



**PATIENT**

Getty Riva

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

67 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

**INVOICE**

76408

**DATE**

8/2/23

**PRESENTING CLINICAL SIGNS**

History: Seen 7/7/23 for malaise, painful Improved with doxy, 7/31/23 had muscle weakness 8/1/23 felt better but had bloody urine  
Abnormal PE/Chem/CBC/UA Results: PE: subdued, slightly pale, temp 104.0f, no overt find/organomegaly on abdominal exam CBC: RBC 4.14, WBC 20.2, PLT 116 CHEM: Glob 4.8, lyme & anaplasma +

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.1 cm and the right kidney measured 5.85 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed mild irregular contour with hypoechoic parenchyma. There were areas of capsular expansion with an overt, mixed echogenic mass measuring 9.5 cm. Mild regional inflammation was noted. Cavitation of the mass was also noted.

**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.

**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



**PATIENT**

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**

Canine

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.

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Australian Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Large splenic mass with cavitation, no obvious organ metastasis.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

There is no overt evidence of rupture. However, rupture, leakage and reabsorption is always possible. I recommend a rapid echocardiogram, chest radiographs followed by exploratory splenectomy, liver inspection and biopsy. Hemangiosarcoma versus stromal tumor. Less likely histopathologically benign hematoma is technically possible.

**WEIGHT**

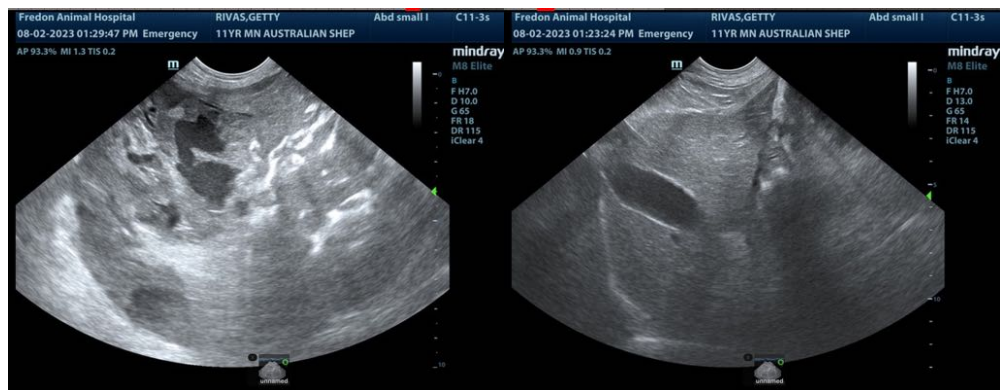
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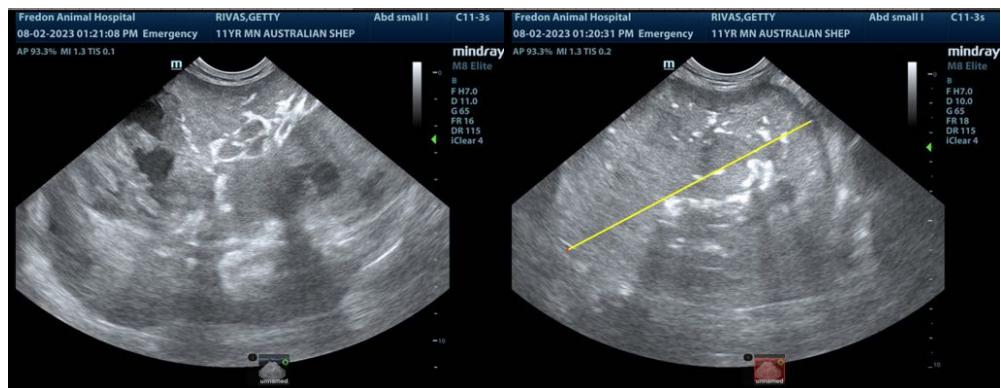
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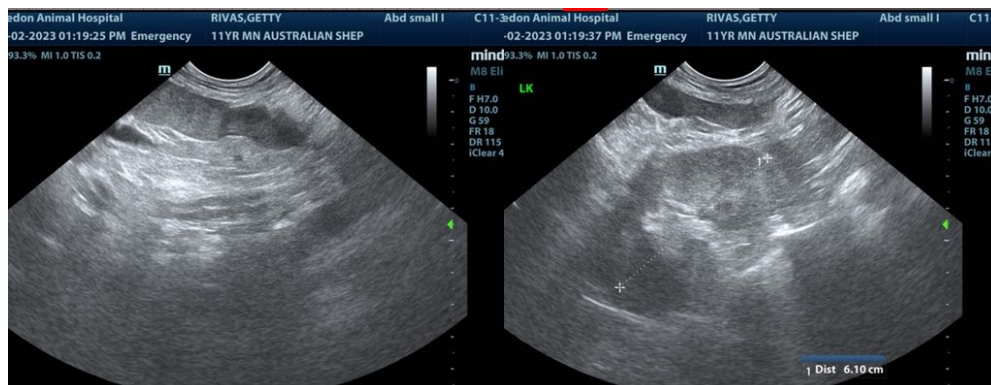
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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