



PATIENT

Lola Cruz

SPECIES

Canine

BREED

Mixed Medium Breed

SEX

Spayed Female

AGE

7 Years

WEIGHT

31.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Jose A. Cruz Rivera

INVOICE

16605

DATE

7/12/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate abdominal distension. Pt was acting depressed and lethargic and went to see the rDVM on July 1st 2022 and found the changes in the PE and the radiographs.

Abnormal PE/Chem/CBC/UA Results: PE: PT has an abdominal distension and a large palpable mass was appreciated in the entire ventral abdomen. Abdominal rads: Extensive soft tissue opacity comprising the entire abdomen. BW: 7-1-22 CBC: RBC 3.04 5.65 - 8.87 M/ μ L Hematocrit 18.4 37.3 - 61.7 % L Hemoglobin 6.3 13.1 - 20.5 g/dL WBC 3.98 5.05 - 16.76 K/ μ L Neutrophils 2.57 2.95 - 11.64 K/ μ L Lymphocytes * 0.73 1.05 - 5.10 K/ μ L Eosinophils 0.05 0.06 - 1.23 K/ μ L Platelets * 25 148 - 484 K/ μ L Chem Glucose 66 74 - 143 mg/dL Albumin 2.0 2.3 - 4.0 g/dL L Globulin 4.9 2.5 - 4.5 g/dL ALP 290 23 - 212 U/L Cholesterol 77 110 - 320 mg/dL 4DX: all negative

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 mild 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 right kidney measured 6.4 cm. The left kidney measured 6.4 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 0.38 cm. The left adrenal gland measured

Spleen

The **spleen** revealed a uniform mass, measuring 16.0 cm x 13.0 cm. The mass revealed areas of cavitation or nodules. Slight free fluid was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either



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endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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. 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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

A minor amount of **free fluid** was noted.

Other

WEIGHT

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A rapid view of the **heart** revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

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DABVP, Cert. IVUSS

- Large splenic mass
- Free fluid
- Benign hepatopathy
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of metastatic disease. Chest radiographs, followed by splenectomy and liver biopsy indicated. Hemangiosarcoma versus benign lesion. Round cell neoplasia is less likely.

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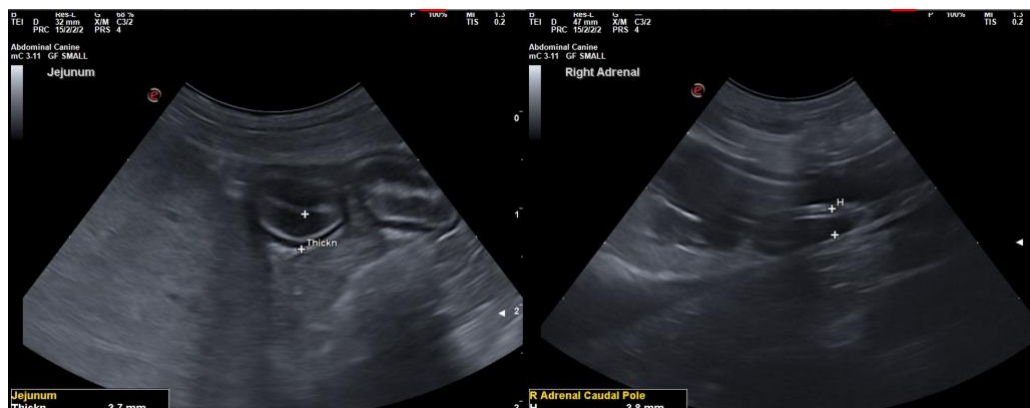
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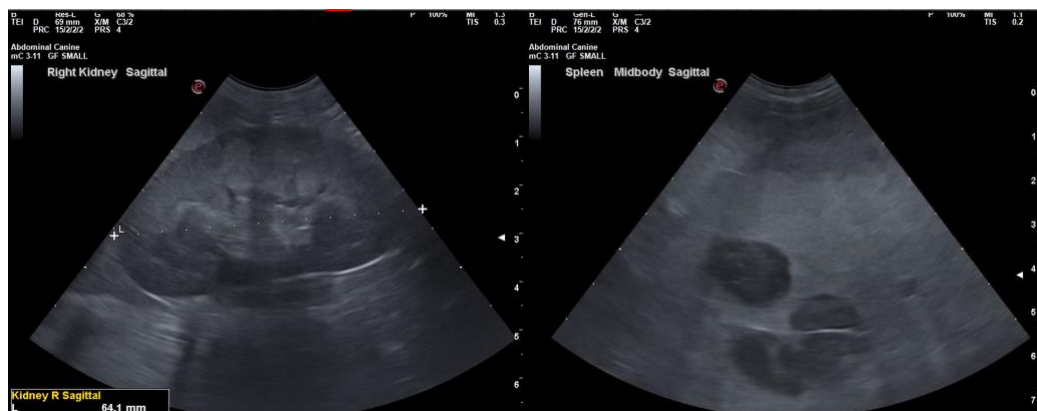
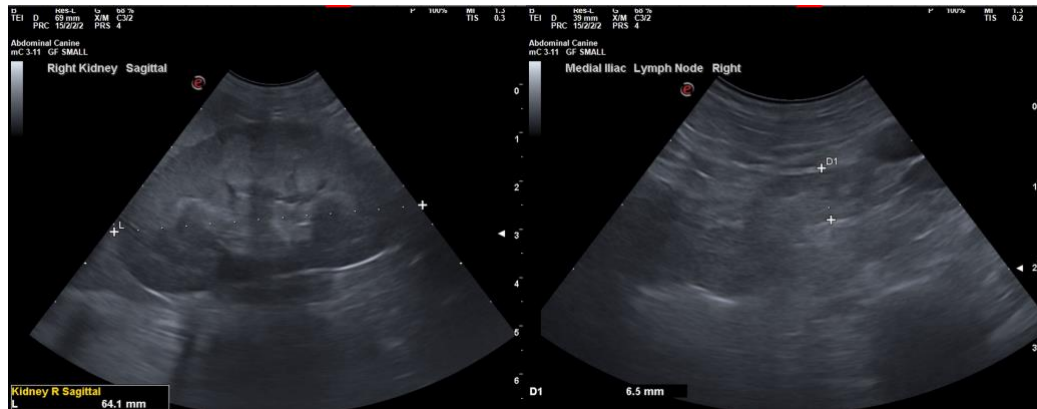
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com