



PATIENT PRESENTING CLINICAL SIGNS

Pluto Sanders
 History: Decreased appetite, elevated liver values
 Abnormal PE/Chem/CBC/UA Results: AST 139, ALK PHOS 139, CPK 1570, PSL 326

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

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

AGE

10 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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.4 cm. The left kidney measured 7.07 cm with trace pyelectasia.

WEIGHT

64 lbs

Adrenal Glands

The left **adrenal gland** was normal and measured 2.41 x 0.68 cm. The right adrenal gland was not visualized.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

JK

The **spleen** in this patient revealed a complex, mixed, hypoechoic, expansive mass that measured 8.0 cm. and extended into the regional omentum. The splenic mass derived from the mid cranial body of the spleen. Areas of cavitation were noted throughout the mass.

HOSPITAL NAME

Hamburg VC

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.

REFERRING VET

Dr. DenHeyer

INVOICE

91243

Gastrointestinal

DATE

8/16/21

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.



PATIENT

Pancreas

Pluto Sanders

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.

SPECIES

Canine

Free Abdomen

BREED

Boxer

Slight areas of free fluid were noted.

SEX

Neutered male

Splenic mass, appears solitary.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious metastatic disease. However, spread into the regional omentum is a potential. Hemangiosarcoma versus round cell neoplasia are the primary concerns. Benign hepatoma with mass effect is possible. Three view chest radiographs and a rapid echocardiogram to assess for metastatic disease in the right auricle and pericardium followed by exploratory surgery is indicated.

WEIGHT

64 lbs

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

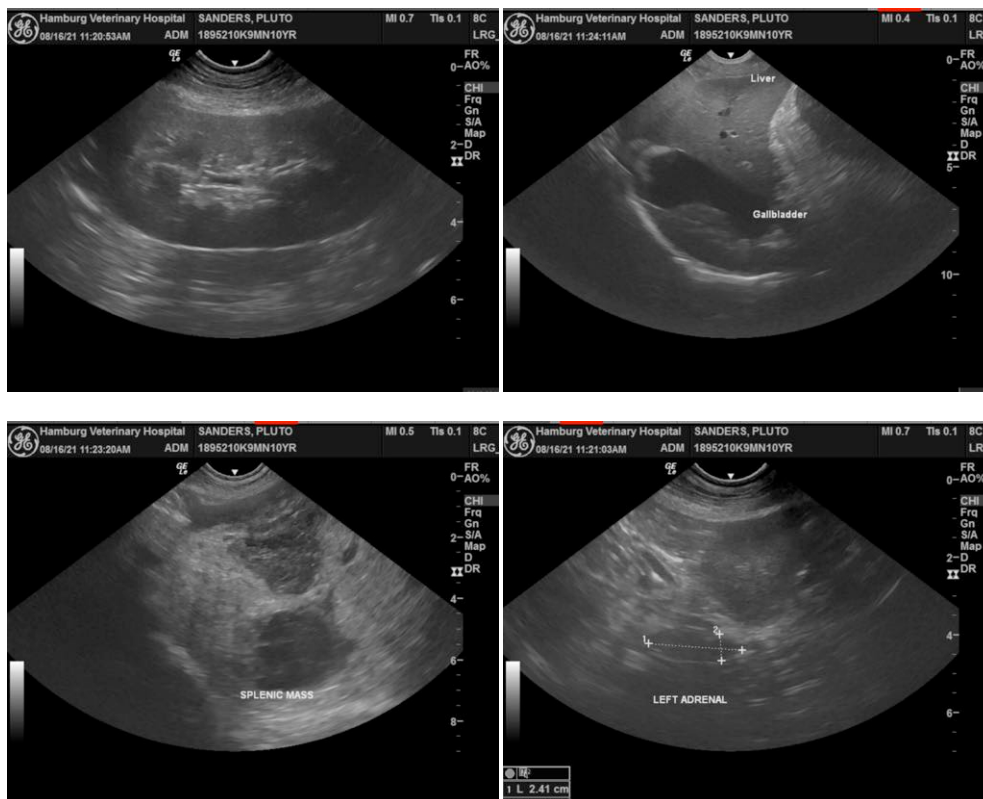
Dr. DenHeyer

INVOICE

91243

DATE

8/16/21





PATIENT

Pluto Sanders

SPECIES

Canine

BREED

Boxer

SEX

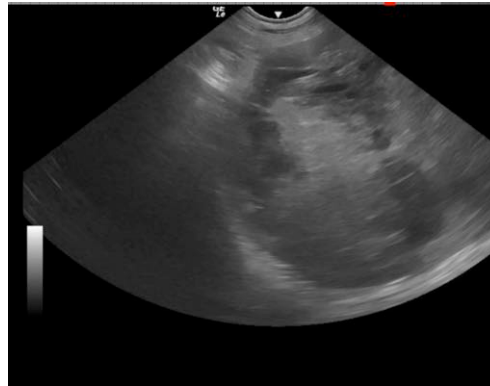
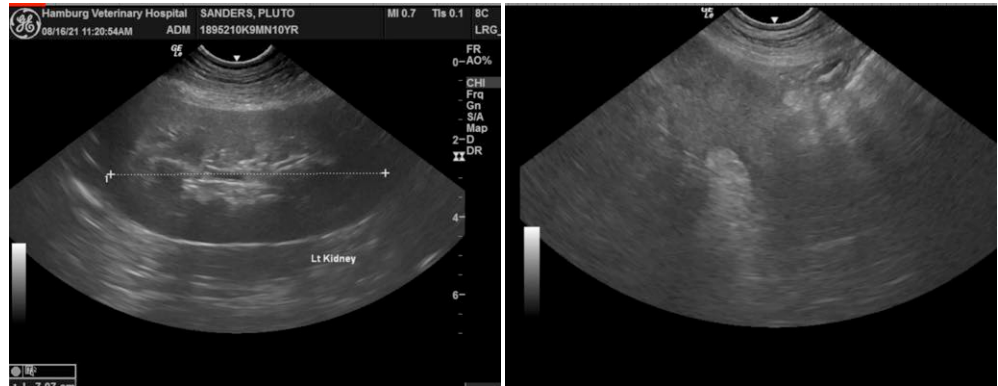
Neutered male

AGE

10 years

WEIGHT

64 lbs



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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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