



**PATIENT PRESENTING CLINICAL SIGNS**

**Miley Dahl** Presented for dental on 5/20. DVM noted abdomen appeared distended. Did FAST scan, noted mass. Sched for AUS today. No symptoms, otherwise doing well  
**Abnormal PE/Chem/CBC/UA Results:** CBC wnl. Chem- elevated ALP (number not included in records), all else wnl. PE: mild belly distention. BCS 6/9

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

74 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. Both kidneys measured 7.0 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 0.41 cm at the caudal pole and 0.35 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wallisch

**HOSPITAL NAME**

Sondel Family VC

**REFERRING VET**

Dr. Wallisch

**INVOICE**

30838

**DATE**

6/1/22

**Spleen**

The **spleen** revealed a mixed echogenic expansive parenchymal mass that measured approximately 6.0 cm. The mass was deriving from the cranial pole. The remainder of the spleen was unremarkable and fairly uniform. Minor heterogenous changes were noted elsewhere in the spleen. Concurrent lipogranulomas were noted on the spleen.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Some hepatic nodules are noted and non-disruptive measuring up to 1.0 cm. This is likely hyperplasia and unlikely to be metastatic, but should be inspected and biopsied at the time of surgery. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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**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.

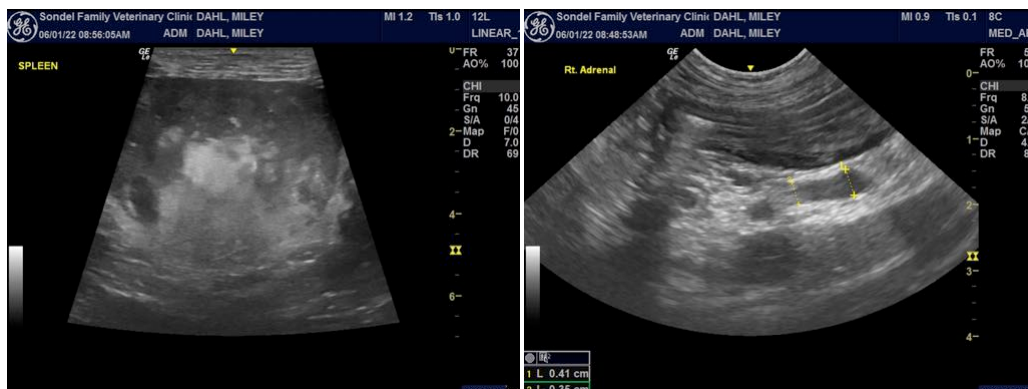
**ULTRASONOGRAPHIC FINDINGS**

Splenic mass with heterogenous splenic changes. Stromal tumor is suspected. Hemangiosarcoma or round cell neoplasia is less likely.

Hepatic nodules.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs and echocardiogram are recommended to assess for metastatic disease followed by splenectomy, liver inspection and biopsy.





