



**PATIENT**

Diesel Bennett

**PRESENTING CLINICAL SIGNS**

History: gastroenteritis, pancreatitis poss splenic mass

**SPECIES**

Canine

**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.

**BREED**

Great Dane

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 9.04 cm. The left kidney measured 5.8 cm.

**SEX**

Neutered Male

**AGE**

4 Years

**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 left adrenal gland measured 2.86 cm x 0.75 cm at the caudal pole and 0.71 cm at the cranial pole.

**WEIGHT**

122 Pounds

**Spleen**

The **spleen** was enlarged and folded upon itself with scalloping contour. Mild heterogeneous parenchymal changes were noted. Palpation of the spleen is warranted to assess for any discomfort.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

**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.

**INVOICE**

16527

**DATE**

7/25/22

**ULTRASONOGRAPHIC FINDINGS**



**PATIENT**

- Hypersplenism with splenic fold, possible emerging round cell neoplasia

Diesel Bennett

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

FNA of the spleen is warranted. If pain upon palpation of the spleen is an issue, then proactive splenectomy is warranted, as some predisposition to splenic torsion may be an issue. No overt evidence of neoplasia, however, emerging round cell neoplasia cannot be completely ruled out.

Canine

**BREED**

Great Dane

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

122 Pounds

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**HOSPITAL NAME**

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**REFERRING VET**

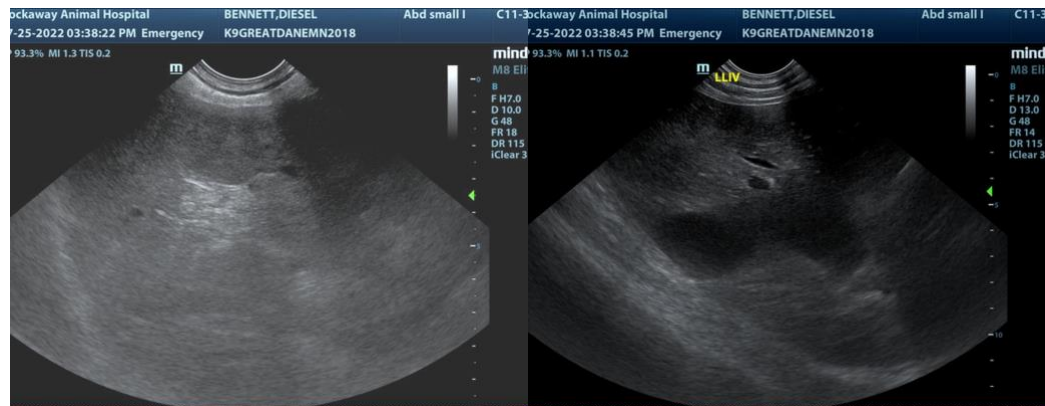
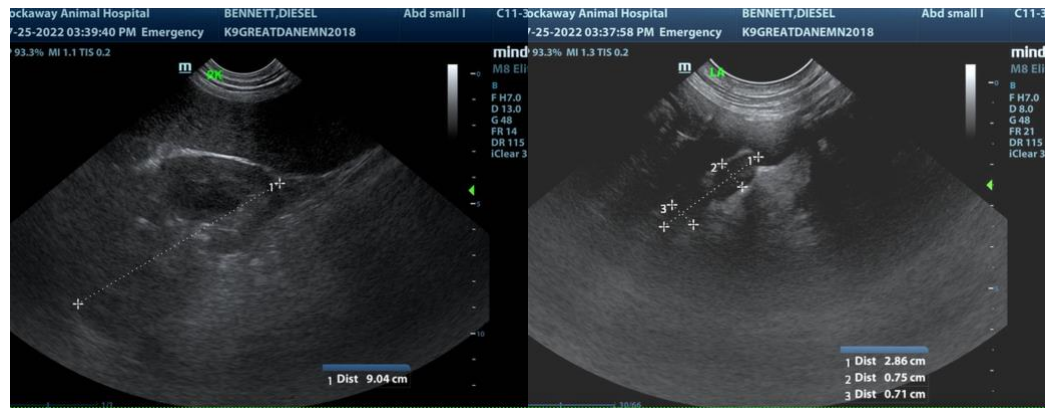
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
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