



PATIENT PRESENTING CLINICAL SIGNS

Sadie Brown Acute onset of becoming recumbent and unable to rise, grayish mms, eyes abnormal (dilated), owner was afraid she had a stroke.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass, not eating well, ambulatory today. Plain view radiographs of chest normal, abdomen mid-abdominal mass (10x14 cm), spondylosis of the spine, VHS = 9.9. CBC = mild anemia, neutrophilic leukocytosis, monocytosis, low platelet count. Chem WNL.

BREED

Standard Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor amount of suspended debris. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

13 Years

The **left kidney** 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 cortex 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 5.0 cm each. Slight pinpoint mineralizations noted.

WEIGHT

52.5 Pounds

The **right kidney** revealed slight heterogeneous cortical changes, which may be related to a metastatic event. The right kidney measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

The **left adrenal gland** was 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 0.60 cm.

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

Animal Care VC

The region of the **right adrenal gland** was unremarkable.

Spleen

REFERRING VET

Dr. Harold Mike Beard

The **spleen** revealed a diffuse reticular micronodular pattern with an overt mixed hypoechoic mass with regional inflammation deriving from the mid caudal body.

Liver

INVOICE

43994

The **liver** was mildly swollen with slight irregular contour and enhanced mesentery. Slight coarse architecture. No overt evidence of metastatic disease, however micrometastasis cannot be ruled out. The gallbladder and common bile duct were unremarkable.

DATE

7/17/23

Gastrointestinal

The **stomach** revealed minor thickening with some ingesta. The small intestine and colon were unremarkable.



PATIENT *Pancreas*

Sadie Brown

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

BREED

Standard Poodle

Free fluid noted in the abdomen. Large amount of mesenteric inflammation noted throughout the mid abdomen with trace amounts of free fluid.

SEX

Spayed Female

Rapid view of the heart revealed no evident pathology.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

- Aggressive splenic mass with regional inflammation. Potential early micrometastasis to the liver and kidneys.
- Minor gastric thickening
- Free fluid

WEIGHT

52.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery if chest radiographs are free of evident pathology, with expectations toward splenectomy, liver and kidney inspection +/- biopsies. Round cell neoplasia versus hemangiosarcoma are primary concerns.

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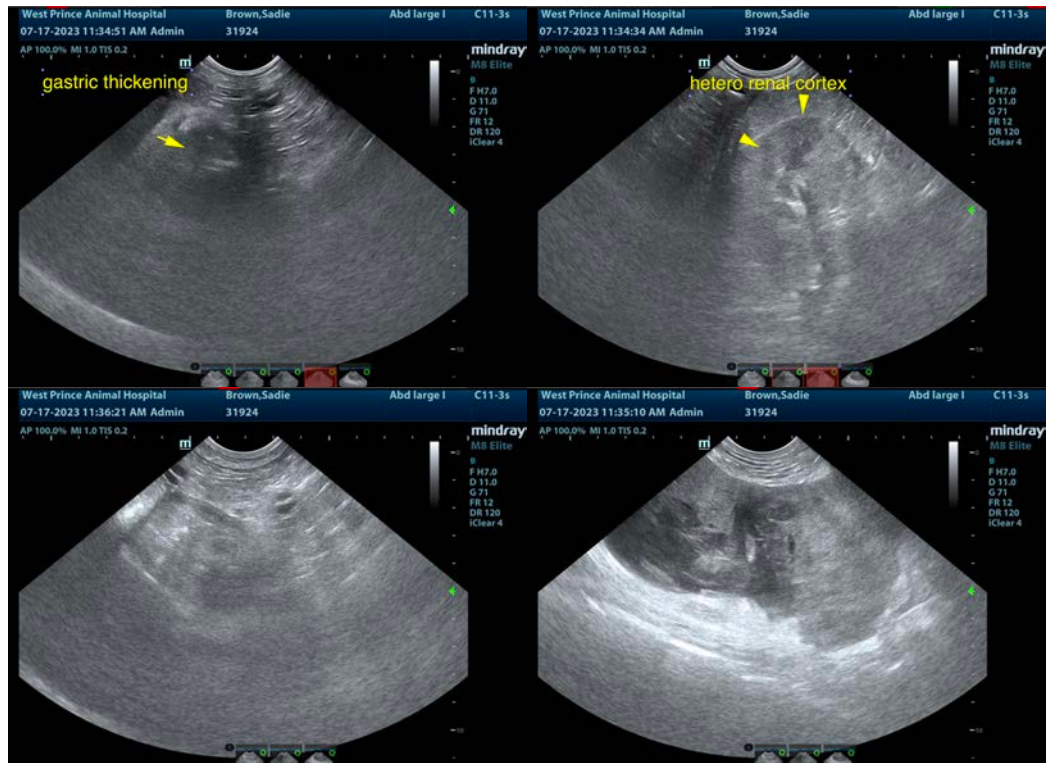
Dr. Harold Mike Beard

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PATIENT

Sadie Brown

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

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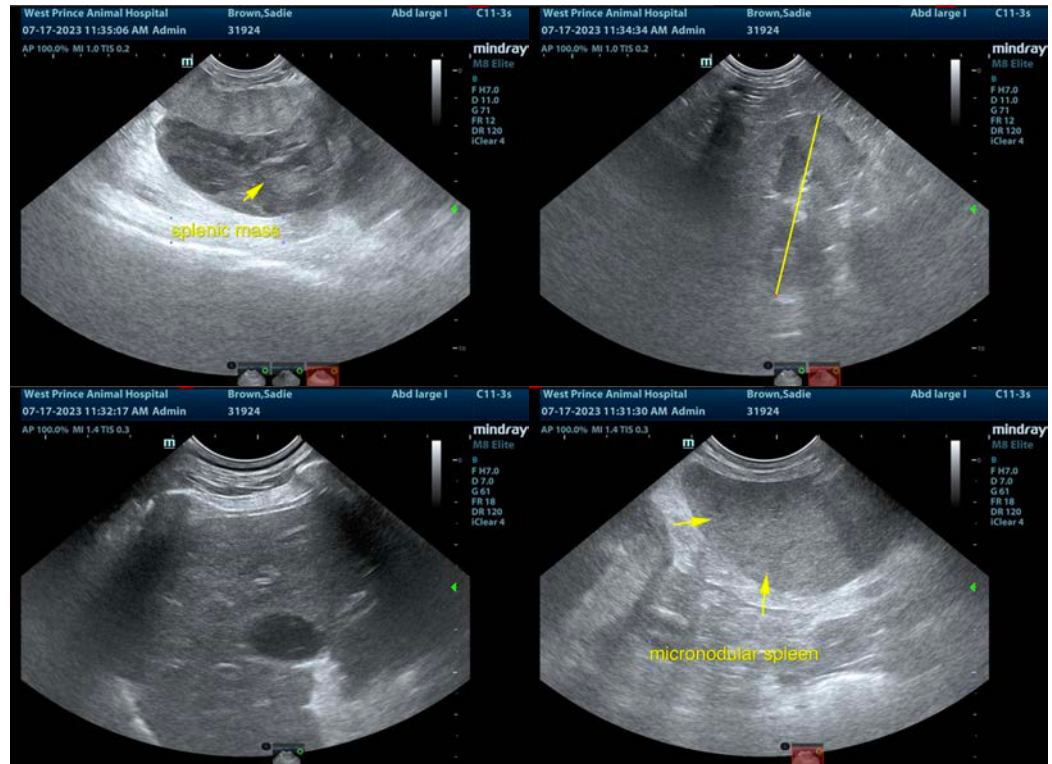
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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