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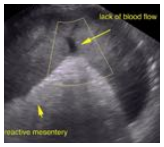

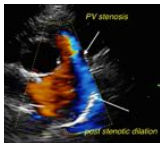

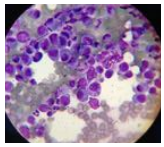
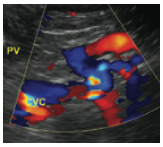


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1-800-838-4268 info@sonopath.com

**PATIENT**
Ozzy Sanborn

**SPECIES**
Canine

**BREED**
Cocker Spaniel Mix

**SEX**
Neutered male

**AGE**
13 years

**WEIGHT**
25 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Ebersole

**HOSPITAL NAME**
Scanvet

**REFERRING VET**
Dr. Peyser

**INVOICE**
32080

**DATE**
7/29/22

## PRESENTING CLINICAL SIGNS

History: Recurring diarrhea, having accidents in the house.
Abnormal PE/Chem/CBC/UA Results: BW: WNL Fecal Antigen: NEG

## 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 was 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 4.85 cm. The left kidney measured 4.93 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. The right adrenal gland measured 2.09 x 1.47 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.71 x 0.55 cm at the cranial pole and 0.52 cm at the caudal pole.

### *Spleen*

The **spleen** revealed a complex, mixed echogenic expansive mass that measured 3.5 cm. There was no evidence of rupture. Hyperechoic lipogranulomatous nodule was noted and not pathological.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

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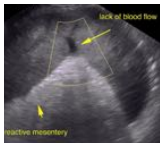
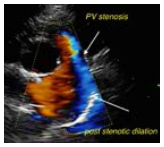
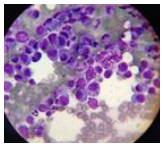
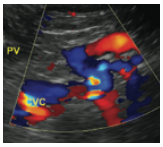

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### *Gastrointestinal*

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.

### *Heart*

Rapid view of the heart revealed no evidence of pathology.

## ULTRASONOGRAPHIC FINDINGS

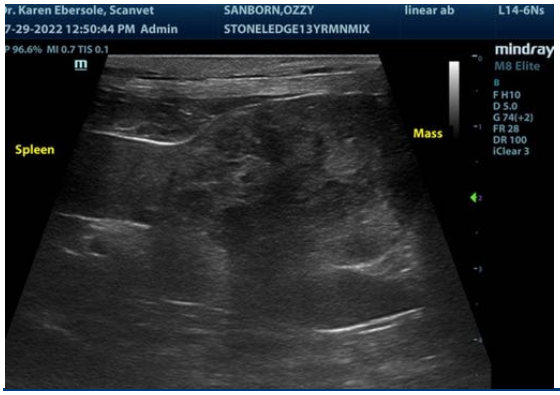
Splenic mass. Hemangiosarcoma versus benign hematoma, hyperplasia is possible.

Structurally unremarkable GI tract.

Age related hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, splenectomy and GI biopsies are warranted given the chronic clinical GI signs, however, structurally the urinary tract is unremarkable. Fecal exam, broad spectrum anti-parasitic protocol and diet change to a hydrolyzed diet are all good empirical measures. The splenic mass is highly precarious.



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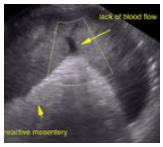
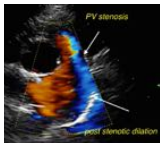
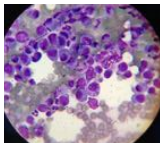
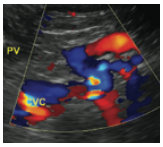

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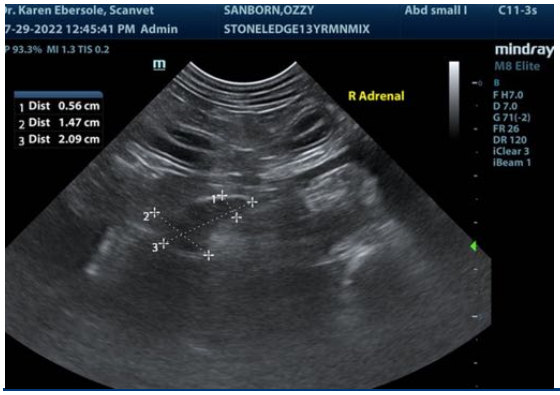


