



PATIENT

Murphy Camden

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

7 years

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

32452

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Patient having trouble getting up and down stairs and not wanting to lay down. Patient can not get comfortable. Owner states P is non-weight bearing on hind legs.

Abnormal PE/Chem/CBC/UA Results: May 2022 - CBC/CHEM/SDMA/TT4: WNL June 2022 - CHEM 10: WNL June 2022 - 4Dx: Negative August 22, 2022 - Xrays: Severe arthritis in lumbar region.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The region of the right adrenal gland is unremarkable.

Spleen

The **spleen** revealed a mildly complex 4.8 cm mid splenic mass with capsular expansion. There was no evidence of rupture noted at the time of the sonogram. Nodular changes were noted elsewhere in the spleen without capsular expansion. However, the multiple lesions would strongly suggest a neoplastic process.

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.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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ULTRASONOGRAPHIC FINDINGS

AGE

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Splenic mass and separate nodular changes, appears isolated. There was no overt evidence of metastatic disease. Hemangiosarcoma, round cell neoplasia or benign hyperplasia are all possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and rapid echocardiogram particularly of the right auricle and pericardial are recommended to assess for metastatic disease. The splenic pathology may be completely incidental in this patient to the clinical signs. Primary orthopedic disease may be the primary issue.

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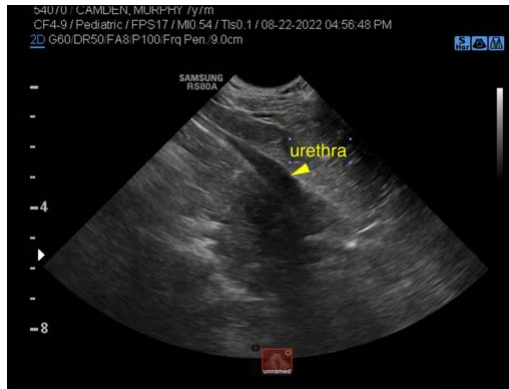
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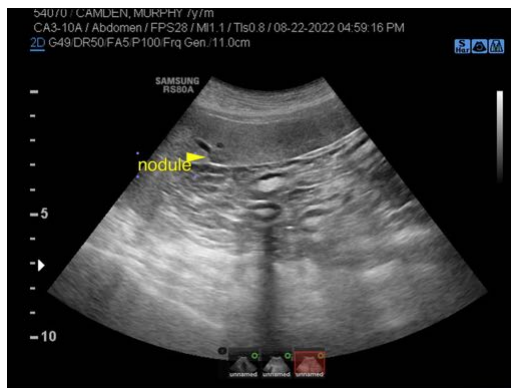
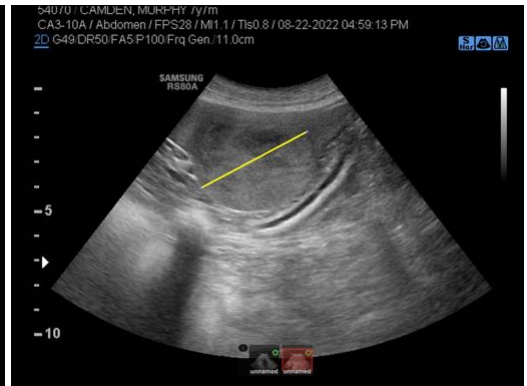
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if it can be of any further assistance please contact me.

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