



DATE

8/8/22

PRESENTING CLINICAL SIGNS

Originally (5/24/2022) watery stool, painful abdomen, and anorexia. Owner states she is doing better at this time.

Current Medications: None listed.

PATIENT

Asia Washington

Date of Previous IntraPet Ultrasound: 5/25/22. See attached.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

SPECIES

Canine

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 was noted. Ureteral papillae were normal.

BREED

Boston Terrier

SEX

Spayed female

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 left kidney measured 5.44 cm. The right kidney measures 4.7 cm with slight pinpoint mineralization.

AGE

11/18/15

WEIGHT

21.4 lbs

Adrenal Glands

The left adrenal gland was mildly enlarged. This is persistent and slightly progressed from the prior sonogram measuring 2.33 x 0.83 cm at the cranial and 0.91 cm at the caudal pole. The right adrenal gland was similar to the prior sonogram and measured 2.0 x 1.21 cm at the cranial pole and 1.02 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed expansive, mixed echogenic lipogranulomatous or stromal tumor type mass. The larger mass measured 6.5 cm and appears to be progressed. The second mass measures 5.4 cm. Subtle heterogenous parenchymal changes were noted in the spleen.

HOSPITAL NAME

Glen Burnie AH

Liver

The **liver** revealed mild coarse architecture with no evidence of significant disease or metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Shah

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.

INVOICE

32206

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.

Heart

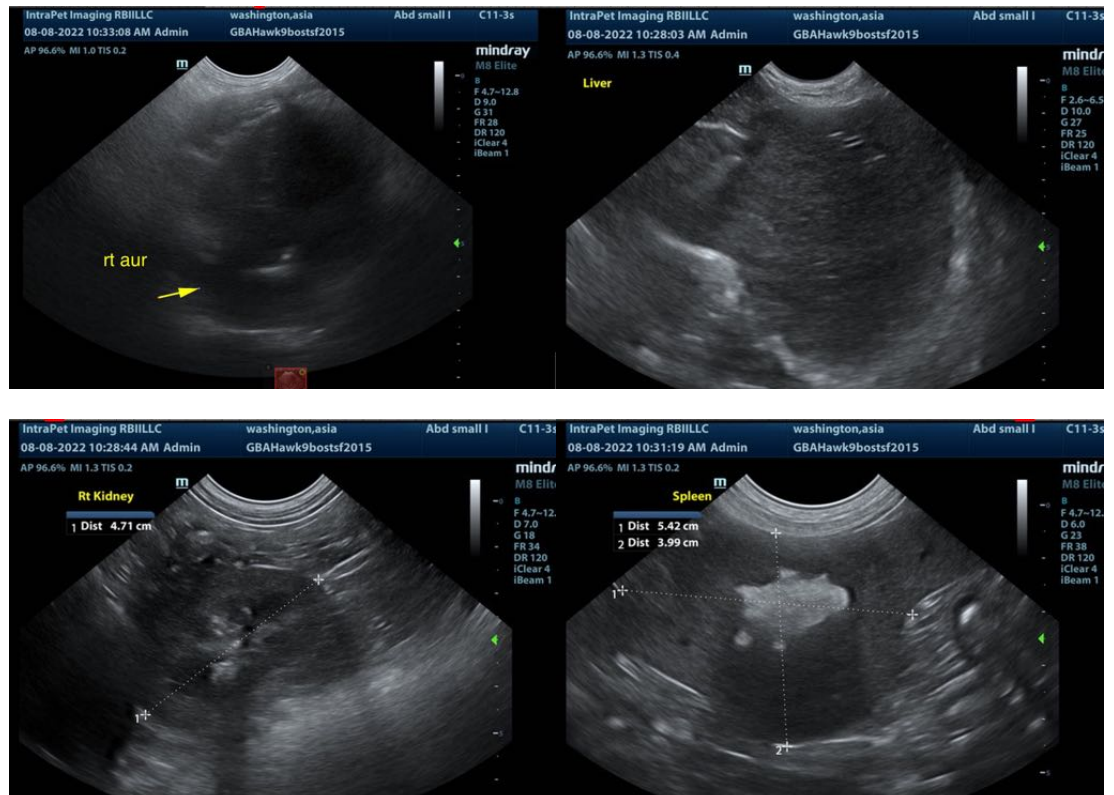
Rapid view of the heart revealed no evidence of pathology.