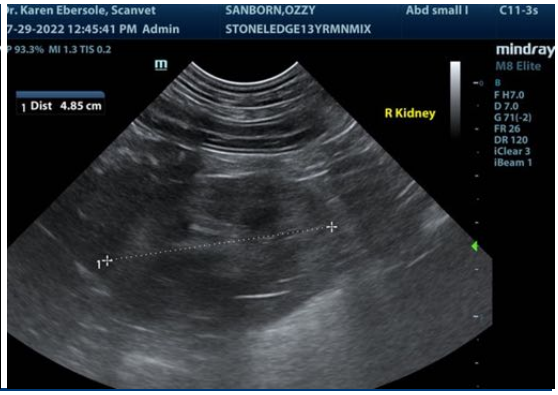



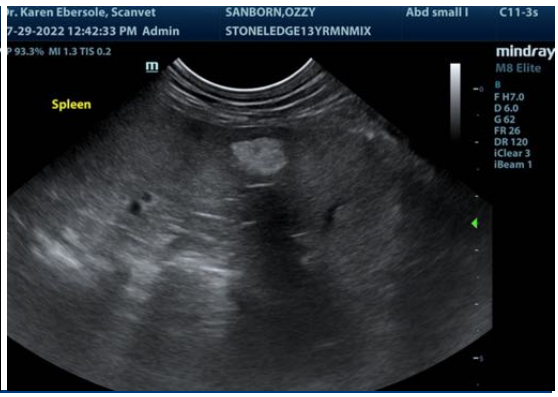


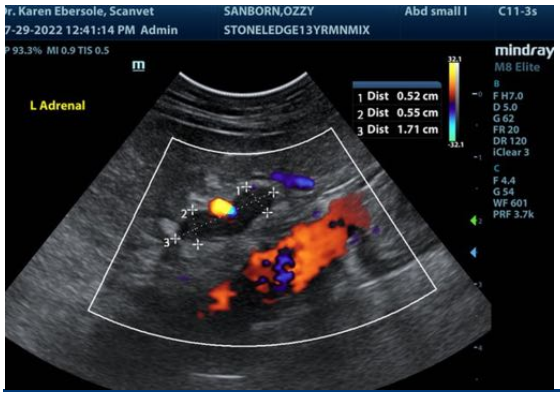


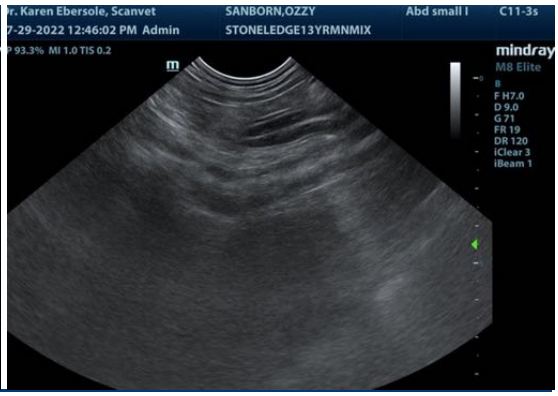


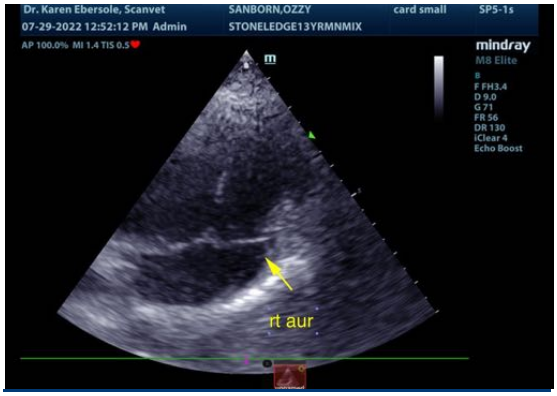

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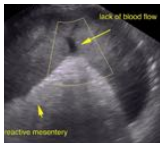

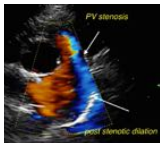

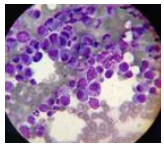
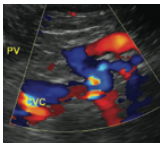


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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