



PATIENT

Sheamus Armstrong

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

13 years

WEIGHT

71.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Bingaman

INVOICE

42025

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History: Lethargic, weak, collapsed yesterday afternoon.
Abnormal PE/Chem/CBC/UA Results: Radiographs show abdominal masses. R/O splenic mass.
Elevated liver values. ALT 251, ALP 527, GGTP 30

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 was 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 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 6.18 cm. The right kidney measured 8.4 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 0.6 cm. The right adrenal gland was not visualized.

Spleen

An undifferentiated, hypoechoic, 8+ cm cranial abdominal mass was noted. The mass derived from the caudal pole of the **spleen** with mixed, echogenic changes. There was no cavitation noted. Regional inflammation was present. The mass was vascular. A separate mass was noted at the cranial pole of the spleen and measured 5.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Hypoechoic nodules were noted in the liver. There is a potential that this is metastatic disease. 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. Transdiaphragmatic view revealed pericardial effusion.



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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 pericardial effusion noted through the diaphragm. Separate splenic mass noted at the cranial pole.

Hepatic nodules, possible metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An echocardiogram is recommended to assess for concurrent masses. There was no passive congestion pattern noted. Therefore, no tamponade effect. There was no evidence of abdominal rupture. Chest radiographs are also recommended. Oncological consultation is warranted. Multi-centric hemangiosarcoma is suspected.



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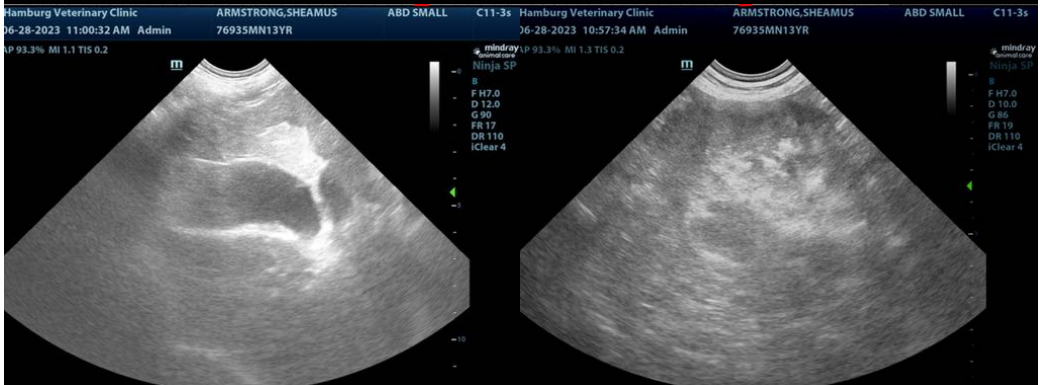
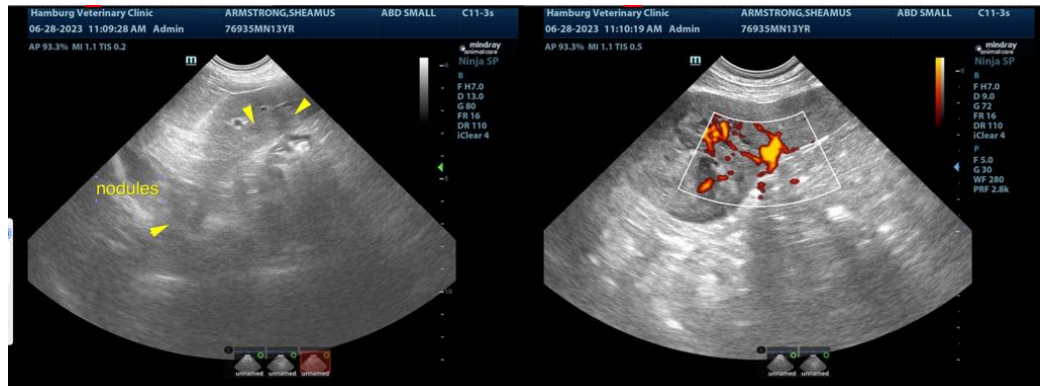
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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