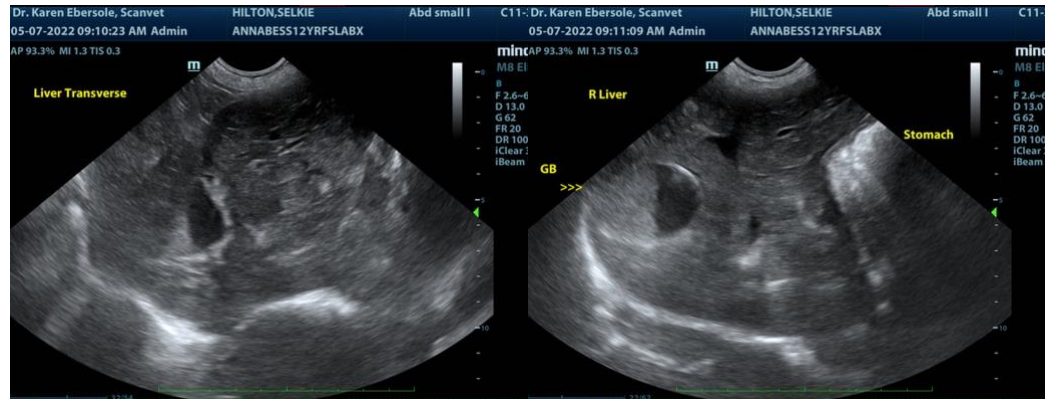
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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