



**PATIENT PRESENTING CLINICAL SIGNS**

Izak Meldrum Presented due to lethargy

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Progressive anemia (HCT=24.6%). No cardiopulmonary abnormalities or evidence of metastatic disease on thoracic radiographs

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

11 Years 7 Months

**WEIGHT**

55.9

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

43272

**DATE**

6/17/23

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 6.3 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** presented coalescing parenchymal and cystic masses measuring approximately 10+ cm with a large hematoma type mass measuring 8+ cm. Slight free fluid and enhanced mesentery noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No overt evidence of metastatic disease, however micrometastasis could not be completely ruled out.

**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.



**PATIENT**

**Pancreas**

Izak Meldrum

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

**Heart**

**BREED**

Mixed

Rapid view of the heart revealed normal contractility with subnormal left ventricular volume. Left atrial size was normal. No pericardial or pleural effusion present.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Multiple splenic masses
- Age related bladder and kidney changes
- Age related hepatic changes
- Subnormal left ventricular volume on rapid view of the heart

**AGE**

11 Years 7 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support and chest radiographs warranted, followed by exploratory splenectomy with liver inspection and biopsy.

**WEIGHT**

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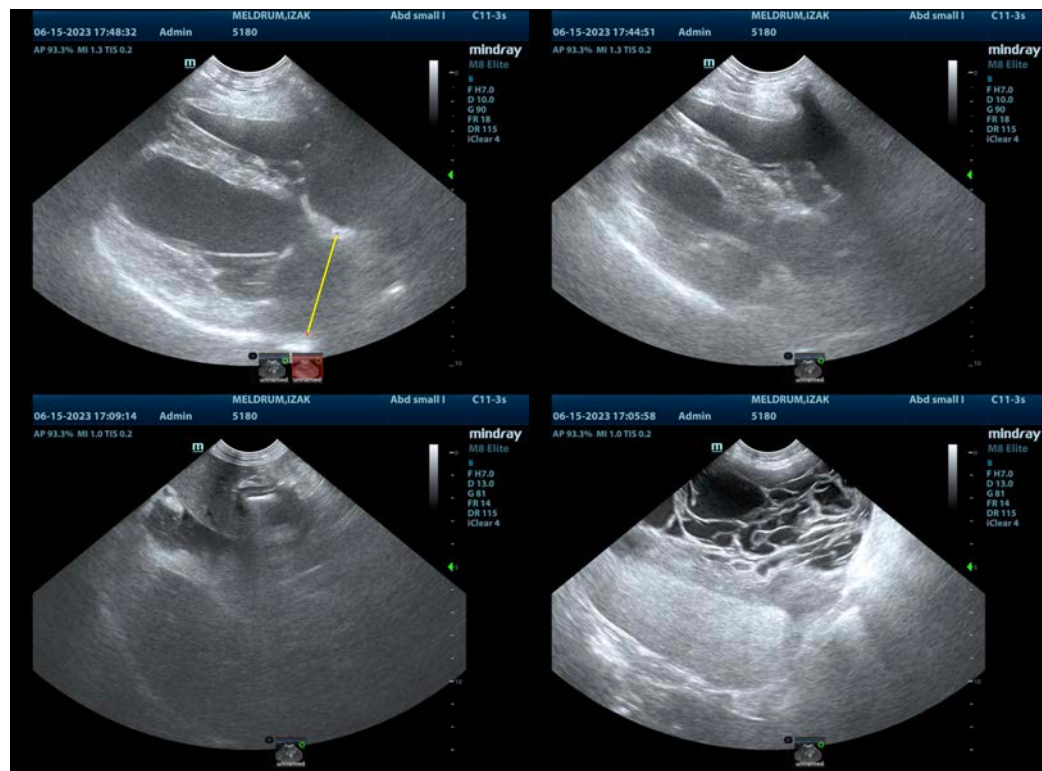
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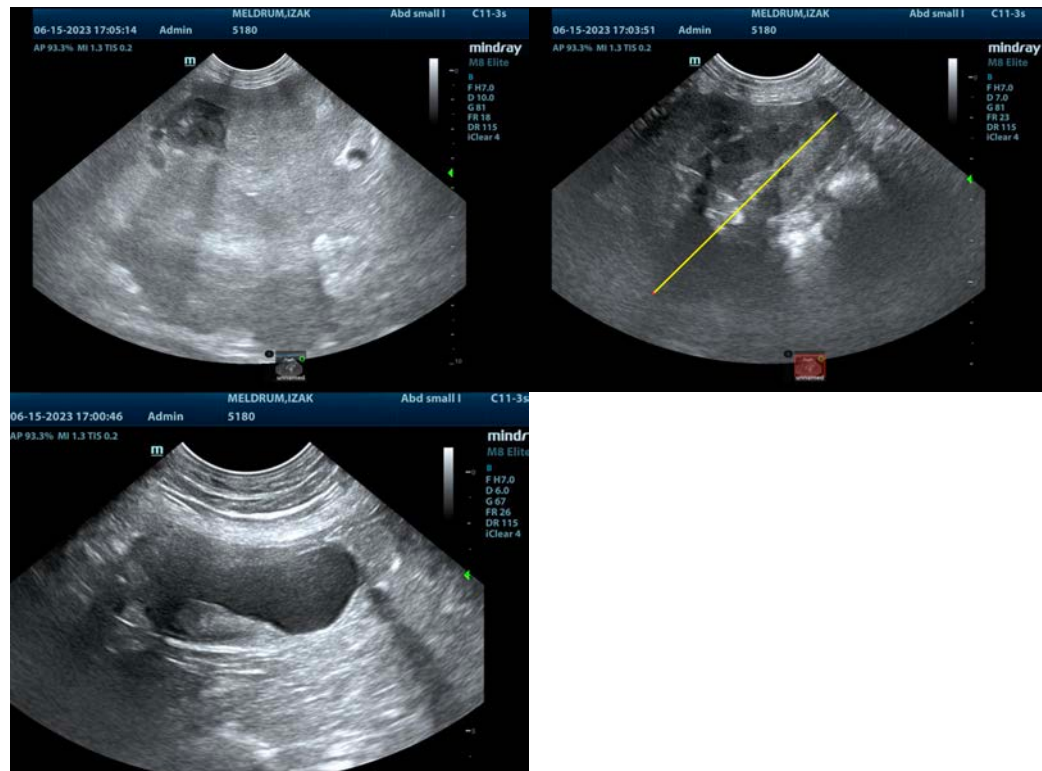
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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