



PATIENT PRESENTING CLINICAL SIGNS

Kasey Rotz Patient presented for chest rads to screen for chest metastasis prior to surgery for removal of two small nipple/mammary masses. The radiologist noted a possible nodule on the portion of the spleen visible on the xray. Ultrasound performed to assess. Also took a look at the right atrium at the same time. Chest rads were clean.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Labwork showed elevated globulins and 3+ proteinuria, but was otherwise unremarkable. Cytology from ultrasound-guided needle aspirates of the splenic nodule pending.

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

8 years

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. The left and right kidney measured 6.0 cm.

WEIGHT

43 kbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm.

IMAGING PERFORMED BY

Dr. Kitz

Spleen

HOSPITAL NAME

Woodlands AH

The **spleen** revealed a 3.36 x 4.37 cm parenchymal mass with capsular expansion and disruption of architecture. The mass was deriving from the mid cranial body.

REFERRING VET

Dr. Kitz

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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PATIENT

Gastrointestinal

Kasey Rotz

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.

SPECIES

Canine

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Mix

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

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

43 kbs

Splenic mass, appears isolated. This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Hemangiosarcoma, round cell neoplasia with a potential for hematoma are the primary differentials. Chest radiographs, exploratory splenectomy, liver inspection and biopsy is warranted. Given that the lesion appears to be isolated, it may be histopathologically benign. However, the sonographic architecture and capsular expansion is concerning for precarious state; therefore surgical intervention is essential.

IMAGING PERFORMED BY

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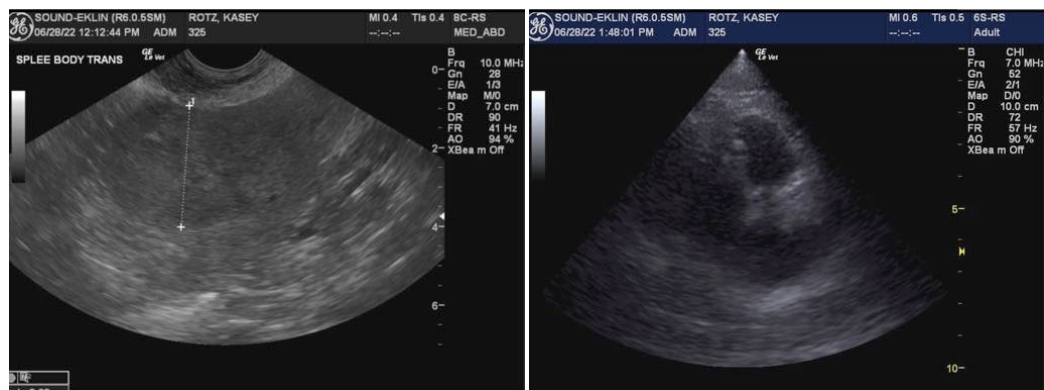
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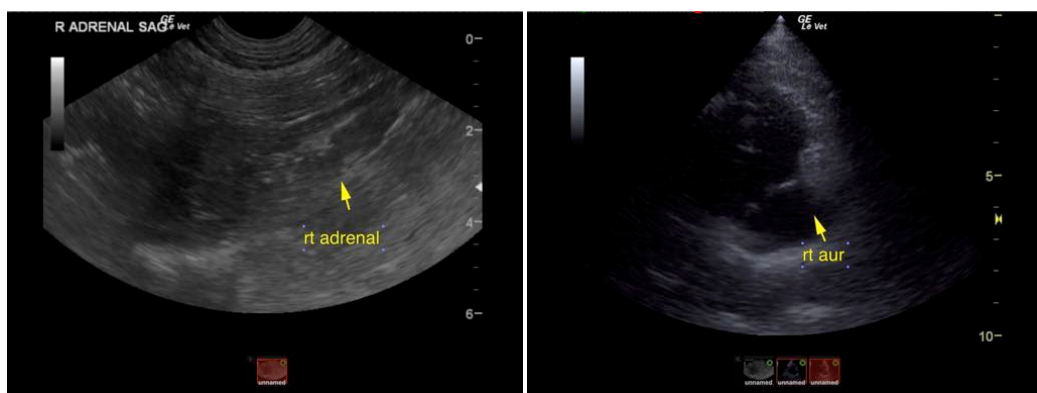
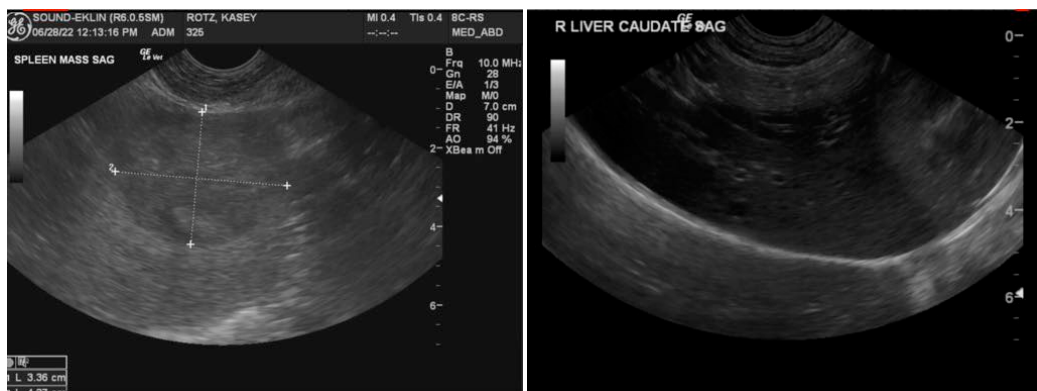
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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