



**PATIENT**

Samantha Simpson

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed Female

**AGE**

13 Years 9 Months

**WEIGHT**

65.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

16849

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

History: Samantha is older an acts her age, but overall she has been pretty stable until the last few weeks. She has always been a heavy drinker, but it has gotten worse. In addition she has started to leak urine. She does it just around the house, has to go out frequently and urinates large amounts, and she has to go out multiple times at night. She leaks in her sleep. We do not have copies of the labs yet but are trying to get them. They said everything checked out pretty good on a blood and urine test. They started the dog on the estrogen trial to see if it would help. It has not. Since the labs were good they tried limiting the water, but she gets them up even more frequently asking for a drink. She drinks out of the toilet if the lid is left up. Her appetite is up and down but she's always been kind of that way. She has slipped 4 pounds in the last few weeks but has remained fairly stable in her weight.

Abnormal PE/Chem/CBC/UA Results: PE: Abdomen FULL FEEL SCLEROSIS NORMAL FOR AGE. GENERALIZED MUSCLE ATROPHY, NOT UNCOMMON FOR THIS AGE. NAILS A BIT LONG. LH > RH MILD DELAY IN REPLACING OVERTURNED FEET. QUIET ADVANCED STAGE IV DENTAL DISEASE, MULTIPLE EXTRACTIONS NEEDED SMALL MASS RIGHT LATERAL ABDOMEN: SUBCU, SOFT, OVAL, MOVABLE. MULTIPLE SMALL SKIN TAGS. DID BLOOD WORK AT ANOTHER CLINIC WAITING FOR THEM TO BE SENT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present at the time of sonogram. Some echogenicity consistent with suspended debris was noted. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 7.8 cm. The left kidney measured 6.5 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 left adrenal gland measured 2.73 cm x 0.72 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.42 cm x 0.8 cm at the cranial pole and 0.65 cm at the caudal pole.

**Spleen**



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The **spleen** revealed a large complex cystic and parenchymal mass, deriving from the mid cranial splenic body. The mass measured at least 15.0 cm. Slight free fluid was noted around the spleen, suggestive of rupture. The mass impinges cranially upon the liver, however, no direct metastatic lesions appear to be present in the liver, yet should be inspected at surgery.

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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The splenic mass impinges cranially upon the liver, however, no direct metastatic lesions appear to be present in the liver, yet should be inspected at surgery.

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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.

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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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Free Abdomen**

A significant amount of **omental reactivity** was noted associated with the splenic mass. Seeding into the regional omentum cannot be completely ruled out.

**IMAGING PERFORMED BY**

Carissa Rhoades

**Other**

A rapid view of the **heart** revealed volume contraction. No obvious pericardial effusion or right auricular masses.

**HOSPITAL NAME**

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**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass with likely rupture and free fluid
- Omental reactivity
- Chronic cystitis urinary bladder pattern
- Volume contracted heart
- Geriatric abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious metastatic disease to the liver, however, this should be inspected at surgery. Assessment for shock is indicated. Chest radiographs and immediate exploratory surgery are indicated.

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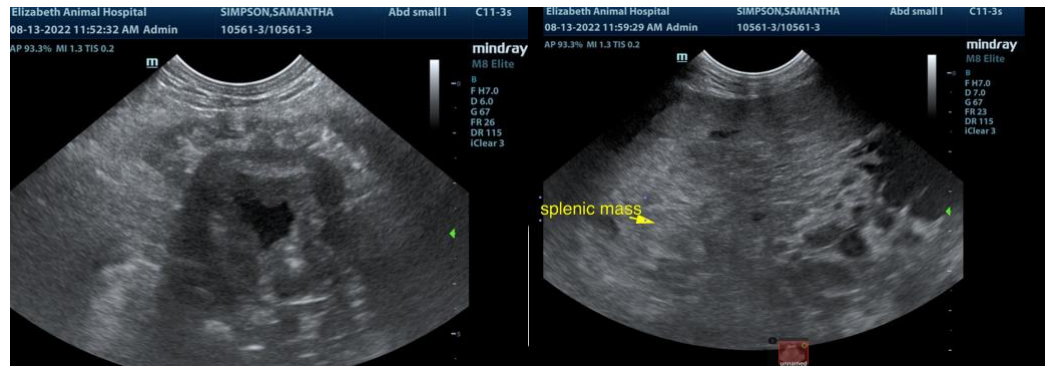
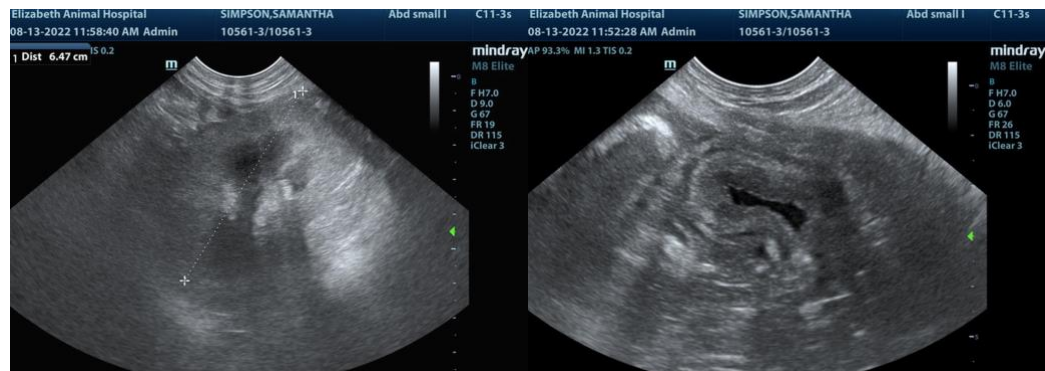
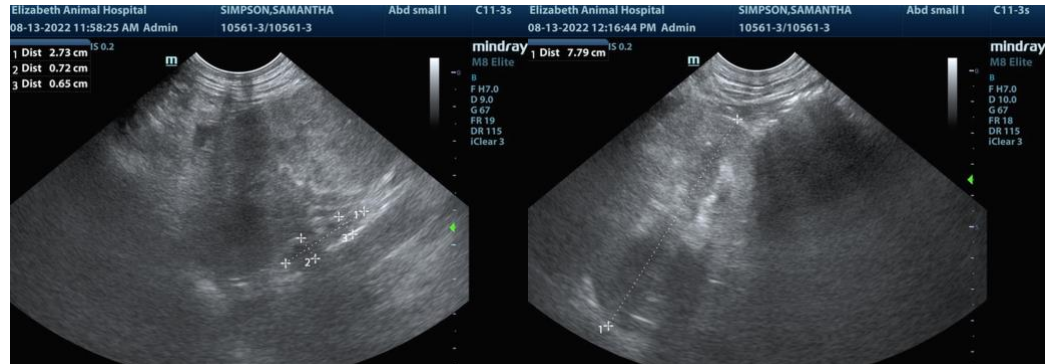
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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