



PATIENT PRESENTING CLINICAL SIGNS

Billie Baker History: SPLENIC MASS, BLEEDING, THROMBOCYTOPENIA AS OF SATURDAY

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **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 was noted. Ureteral papillae were normal.

BREED

Wheaton Terrier

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Both kidneys measured 6.0 cm.

AGE

11 years

Adrenal Glands

WEIGHT

35.3 lbs

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 region of the right adrenal gland was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Han

The **spleen** revealed a 6.0 cm mixed echogenic, moderately complex mass that was deriving from the caudal pole. There was a slight amount of free fluid noted adjacent to the mass. Other nodular changes were noted in the spleen. This is strongly suggestive for a neoplastic process as opposed to a benign hematoma.

HOSPITAL NAME

Tenaflly VC

Liver

REFERRING VET

Dr. Barnea

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. There was no overt evidence of metastatic disease; however, micrometastasis cannot be completely ruled out. 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.

INVOICE

31081

DATE

6/20/22



PATIENT

Billie Baker

Gastrointestinal

SPECIES

Canine

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.

BREED

Wheaton Terrier

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

11 years

Splenic mass with likely hemorrhage.

Multiple other splenic nodules.

WEIGHT

35.3 lbs

Otherwise, stable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There was no obvious metastatic disease; however, micrometastasis cannot be ruled out. Rapid echocardiogram of the right auricle and pericardium are recommended to assess for metastatic disease along with chest radiographs followed by immediate exploratory surgery with liver inspection and biopsy at the time of splenectomy.

IMAGING PERFORMED BY

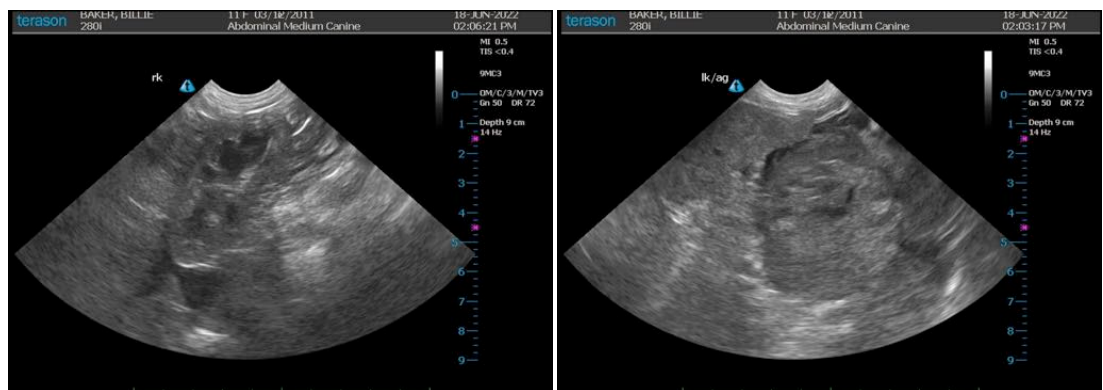
Dr. Han

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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.



PATIENT

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SPECIES

Canine

BREED

Wheaton Terrier

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Spayed Female

AGE

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WEIGHT

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