



PATIENT

Lina Lu Quinto Velez

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

WEIGHT

69 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Milton Bird Velez

PRESENTING CLINICAL SIGNS

Presented as a referral to further evaluate the abdomen. An abdominal mass was palpated by rDVM on the left side of the abdomen and wants to further evaluate the origin of the mass.

Abnormal PE/Chem/CBC/UA Results: PE: Abdominal palpation, hard mass on left side of the abdomen. BW: No provided.

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.3 cm. The left kidney measured 8.2 cm.

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 right adrenal gland measured 0.72 cm at the caudal pole and approximately 1.2 cm at the cranial pole. The left adrenal gland measured 0.68 cm in maximum width.

Spleen

The **spleen** revealed an expansive parenchymal mass measuring 11.3 cm, deriving from the caudal pole. No evidence of rupture. The lesion appears to be solitary. A large portion of cavitation present and perisplenic inflammation is present.

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.

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. A reactive mesenteric lymph node measured 0.87 cm.

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Pancreas

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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.

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Heart

Rapid view of the heart revealed no evident pathology in the right auricle.

BREED

Boxer

ULTRASONOGRAPHIC FINDINGS

- Isolated, precarious splenic mass, no obvious evidence of metastatic disease – Hemangiosarcoma possible, benign lesion possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery.

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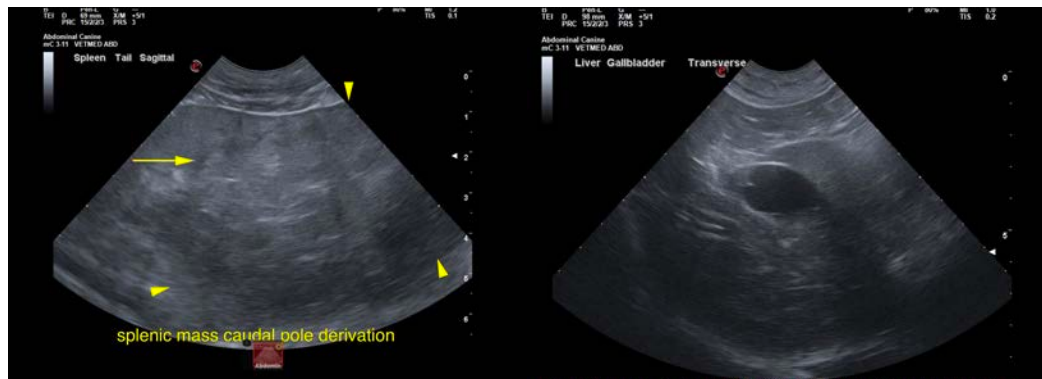
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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