



**PATIENT**

Jules Po-lel

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

63.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummer

**INVOICE**

12713

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

History: Mild anemia, R/O neoplasia.

Current Meds: Carprovet 75 g

CBC/Chem Findings: H.G. 10.3, HCT 31%, RBC 4.3

Urine Spec Gravity: 1.036

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 5.96 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized owing to the necessity to push on the splenic mass to visualize the adrenals and therefore they were not imaged. The technique to image the adrenals would have been precarious for the spleen.

**Spleen**

The **spleen** revealed multiple masses, the largest of which measured 10.5 cm with areas of micro- and macro-cavitation.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Trace amounts of free fluid were noted and slight heterogeneous parenchymal changes. No obvious metastatic disease, however, early micrometastasis cannot be 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

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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.

**BREED**

Labrador

**Heart**

A rapid view of the **heart** revealed no evident pathology.

**SEX**

Neutered Male

- Splenic masses, the largest measured 10.5 cm, cavitated
- Slight free fluid, concern for hemangiosarcoma with early hemorrhage
- Age-related renal changes
- Age-related hepatic changes with heterogeneous parenchymal changes

**AGE**

13 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious disease, however, early metastasis to the liver cannot be entirely ruled out. I recommend 3 view chest radiographs followed by exploratory surgery. Prognosis is guarded. Suspect hemangiosarcoma. Benign hematoma possible, yet less likely.

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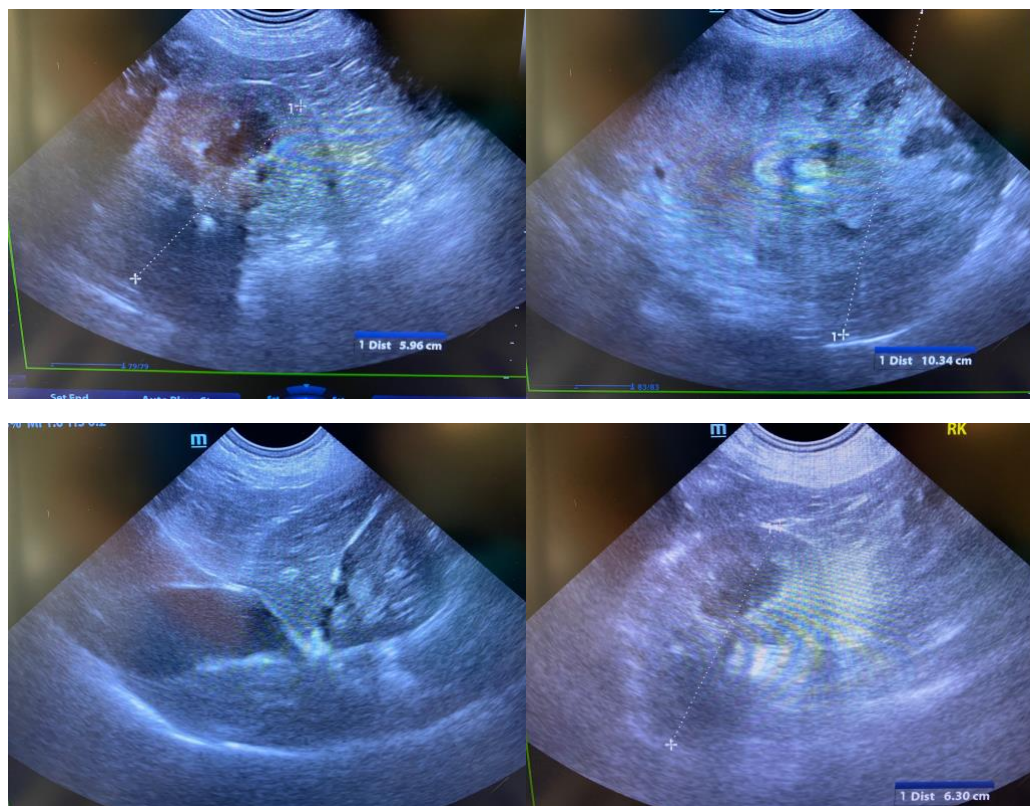
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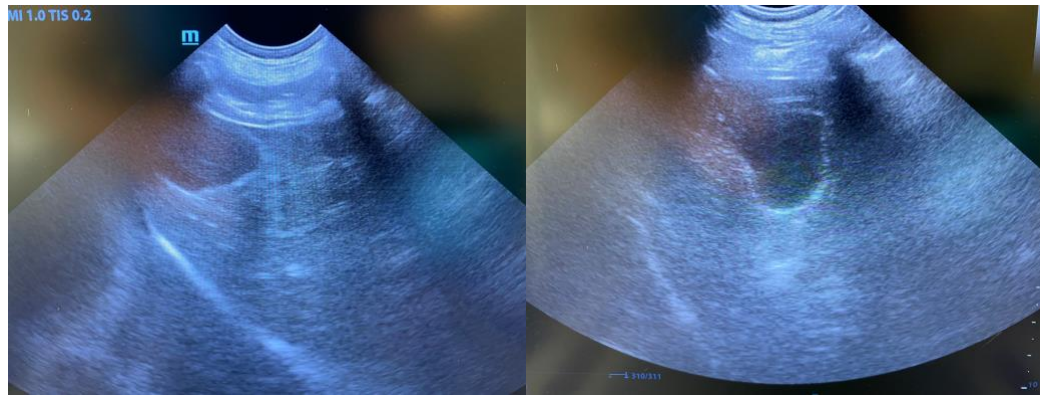
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
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