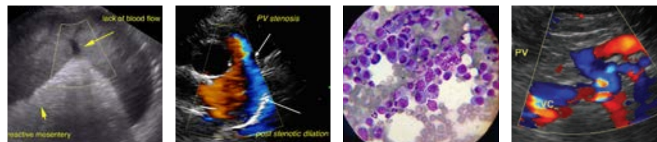
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bodhi Fogle

SPECIES
Canine

BREED
Labrador

SEX
Neutered Male

AGE
9 Years 11 Months

WEIGHT
90 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Reser

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Dr. Reser

INVOICE
39091

DATE
6/29/22

PRESENTING CLINICAL SIGNS

Not eating after boarding, lethargic, would not stand at home
Abnormal PE/Chem/CBC/UA Results: Dog is lethargic, has arthritis on back legs, but able to stand. Normal temp. Possible mass in abdomen on palpation. Rads show mid abdomen mass, BW showed high ALP (1200), ALT (150), mild anemia (36), and low Platelets (30-50,000, ran twice)

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** presented an infarct at the dorsal cortex, appears to be stable. No evidence of active inflammation. The left kidney measured 7.0 cm. The **right kidney** presented similar infarcts and measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed a focal 8.0 cm hypoechoic mass, deriving from the cranial body. Regional inflammation and free fluid 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. Minor gallbladder debris noted. Occasional hyperechoic lipogranulomatous nodule noted in the liver, likely unrelated to the splenic pathology.

Gastrointestinal

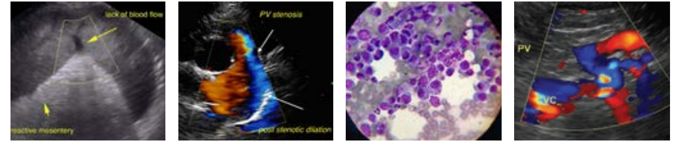
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt 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.

PRIMARY FINDINGS

- Ruptured splenic mass, thrombocytopenia likely owing to consumption
- Concurrent renal infarcts – likely owing to vascular events possible related to the underlying splenic pathology.



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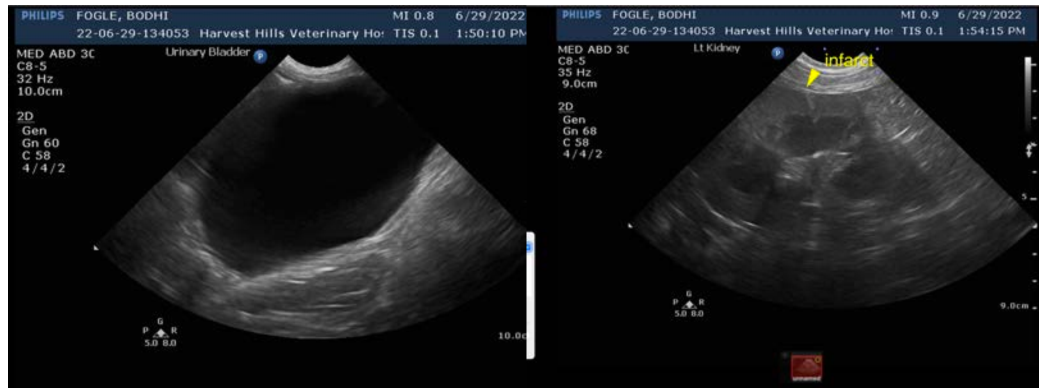
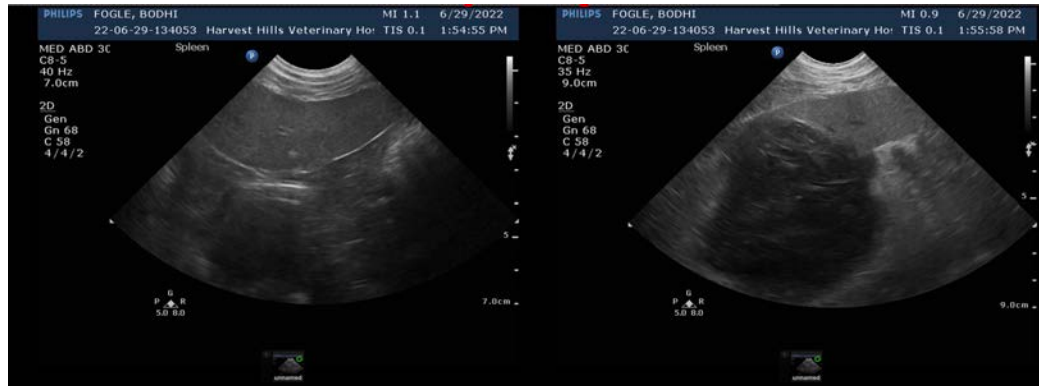
SECONDARY FINDINGS

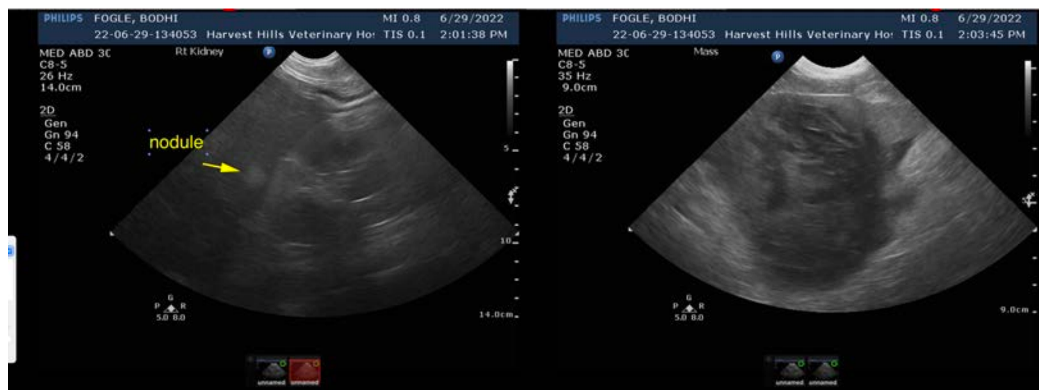
- Age related hepatic changes

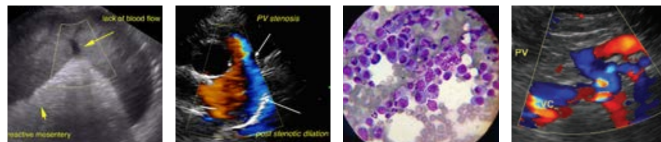
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious metastatic disease. Rapid echocardiogram warranted to assess for pericardial effusion or a right auricular mass with SDEP 3 position. Chest radiographs warranted followed by exploratory surgery. Given the low platelets, plasma transfusion would be ideal. Prognosis is guarded. Hemangiosarcoma versus round cell neoplasia or histopathologically benign but functionally malignant hematoma.









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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