



PATIENT

Fiona Depula

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

85.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Zelif

INVOICE

23338

DATE

7/13/23

PRESENTING CLINICAL SIGNS

History: Met check. Has multiple hind limb masses (CT and Cyto performed at SIC) reports attached. Current meds: Prednisone, Pregabalin

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 **left kidney** revealed mass expansion deriving from the caudal pole and extending into the retroperitoneal space. The left kidney measured 7.1 cm. This is likely metastatic given the splenic presentation.

The **right kidney** revealed similar swollen irregular contour with retroperitoneal extension of tissue proliferation.

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.

Spleen

The **spleen** in this patient revealed an expansive mixed hypoechoic mass, measuring 3.3 cm with regional inflammation. A separate splenic mass was noted, measuring 2.74 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. No obvious metastatic disease.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of 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.

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.

SPECIES

Canine

Free Abdomen

The **sublumbar space** revealed a hypoechoic edema line/facial edema continuing into the sublumbar space.

BREED

Boxer Mix

Other

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

SEX

Spayed Female

- Splenorenal metastatic neoplastic event- sarcoma pattern
- Hypoechoic edema line/facial edema in the sublumbar space
- Age-related hepatic changes

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. The prednisone is likely partially suppressing the pathology.

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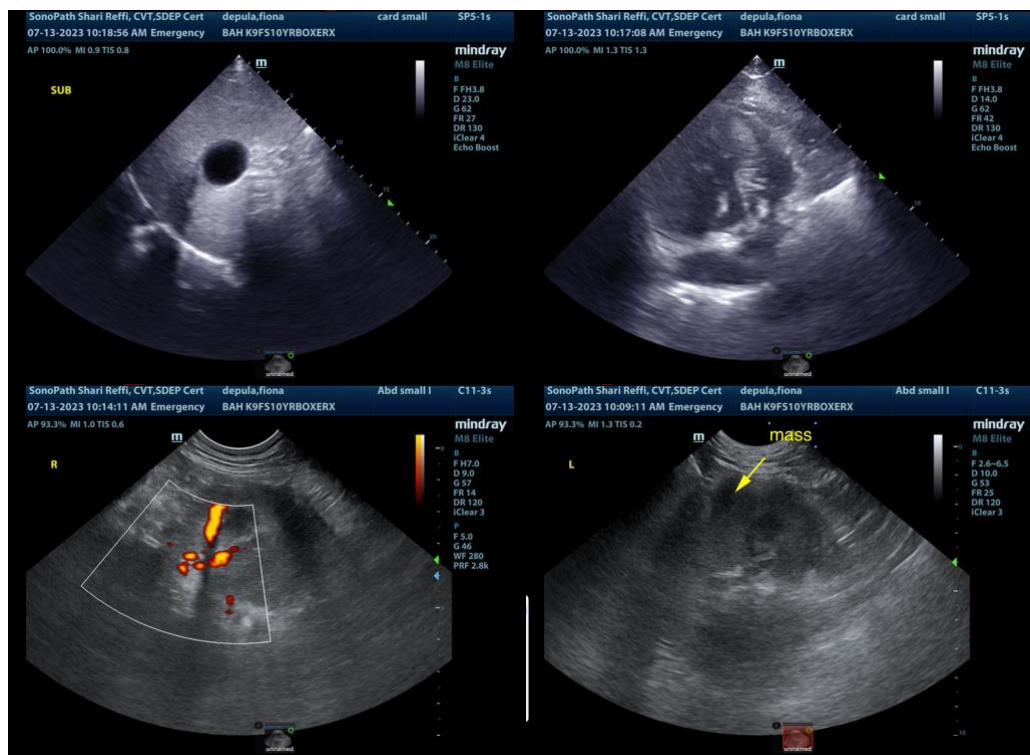
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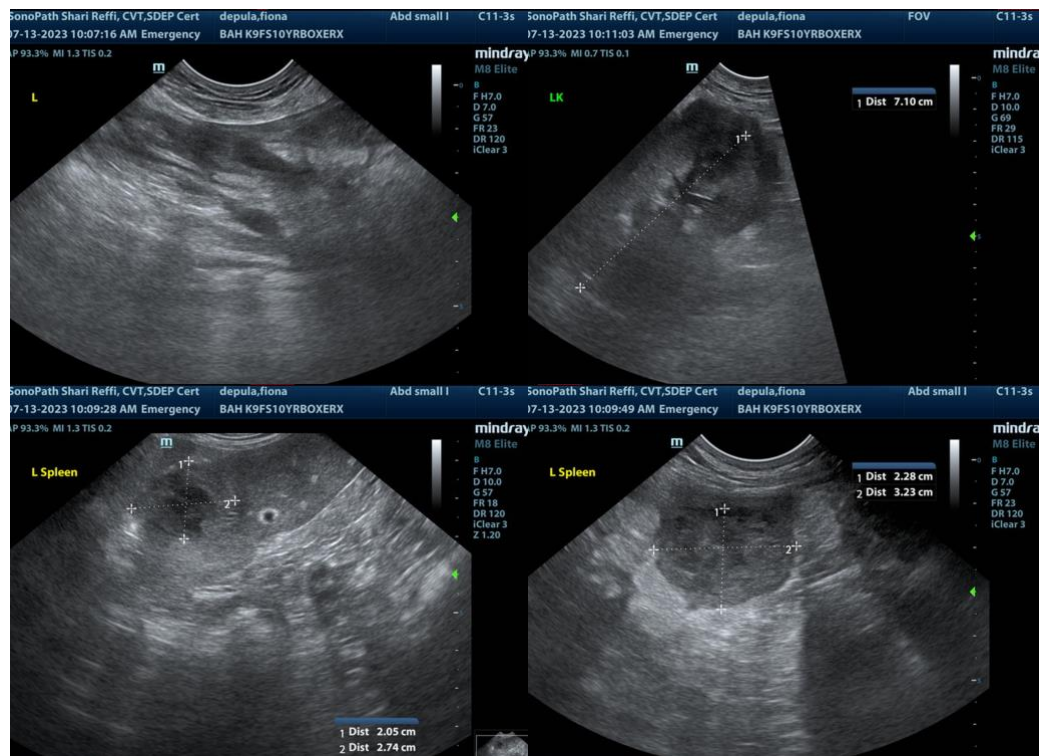
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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