



**PATIENT PRESENTING CLINICAL SIGNS**

Mickey Staples Large abdominal mass found on lateral rad, likely spleen, assess for potential splenectomy.  
Abnormal PE/Chem/CBC/UA Results: Hct 31, wbc 23k, neuts 20k

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

BREED

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 6.0 mm.

Lab X

SEX

Neutered Male

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 left kidney measured 6.91 cm. The right kidney measured 6.97 cm.

AGE

11 Years

**Adrenal Glands**

WEIGHT

71.6 Pounds

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 2.32 cm x 0.47 cm at the cranial pole and 0.56 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

A large, mixed echogenic, moderately complex, undifferentiated 15.6 cm mass was noted in the cranial abdomen, deriving from the cranial body of the **spleen**. Slight areas of echogenic free fluid noted, suggestive for hemorrhage. Some reactive mesentery noted. Some heterogeneous omentum was noted and may represent early seeding or blood clots.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Liver**

The **liver** revealed subtle heterogeneous changes with some nodules measuring up to 1.5 cm, may represent metastatic disease. However, nodular hyperplasia is possible. The gallbladder was unremarkable.

**HOSPITAL NAME**

ACC Flanders

**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. Hargadon

**INVOICE**

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**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.

**DATE**

8/12/21

**Heart**

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.



**PATIENT**

Mickey Staples

**ULTRASONOGRAPHIC FINDINGS**

- Ruptured splenic mass with heterogeneous omentum and non-disruptive liver nodules – potential local omental and metastatic hepatic disease, nodular hyperplasia possible.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend exploratory surgery/splenectomy. However, direct inspection of metastatic lesions of the liver versus nodular hyperplasia recommended prior to splenectomy. Chest radiographs warranted to assess for metastatic disease.

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

71.6 Pounds

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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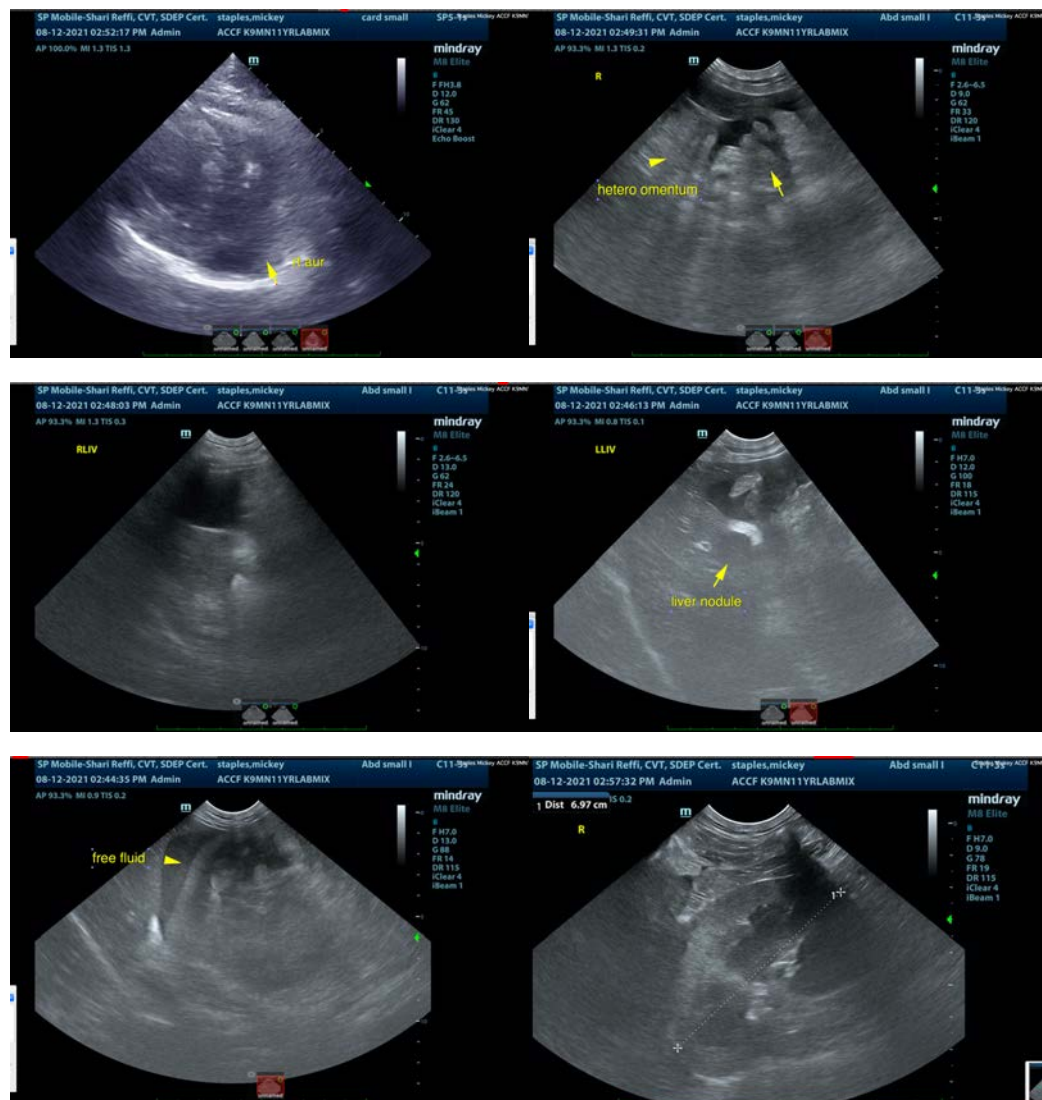
Dr. Hargadon

