



PATIENT PRESENTING CLINICAL SIGNS

Romeo Biggerstaff Patient presented to for lethargy, trouble breathing, and vomiting. Tachycardia On exam mucus membranes were pink and moist. No fluid wave in the abdomen. Discomfort in cranial abdomen, but difficult to palpate under the ribs. Current Medications 100mg Gabapentin BID Radiographic Findings 12cm x 12cm splenic mass seen in the cranial abdomen Primary Question/Differential to Be Answered in This Exam Has the mass metastases in the abdomen or to the heart.

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

12 Years

WEIGHT

27.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Silver Creek AC

REFERRING VET

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INVOICE

44605

DATE

8/2/23

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 were noted. Ureteral papillae were normal. The residual prostate measured 1.0 cm.

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 right kidney measured 7.45 cm. The left kidney measured 7.47 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged with irregular cranial pole, measuring 3.16 cm x 1.14 cm at the cranial pole and 0.68 cm at the caudal pole.

The right adrenal gland was normal in size, measuring 2.0 cm x 0.5 cm.

Spleen

The **spleen** revealed an expansive mixed echogenic cystic and parenchymal mass measuring 10.5 cm with regional inflammation and free fluid noted.

Liver

The **liver** was largely unremarkable with subtle heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable. No obvious metastatic lesions. However, micrometastasis cannot be completely ruled out.

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.



PATIENT *Pancreas*

Romeo Biggerstaff

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

Heart

Rapid view of the heart revealed volume contracted heart with normal right auricle and pericardium. No evidence of metastatic disease.

BREED

Poodle

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Ruptured splenic mass
- Minor heterogeneous hepatic changes, no obvious metastatic disease however microscopic spread is always a potential in these cases.
- Mildly enlarged left adrenal gland
- Age related renal changes
- Volume contracted heart

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

27.9 kg

Chest radiographs warranted if not already performed followed by exploratory splenectomy, liver inspection and biopsy.

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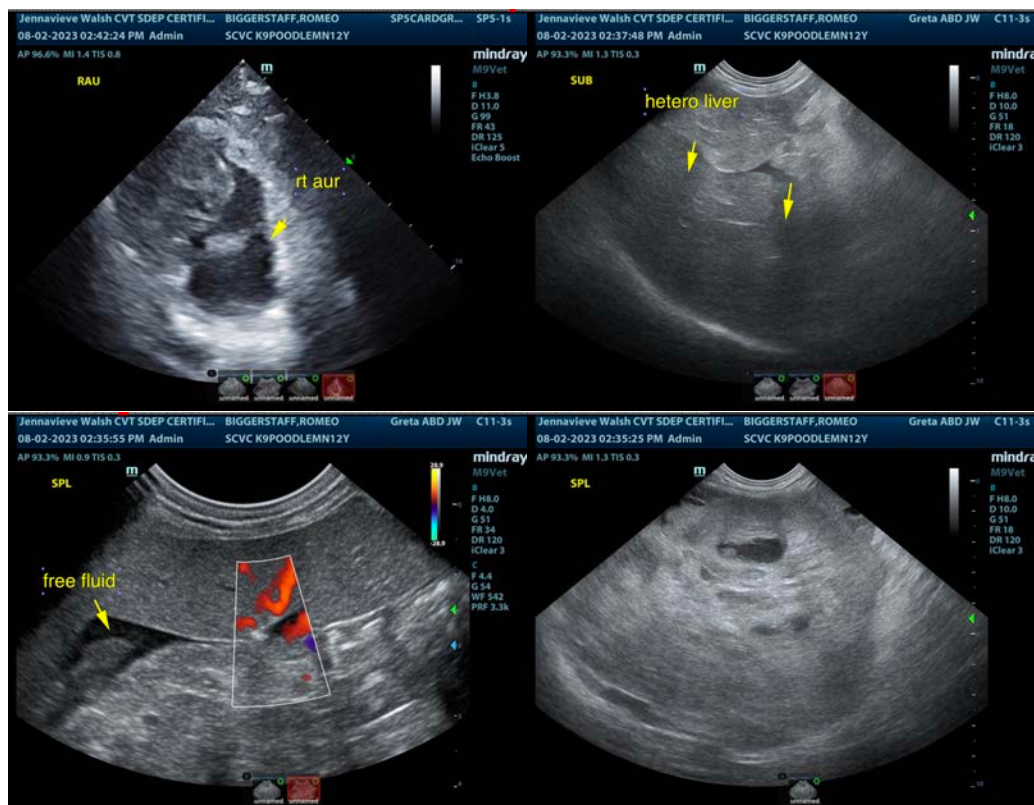
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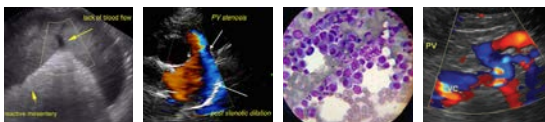
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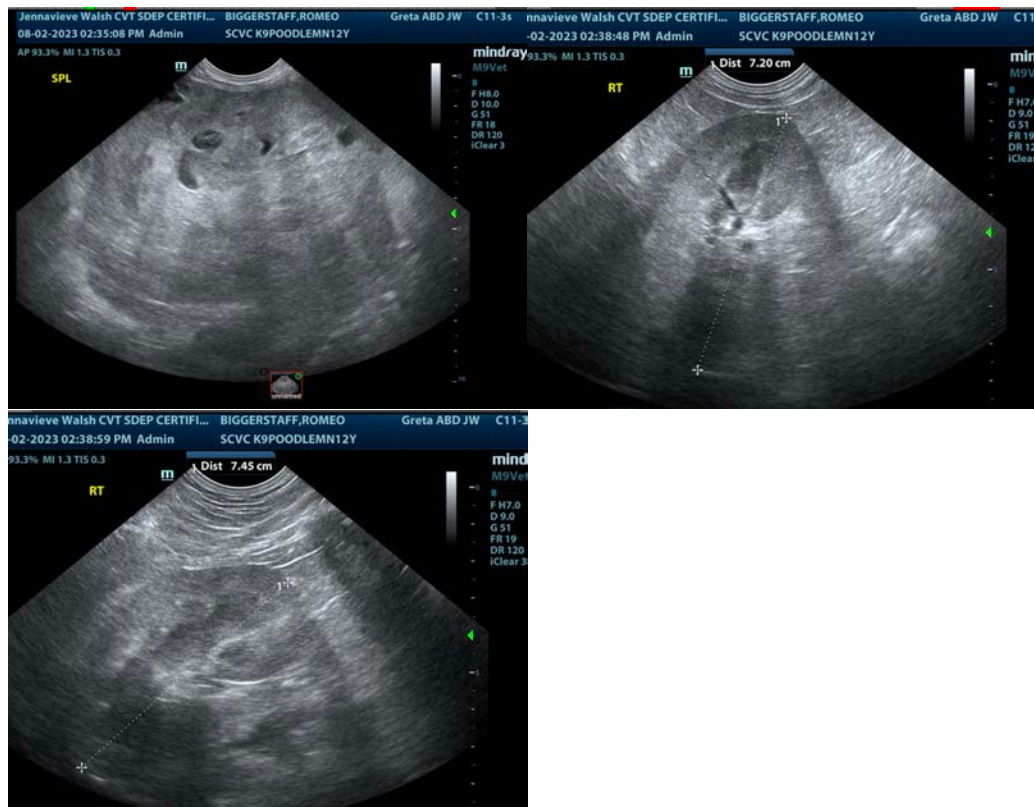
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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