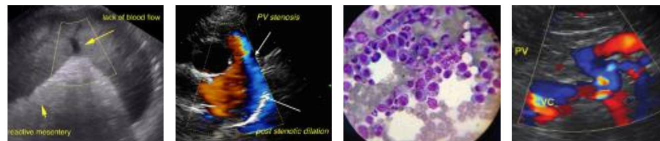


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Cisco Lavoie

SPECIES
Canine

BREED
Collie Mix

SEX
Neutered Male

AGE
12

WEIGHT
52

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Melissa Pascucci

HOSPITAL NAME
American AH

REFERRING VET
Dr. Pascucci

INVOICE
23307

DATE
7/11/23

PRESENTING CLINICAL SIGNS

History: Treated for lyme + w/ proteinuria in last month. Has been breathing very heavily and rapidly even when laying down. Maybe does sound more hoarse. Ok while going on walks. No limping. The breathing changes have been for maybe 1 month. Muscle wasting has been ongoing. Drinks and urinates a lot. On exam- Muscle wasting, panting, CP Deficit in rear legs, Chest rads unremarkable but appeared to be gall bladder stone.

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 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

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 6.5 cm. The right kidney measured 7.2 cm.

Adrenal Glands

The **left adrenal gland** was visualized obliquely 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** was not visualized.

Spleen

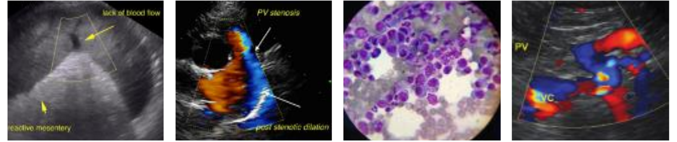
A 7.2 cm hypoechoic mass was noted, appeared to derive from the cranial pole of the **spleen**. No evidence of rupture, however, this is a highly precarious presentation.

Liver

An overt mixed hypoechoic **liver** mass was noted with areas of cavitation, strongly suggestive for metastatic disease. The mass is possibly resectable; however, I'm concerned for micrometastasis throughout the liver given the pattern. Hypoechoic nodules were also noted, to inspect at surgery. The nodular changes in the liver were multifocal yet nondisruptive, and most consistent with hyperplasia. The gallbladder and common bile duct 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 intestine



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demonstrated normal luminal chyme. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool was noted in the colon.

Pancreas

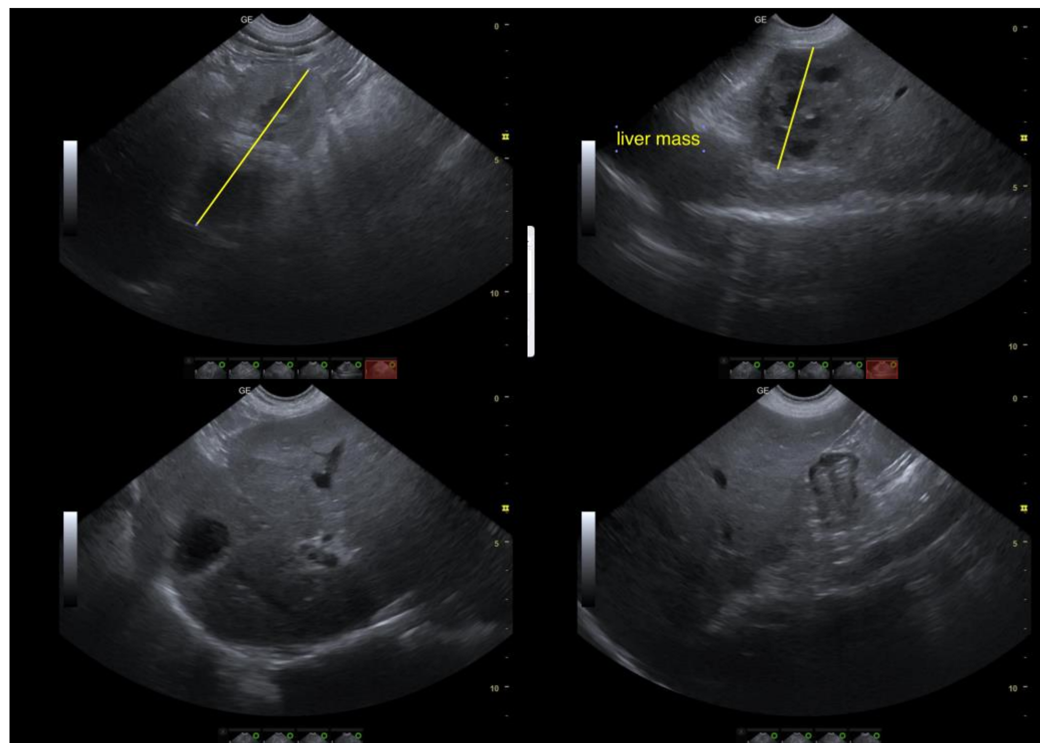
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass and liver mass- suspect metastatic hemangiosarcoma or similar neoplasia
- Age-related renal changes
- Soft stool in the colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is a possible a benign hyperplastic mass, however, hemangiosarcoma is a primary differential. FNA of the splenic mass could be considered, as well as the parenchyma portion of the liver mass to assess cytology. The liver mass is possibly resectable; however, I'm concerned for micrometastasis throughout the liver given the pattern. CT evaluation for surgical approach could be considered. Prognosis is extremely guarded. Chest radiographs are warranted to assess for comorbidity.



