



PATIENT

Finny Lachette

SPECIES

Canine

BREED

Terrier Cross

SEX

Neutered male

AGE

7 years

WEIGHT

7.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

91467

DATE

8/24/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for distended abdomen, has been distended for 4-5 days. Seen at rdvm today, abdominocentesis 100 ml of fluid (blood tinged) removed. No rads or diagnostics done. Also distended abdomen on 8/6 but then decreased in size. Sometimes stool is loose. Previous Health Concerns: Lyme, congenital genitalia deformity
Abdominal: non-painful, fluid wave palp, distended Genitourinary: perineal hypospadias CBC – Neut 14.5, Plt 473, HCT 42.8; Kidney panel – Glob 3.8, Alb 2.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine present. The bladder wall thickness was 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 4.94 cm. The right kidney measured 4.76 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed an expansive, mixed hypoechoic mass with a large amount of mildly echogenic free fluid.

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 demonstrated normal luminal chyme and stool consistency respectively.



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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.

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Free Abdomen

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Enhanced omentum was noted. There was no overt evidence of organ metastasis.

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- Splenic mass. Round cell neoplasia is suspected given that the frank blood was not found in the abdominal fluid that would suggest lymphatic obstruction. The splenic mass is not likely the whole extent of the pathology even though no organ metastasis appears to be present from a sonographic perspective.

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ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery can be considered with splenectomy and appropriate biopsies. However, given the ascites repeat abdominocentesis and immediate cytospin of the free fluid and cellular evaluation as well as 25-gauge FNA of the splenic mass is recommended. Three view chest radiographs are recommended to assess for thoracic metastasis as well as echocardiogram.

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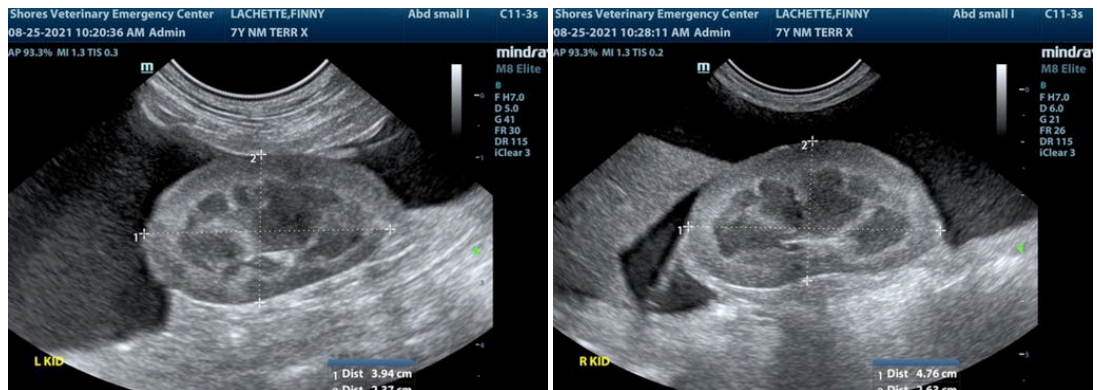
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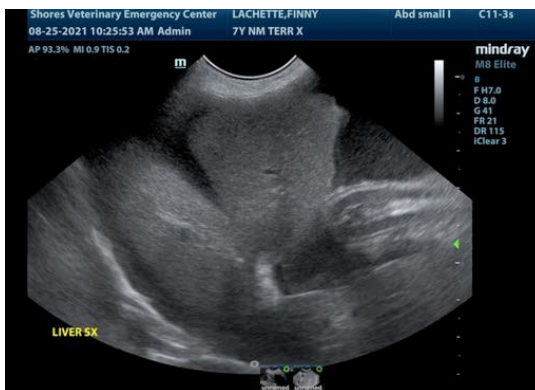
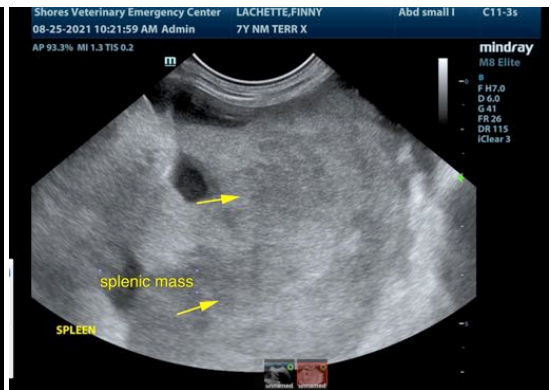
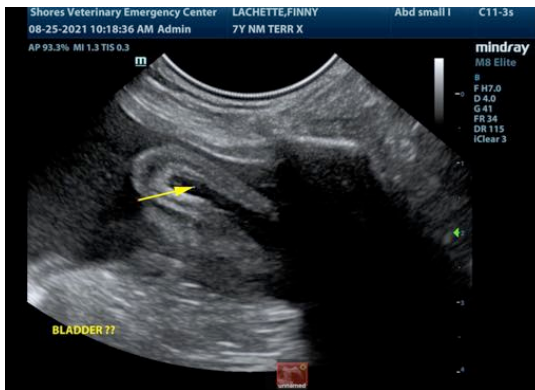
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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