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**PATIENT**

Mickey Staples

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

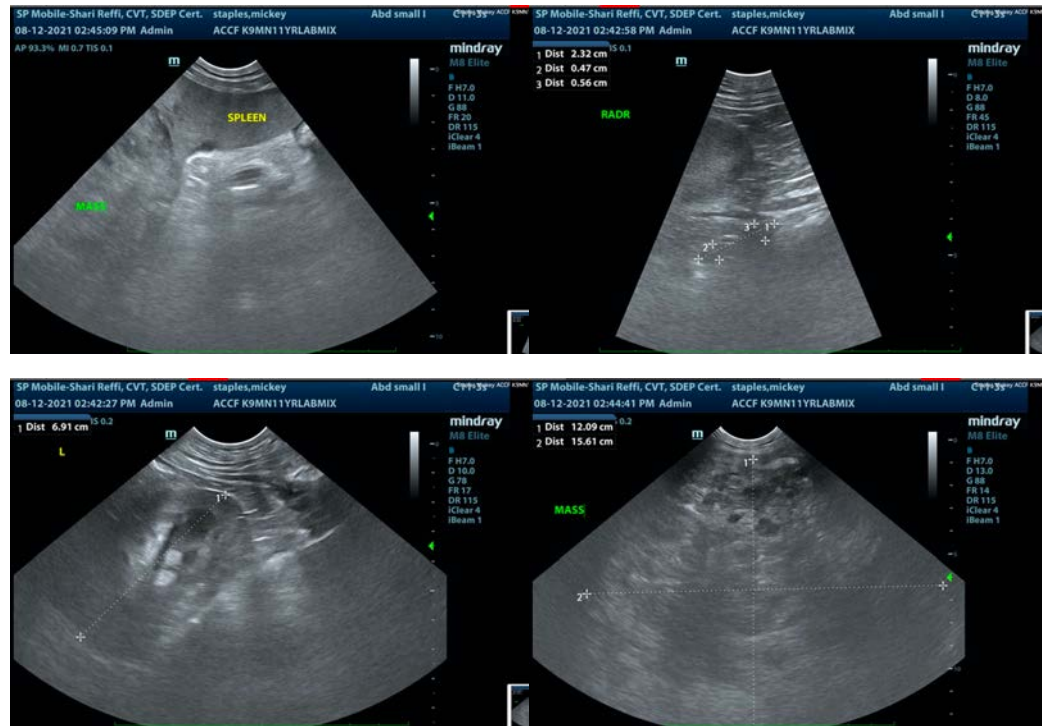
Neutered Male

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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.

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