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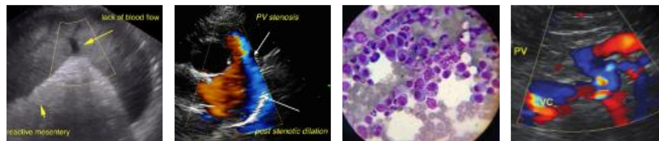

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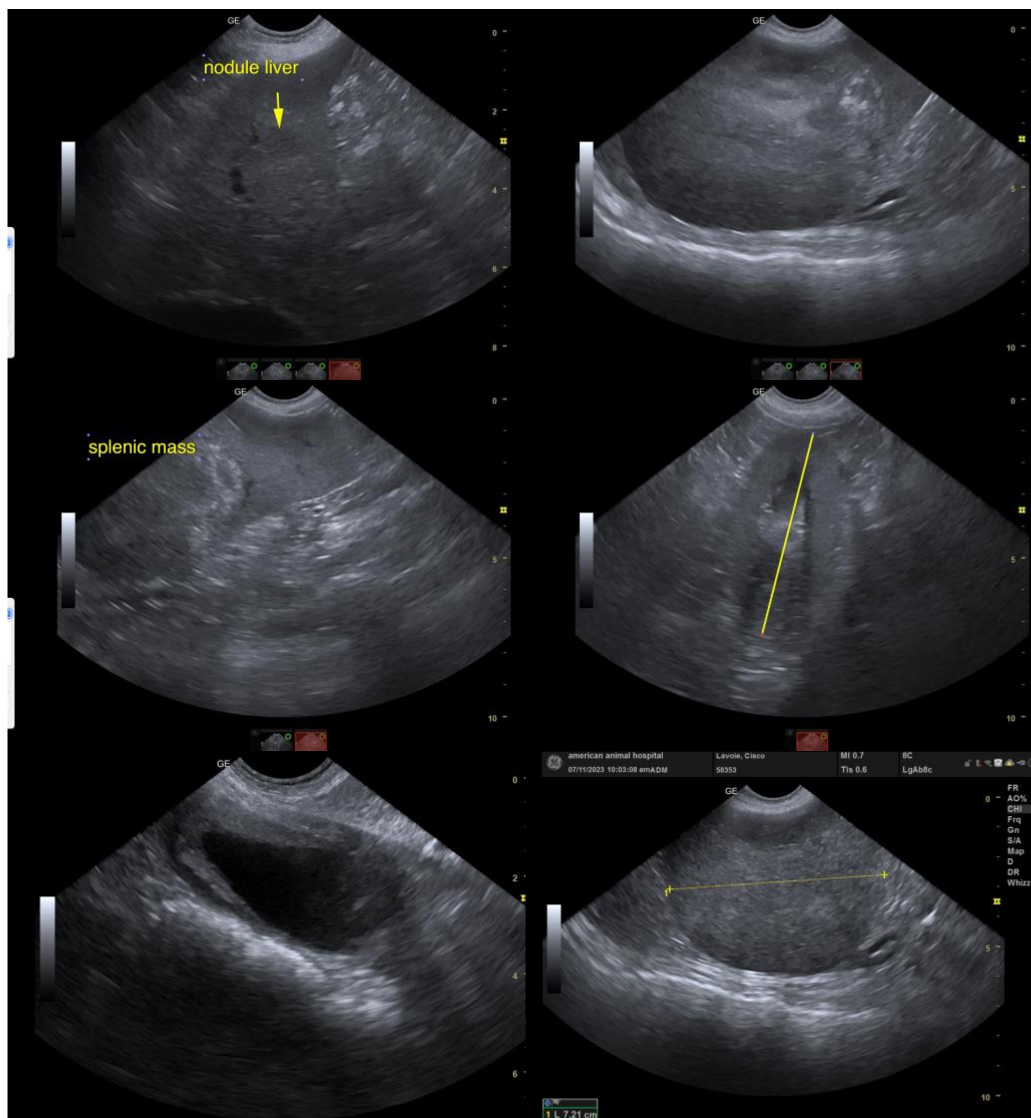

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com