



PATIENT

Eli Cassidy

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

11.12 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

40780

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Presents as emergency last night for evaluation of hematochezia and diarrhea. P also vomited about 5 times prior to presentation. O unsure if p could've gotten into anything. O was working and found puddles of vomit when she got home. P did not want to eat dinner last night and started having diarrhea and hematochezia.

Abnormal PE/Chem/CBC/UA Results: cbc - WBC 17.27 (6-17), Neu 15.17 (3-12), HCT 49.72% chem - ALT 129 (10-118), Glu 111 (60-110) cPLI - neg Abdominal xrays - nsf, official report pending

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 3.0 cm beyond the cystourethral junction. Residual prostate measured 5.0 mm.

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 right kidney measured 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were subjectively swollen, yet technically within normal limits. The right adrenal gland measured 0.80 cm. The left adrenal gland measured 0.70 cm.

Spleen

The **spleen** revealed an expansive 2.0 cm mass deriving from the caudal pole. The remainder of the spleen was unremarkable. The mass was parenchymal.

Liver

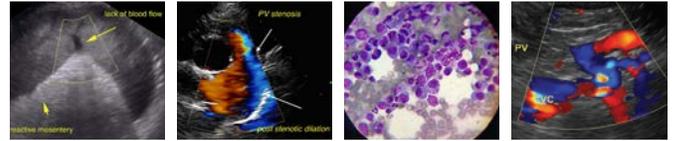
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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

Retention of ingesta noted in the **stomach**. The small intestine was unremarkable. The colon was thickened with mildly enlarged reactive colic lymph nodes. Soft stool noted in the colon.

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

- Colitis pattern with reactive lymph nodes
- Splenic mass – round cell neoplasia, hemangiosarcoma possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram recommended, followed by splenectomy. Colonic biopsy could be considered at the time of surgery for further definition. Otherwise, colonoscopy would be indicated.