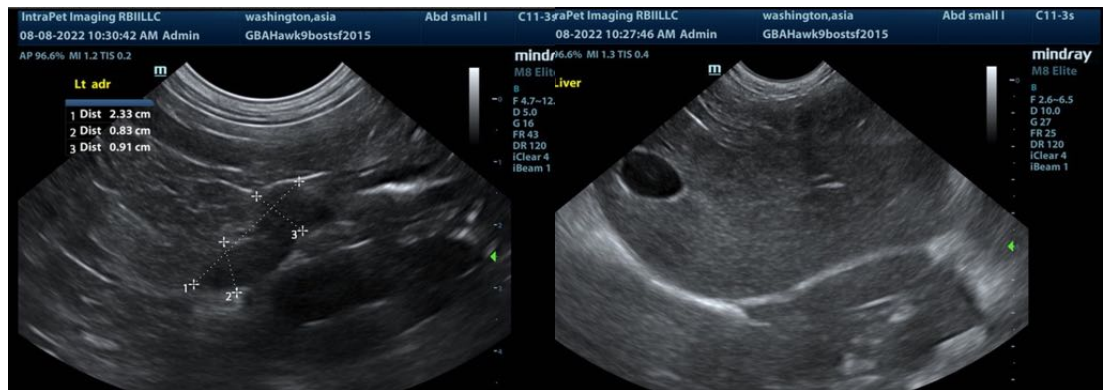
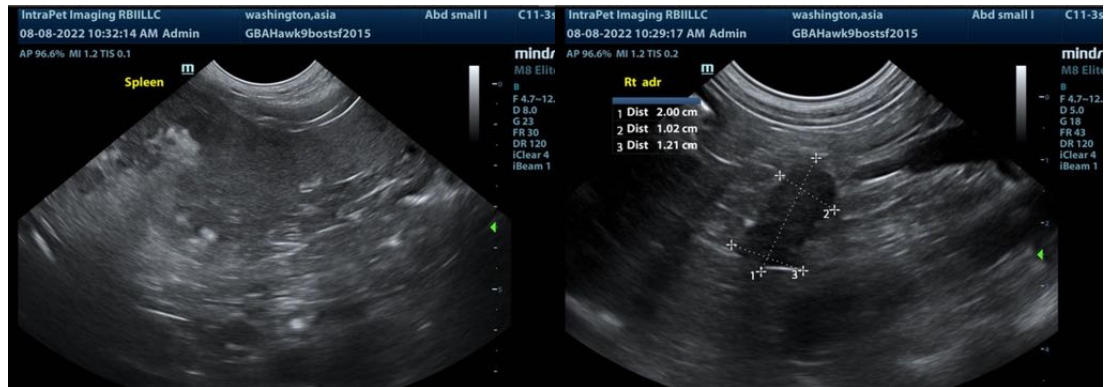
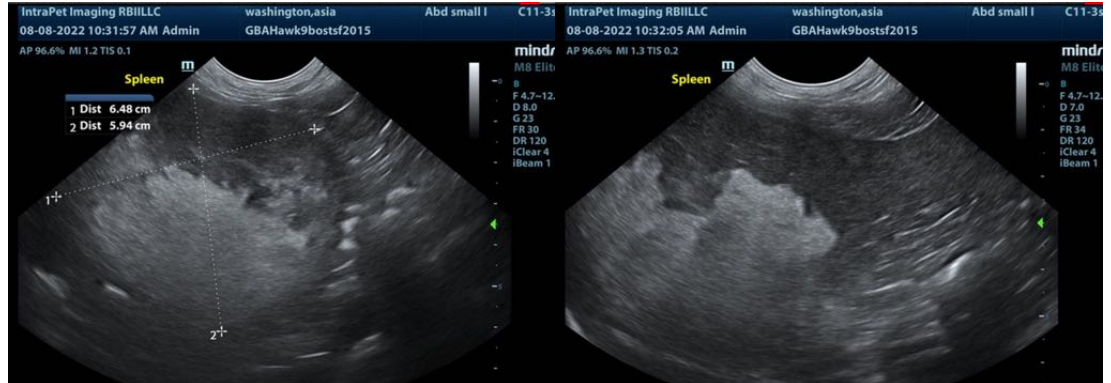
ULTRASONOGRAPHIC FINDINGS

Splenic masses, have progressed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic masses have progressed in this patient. There was no obvious evidence of metastatic disease or rupture. However, I strongly recommend splenectomy and liver biopsy to assess for micrometastasis. If the patient appears Cushingoid and urine specific gravity drops less than 1.020 persistently then work-up for pituitary dependent hyperadrenocorticism is warranted. Stromal tumors are likely from the spleen. Round cell neoplasia or hemangiosarcoma are much less likely.





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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