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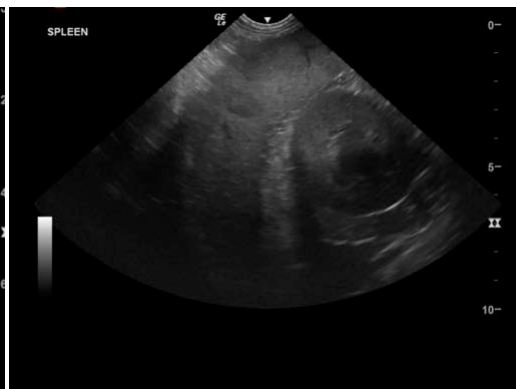
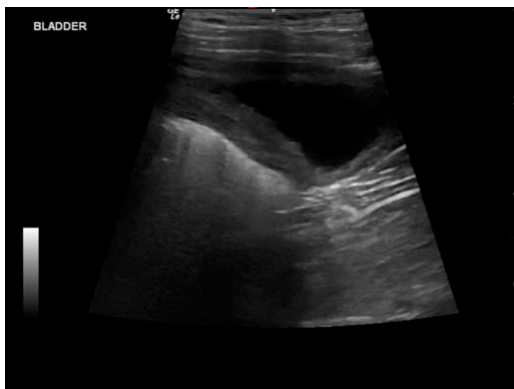
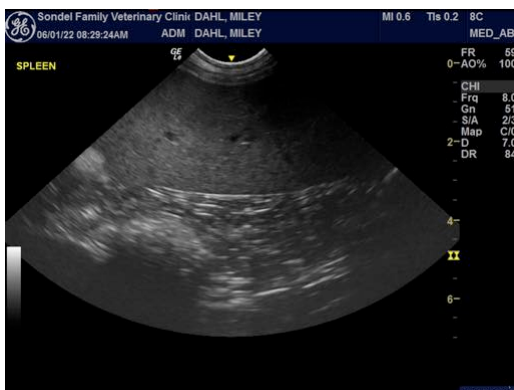
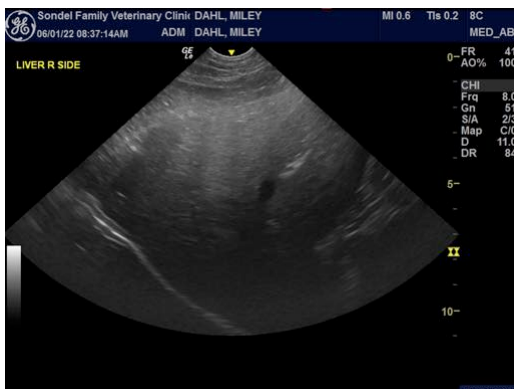
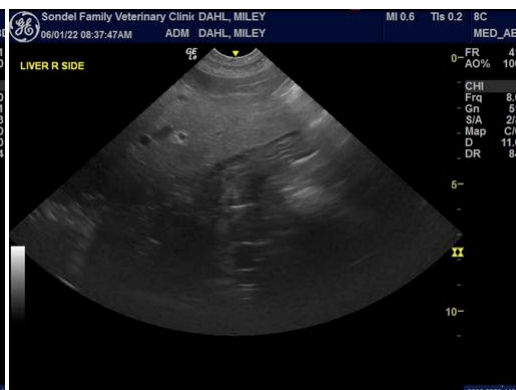
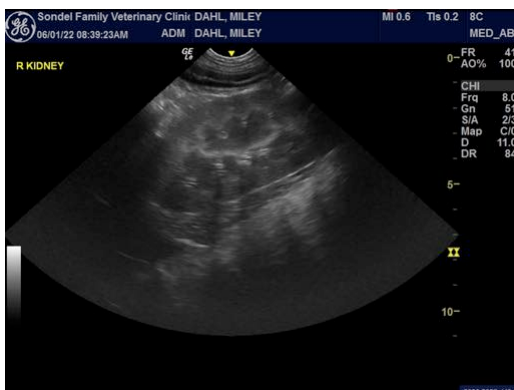
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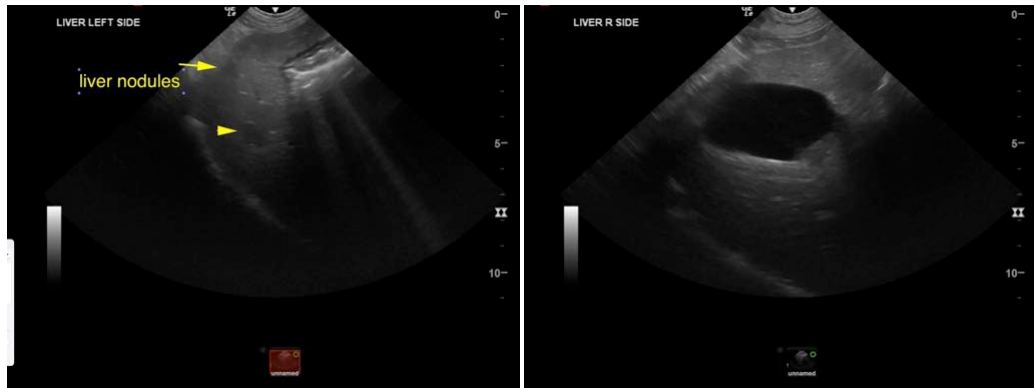
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com