



PATIENT PRESENTING CLINICAL SIGNS

Tango Dunn

History: 8/10 pm pt had multiple accidents in the house, both urination and stool with mucous. 8/11 am pt started having diarrhea with blood and mucous and started vomiting fluid/bile mixed with grass. Access to horse hooves and p got ahold of a rat 3 days ago. Fecal testing positive for hookworms. Mass seen in abdomen on radiographs. Not on any meds prior to hosp.

SPECIES

Canine

HCT 58%, Amylase 1395 u/l, BUN 30 mg/dl.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Keeshond

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

AGE

10 years

The iliac trifurcation was unremarkable.

WEIGHT

40 lbs

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 left kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.7 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.5 cm.

IMAGING PERFORMED BY

Erica Harmon

Spleen

HOSPITAL NAME

Willamette VH

The **spleen** revealed an expansive mass and measured 6.0 cm. Reactive mesentery was noted around the mass.

REFERRING VET

Dr. Harmon

Liver

INVOICE

91165

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. There was no evidence of metastatic disease. 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.

DATE

8/12/21



PATIENT

Gastrointestinal

Tango Dunn

The **stomach** presented hypertrophied mucosa and empty lumen. The intestines were 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. The colon revealed fluid filled dilation. This is consistent with resolving enteritis/colitis.

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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.

SEX

Neutered male

Heart

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

40 lbs

Age related abdominal changes.

Splenic mass. Differentials include hemangiosarcoma, benign hyperplasia, round cell neoplasia is less likely.

INTERPRETED BY

Eric Lindquist, DMV
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Otherwise, there was no obvious evidence of metastatic disease.

IMAGING PERFORMED BY

Erica Harmon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are recommended and if free of pathology then I recommend exploratory surgery with splenectomy with liver inspection and biopsy. Gastrointestinal biopsies could be considered even though structurally unremarkable given the patient's history.

HOSPITAL NAME

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REFERRING VET

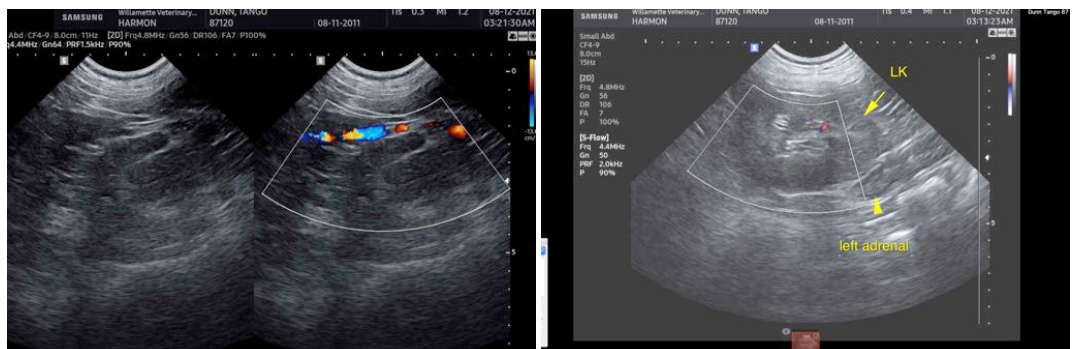
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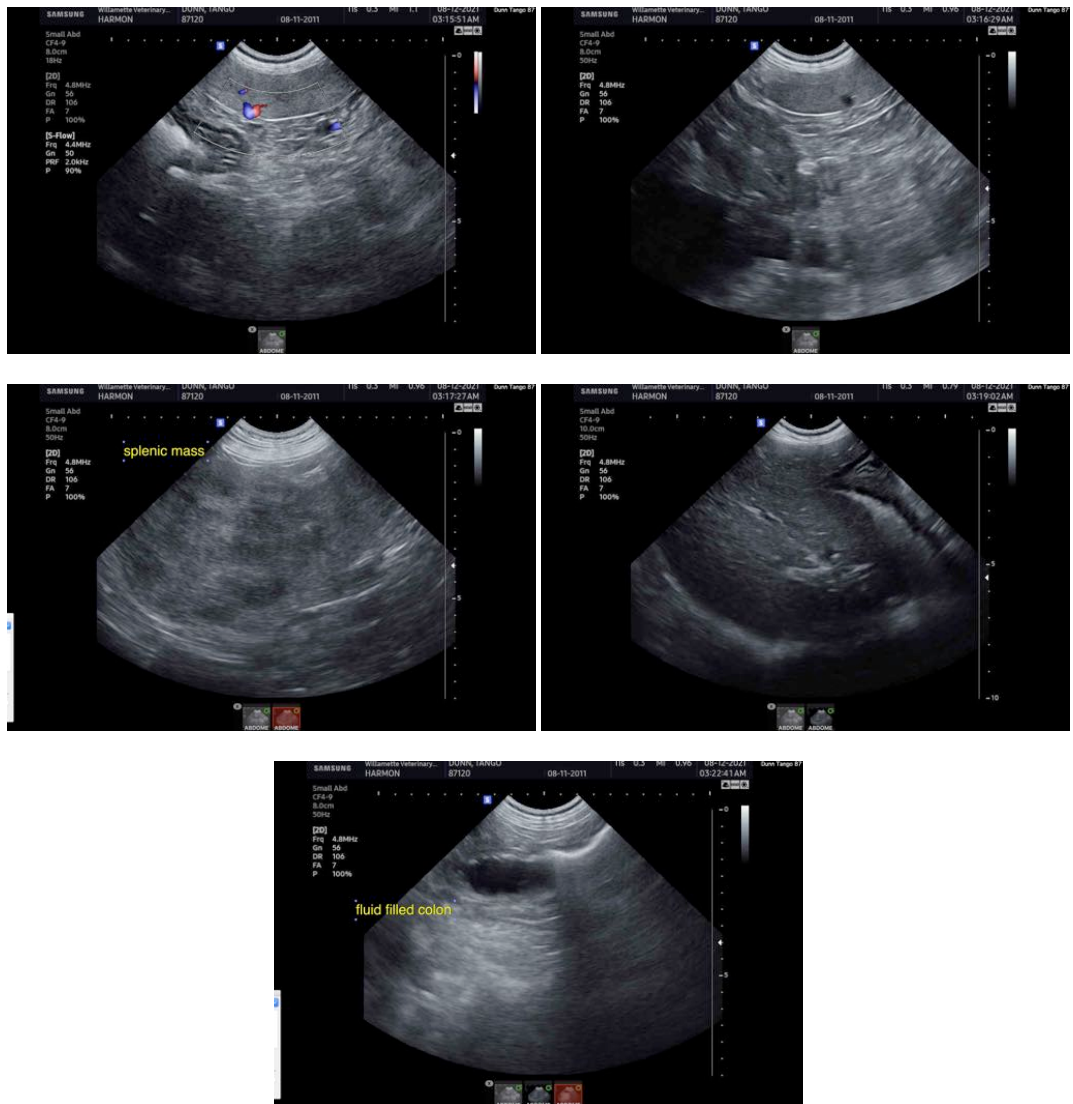
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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