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Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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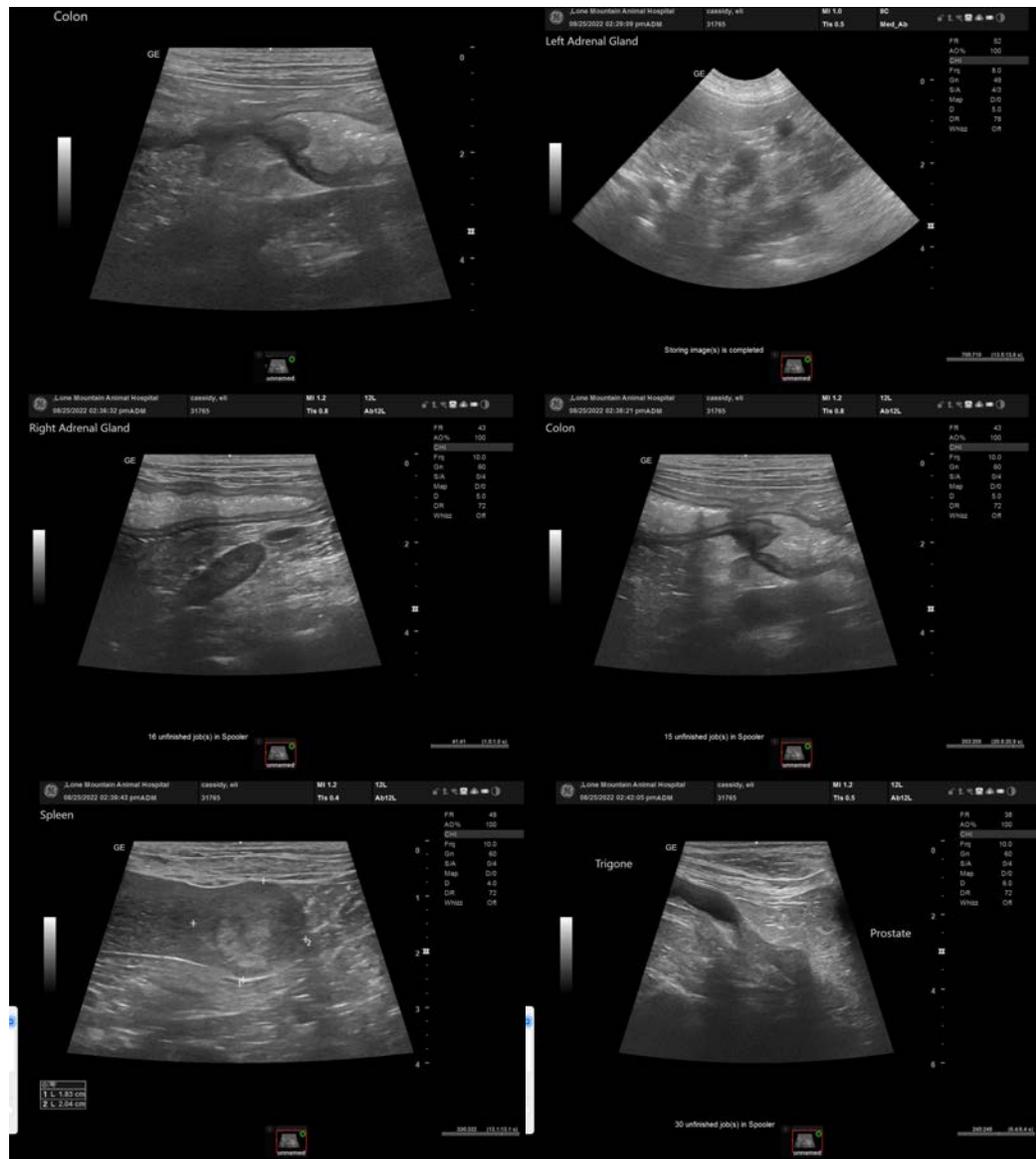
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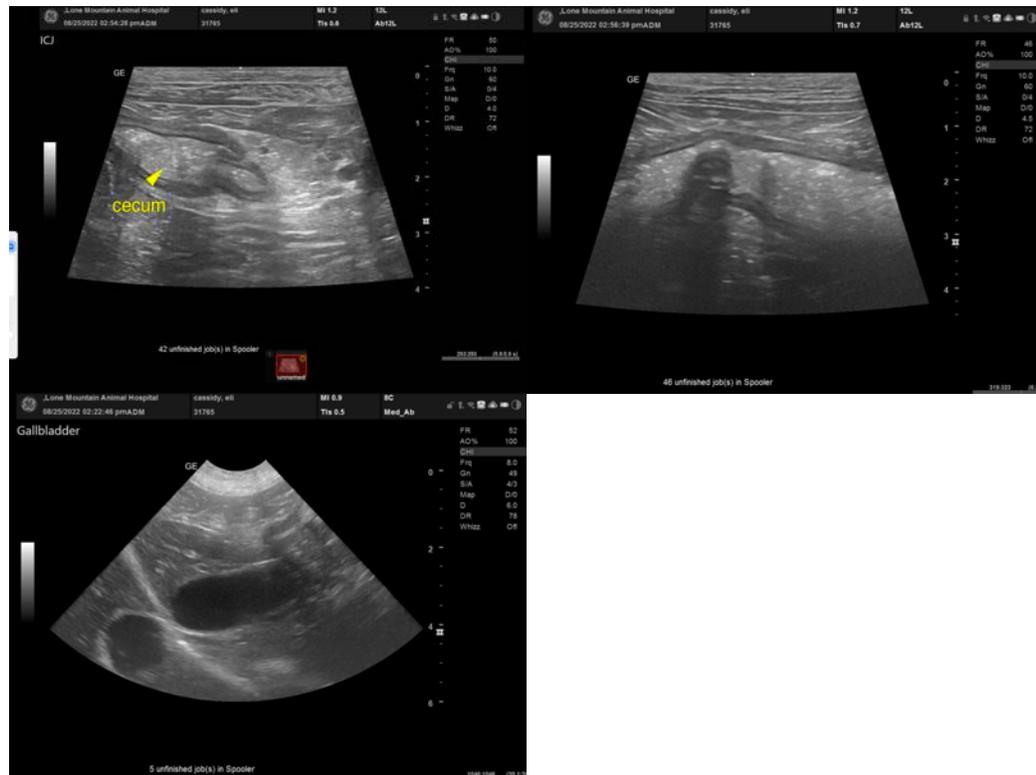
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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