

**DATE**

8/11/21

**PRESENTING CLINICAL SIGNS**

Abdominal mass seen on radiographs. Would like to determine if splenic or hepatic origin (or other), and if mass is heterogenous or cystic / discrete tumors.

Current Medications: None at this time

**PATIENT**

Brody Schaeffer

Lab Results & Radiographs: will forward all info once received from Antrim.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested / declined

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

Beagle Mix

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.

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 6.0 cm.

**AGE**

2008

**Adrenal Glands****WEIGHT**

28.5 lbs

The **adrenal glands** were not visualized. The regions of the adrenal glands revealed no evidence of pathology.

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

The **spleen** revealed a 15+ cm 90% parenchymal mass with microcavitation. The mass connected to relatively normal splenic tissue by a bridge of approximately 2.0 cm. However, the mass is splenic in origin. Other areas of macrocavitation were also noted. The splenic mass was pedunculated.

**HOSPITAL NAME**

Maryland Mobile Vet

**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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**REFERRING VET**

Dr. Hahn

**Gastrointestinal****INVOICE**

91148

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 visible **pancreas** was unremarkable.

### Free Abdomen

Trace amounts of free fluid were noted in the abdomen.

### Heart

Rapid view of the heart revealed no evidence of pathology.

### ULTRASONOGRAPHIC FINDINGS

Solitary, pedunculated, very precarious splenic mass.

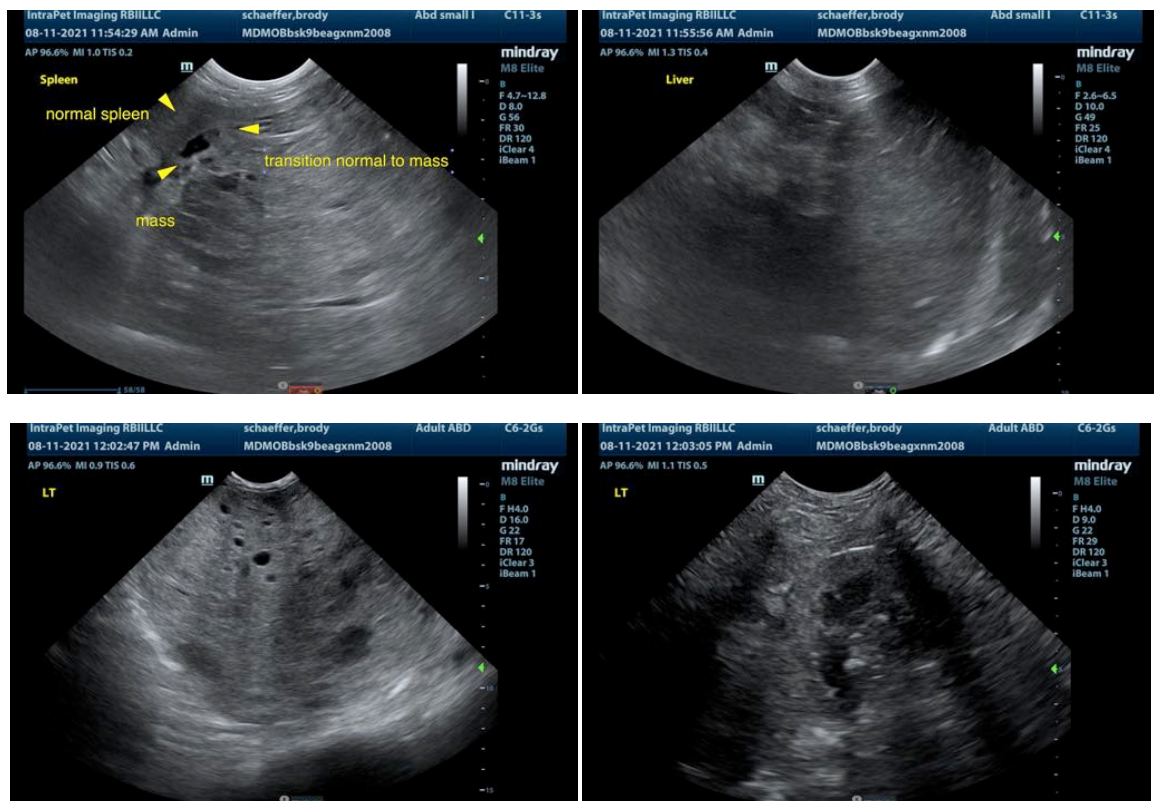
Otherwise, geriatric abdomen.

No obvious evidence of metastatic disease.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend three view chest radiographs and exploratory surgery with tenting of the linea alba when entering into the abdomen as the mass impinges directly upon the body wall. Inspection and biopsy of the liver warranted as well as manual expression of the gallbladder given the excessive sludge.

Hemangiosarcoma is suspected, however, research has found that 50% of these masses are histopathologically benign. However, the mass is precarious and at high risk for rupture or torsion.





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.

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