



**PATIENT**

Oreo Sweeley

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male

**AGE**

14

**WEIGHT**

42

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

43972

**DATE**

7/13/23

**PRESENTING CLINICAL SIGNS**

Weakness, inappetence increased breathing effort

Abnormal PE/Chem/CBC/UA Results: Weak, distended abd, WBC 25.4, amylase 2264, lipase 5881

**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 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. Slight subcapsular halo noted around both kidneys. The left kidney measured 4.7 cm. The right kidney measured 5.4 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.

**Spleen**

A mixed echogenic cystic and parenchymal mass was noted measuring approximately 9.0 cm, appeared to be deriving from the **spleen**. Regional free fluid present.

**Liver**

The **liver** was swollen and hypoechoic with multifocal isoechoic nodular changes. The gallbladder and common bile duct were unremarkable. Minor hepatic vein dilation noted.

**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. No associated abnormal lymphatic activity was noted.

**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**

- Large mass in the region of the spleen, presumed splenic origin. However, adrenal origin cannot be completely ruled out given that the adrenal glands were not visualized.
- Swollen, irregular liver
- Age related renal changes



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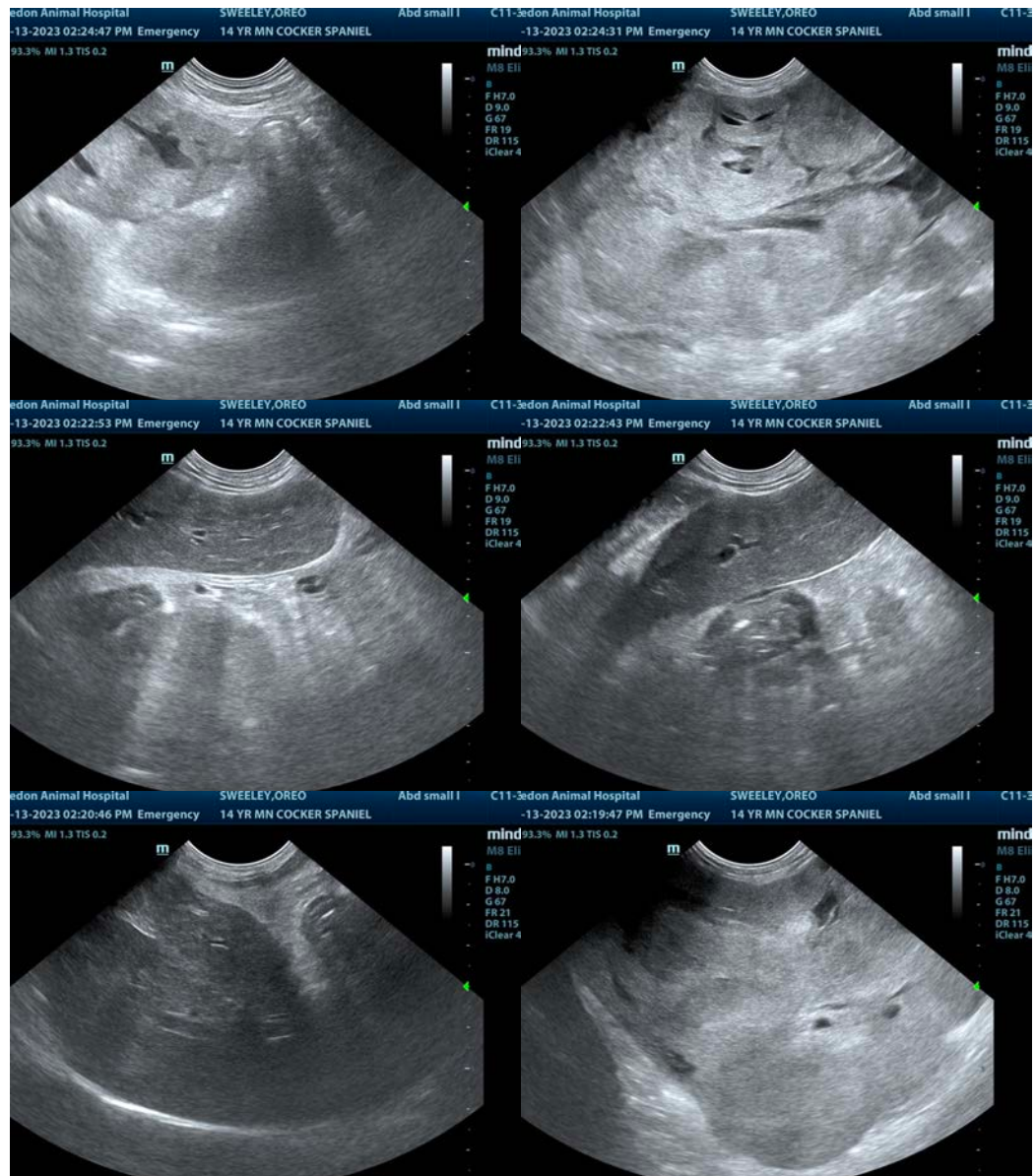
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation would be ideal for further definition, or FNA of the parenchymal portion of the spleen and liver warranted. Prognosis is guarded to poor. Chest radiographs warranted to assess for metastatic disease. Direct exploratory surgery could be considered. However, clean resection may be difficult.





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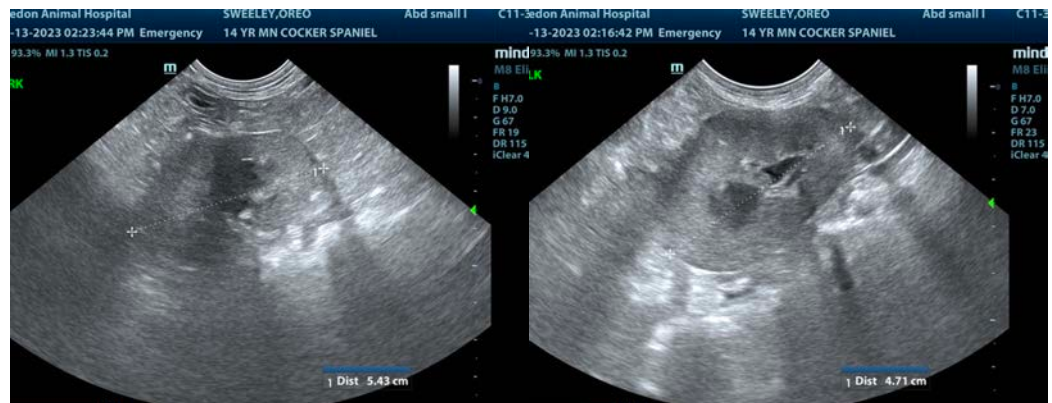
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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