



**PATIENT**

Neo Faust

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

137.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein Vet Clinic

**REFERRING VET**

Dr. Erin Rothrock

**INVOICE**

39894

**DATE**

7/28/22

**PRESENTING CLINICAL SIGNS**

Historically Addisonian but has been well controlled on the Michigan State protocol (1/2 dose Zycortal q 28-30 days) with supplemental prednisone. Last night he started panting more at home and was not himself. This morning was unable to get up and was still panting.... current meds: prednisone, gabapentin, Zycortal...

Abnormal PE/Chem/CBC/UA Results: HCT 32.2 (L), WBC 18.0 (H), Neut 15.7 (H), ALKP 387 (H), ALT 179 (H), BUN 38 (H), CREAT 4.1 (H), Glucose 50 (L), GLOB 4.7 (H), electrolytes unremarkable (Na:K 32).... Rads: unremarkable thorax, mass effect in mid abdomen on lateral views with moderate hepatomegaly, DV appears hazy with poor serosal detail throughout entire abdomen.

**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. The right kidney measured 8.9 cm. The left kidney measured 8.5 cm. Anechoic cortical cyst of 1.0 cm noted in the dorsal cortex of the left kidney.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** presented a hypoechoic expansive mass measuring 2.8 cm. A separate parenchymal mass measured 8.0 cm. Separate splenic nodules also noted up to 1.06 cm.

**Liver**

The **liver** presented heterogeneous hypoechoic nodular changes, non-disruptive. Increased portal markings noted. The gallbladder and common bile duct were unremarkable.

**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.



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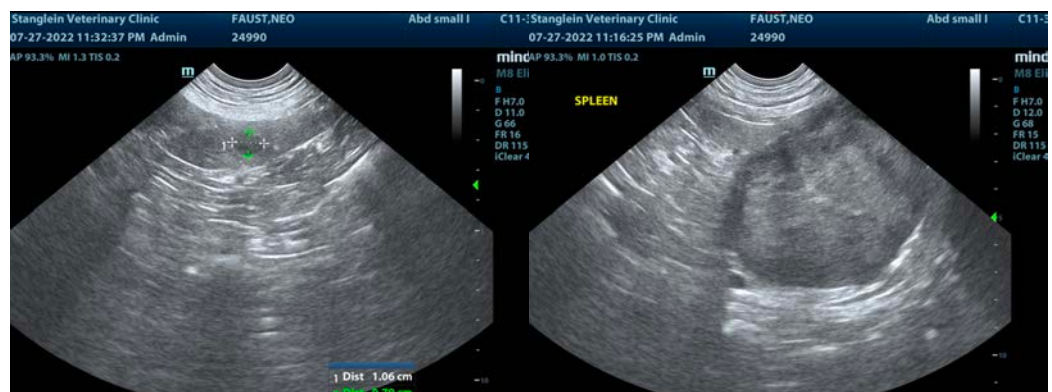
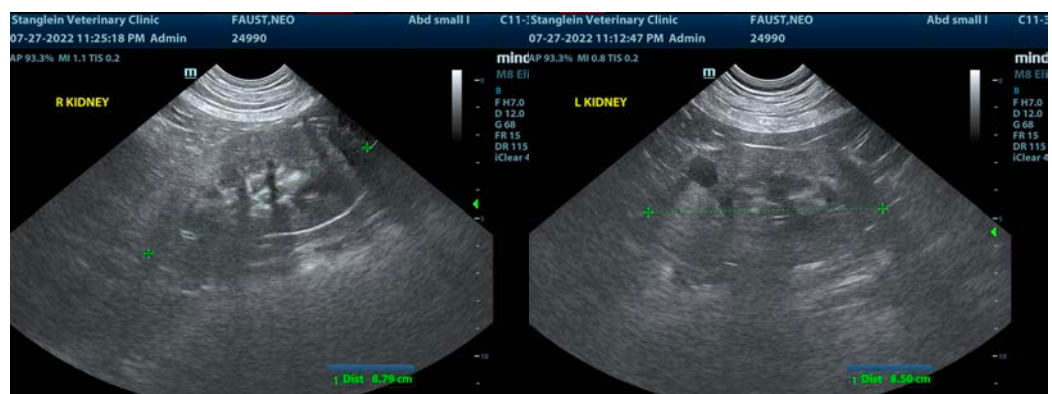
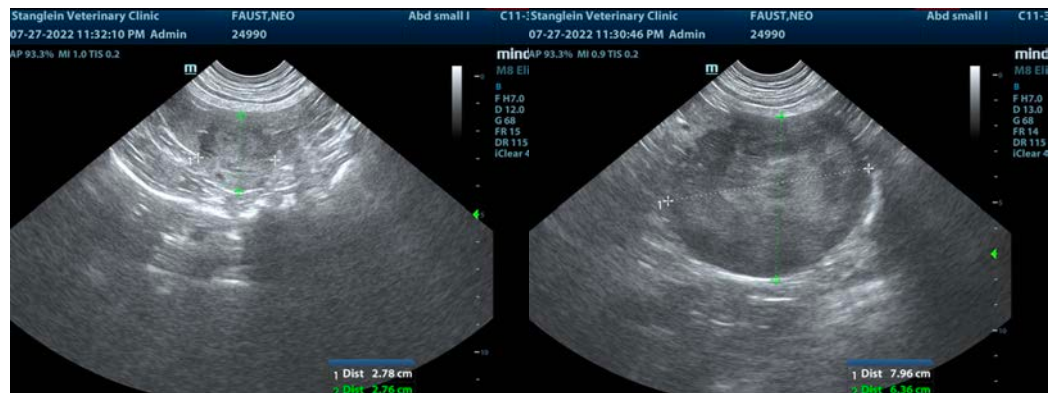
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**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass and nodules, no free fluid noted
- Heterogeneous hepatic changes, possibility of micrometastasis
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hemangiosarcoma, lymphosarcoma or other round cell neoplasia possible. No free fluid noted in the abdomen. However, hemorrhage and reabsorption may be an issue. Chest radiographs and rapid echocardiogram recommended to assess for right auricular or pericardial involvement, followed by splenectomy with liver inspection and biopsy. IV cortisone may be helpful to manage the Addisonian state, as the azotemia is likely Addison's related, as the kidneys do not appear end stage. BP recommended to assess for hypotension.





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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

[info@SonoPath.com](mailto:info@SonoPath.com)