



PATIENT PRESENTING CLINICAL SIGNS

Brandy Daniels History: RDVM noted mass in abdomen from radiographs.
Distended abdomen HCT - 35% BUN 30 ALP - 276 CL - 106

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Heeler

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Spayed female

AGE

11 years

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 6.4 cm. The left kidney measured 5.6 cm.

WEIGHT

51 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left adrenal gland was at the upper limits of normal and measured 2.36 x 0.76 cm at the caudal pole and 0.79 cm at the caudal pole. The right adrenal gland was uniform and measured 0.6 cm.

IMAGING PERFORMED BY

Adrienne Waffle

Spleen

The **spleen** revealed an expansive, hypoechoic parenchymal mass that measured 9.2 cm with regional inflammation that was deriving from the caudal pole.

HOSPITAL NAME

Torch Lake VC

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.

REFERRING VET

Dr. Mancelona

INVOICE

45921

Gastrointestinal

DATE

7/6/23

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Brandy Daniels

SPECIES

Pancreas

Canine

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.

BREED

Heeler

Free Abdomen

SEX

Spayed female

A moderate amount of free fluid was noted in the abdomen and presumed to be hemorrhage given the minor anemia and the presence of splenic mass. The mass appears to be isolated from an organ standpoint; however, some regional omental heterogenous changes were noted. Early spread into the omentum cannot be completely ruled out.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass, suspect potential omental spread.

WEIGHT

51 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is warranted after chest radiographs to assess for metastatic disease and rapid echocardiogram. Hemangiosarcoma is unlikely. Benign hematoma is possible, round cell neoplasia is less likely. Prognosis is guarded. This is a surgical emergency.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Adrienne Waffle

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Torch Lake VC

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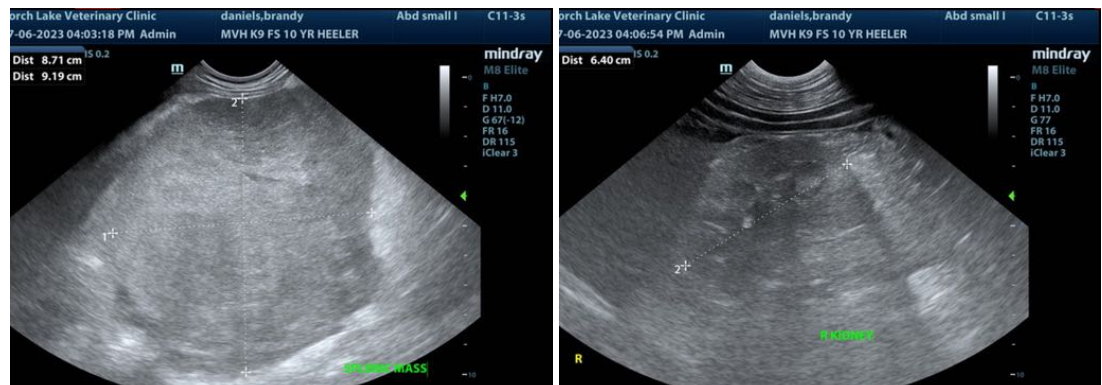
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PATIENT

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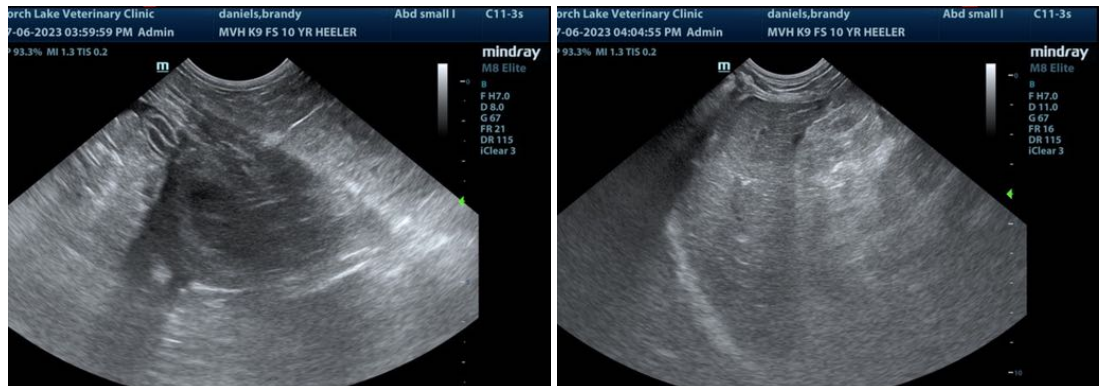
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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