



PATIENT

Reno Wieand

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

11 years

WEIGHT

49.5 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Dan Hoffman

INVOICE

10754ag

DATE

06/08/2022

PRESENTING CLINICAL SIGNS

History: vomiting on and off, decreased appetite, occasional urinary accidents (prev hx UTIs).... On cranberry supplement, probiotics, started on Yunnan Baiyao
Abnormal PE/Chem/CBC/UA Results: BW: Mild anemia, mildly elevated SDMA. Rads: Large splenic mass pushing stomach forward.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.13 cm in length. The right kidney measured 6.59 cm in length.

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 0.58 cm. The right adrenal gland measured 0.45 cm.

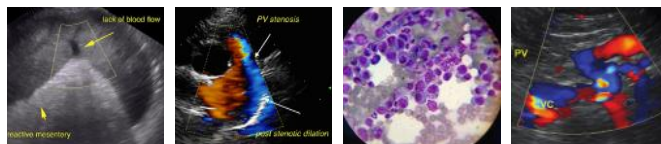
Spleen

The spleen exhibited an 11 cm parenchymal mass with a separate splenic mass noted measuring 4 cm deriving from the cranial pole. The larger mass derived from the caudal pole of the spleen with no signs of rupture however this is a highly precarious presentation. Minor areas of cavitation are noted within the larger splenic mass. Minor reactive mesentery noted around the masses.

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



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Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The pylorus was free of evident pathology. 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.

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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.

BREED

Pitbull

ULTRASONOGRAPHIC FINDINGS

SEX

- Splenic masses

MN

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs and rapid echocardiogram to assess for thoracic metastatic disease is warranted followed by exploratory splenectomy with liver inspection/biopsies. A CBC path review is warranted to assess for regenerative anemia. There is no evidence of hemorrhage noted in the abdomen that would drop the HCT, only minor areas of cavitation are present. Concurrent bone marrow disease cannot be ruled out. GI biopsy may be appropriate given the history of vomiting although structurally the GI tract was unremarkable. Hemangiosarcoma is suspected, round cell neoplasia or stromal tumor possible as are benign lesions. However, given the multiple masses neoplasia is likely.

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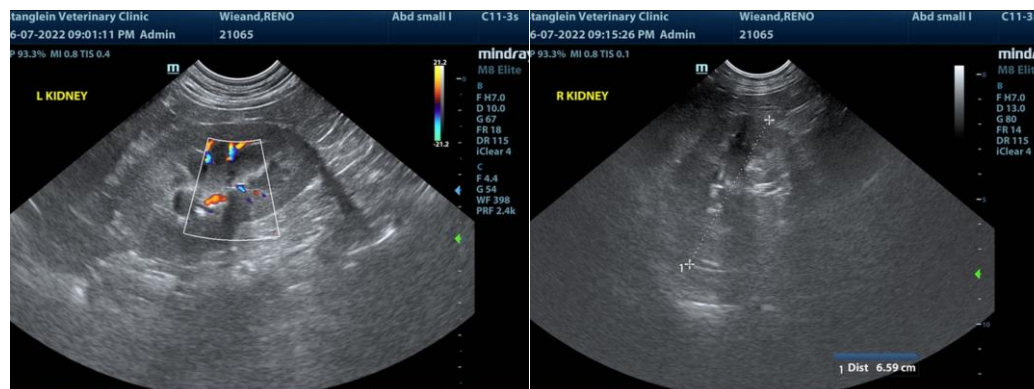
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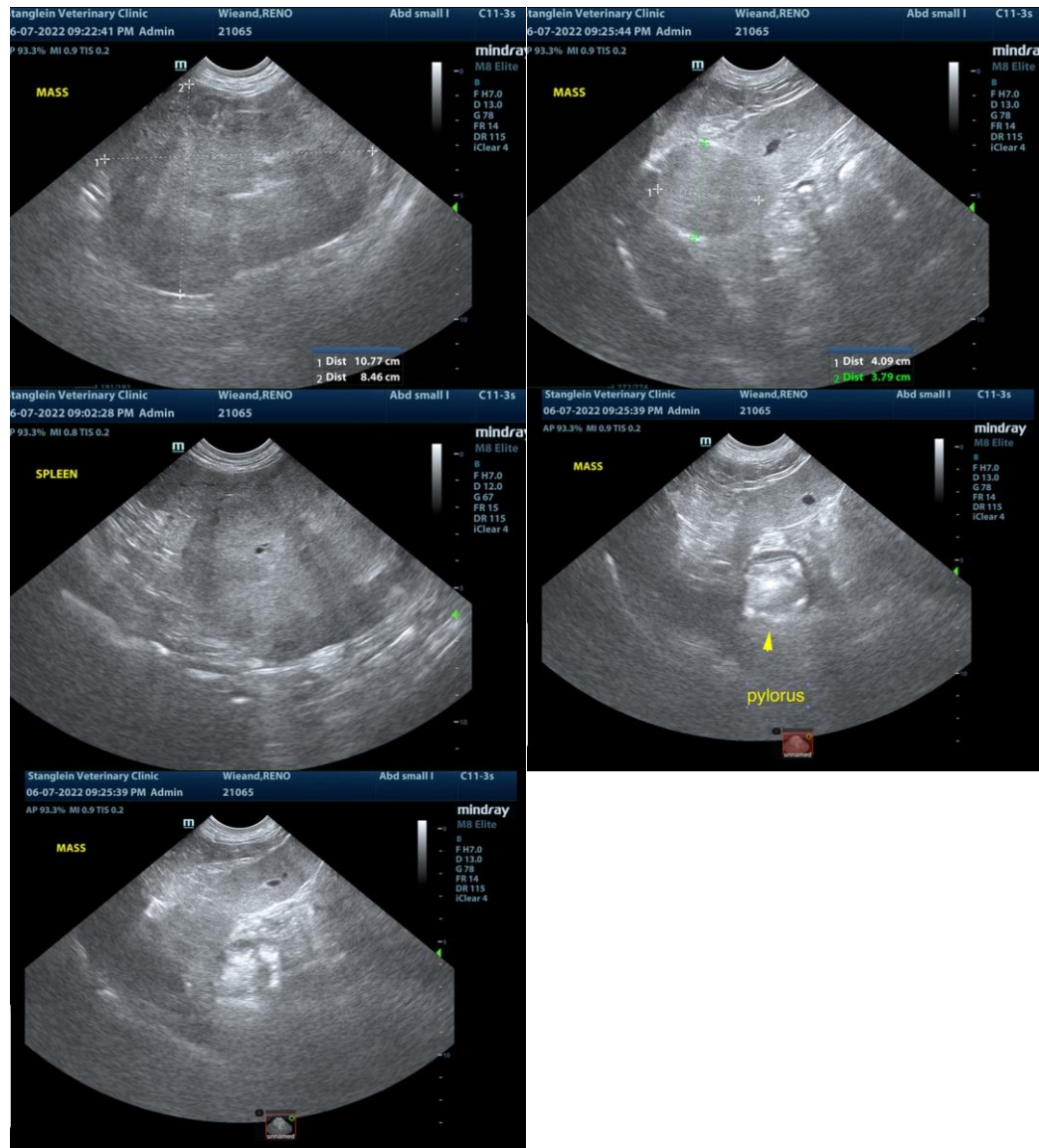
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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