



**PATIENT**

Madison Bunker

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

83 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ukachi Ugorji, DVM

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Ukachi Ugorji, DVM

**INVOICE**

16777

**DATE**

8/8/22

**PRESENTING CLINICAL SIGNS**

History: Owner has noticed that patient has been losing weight and has been having facial swelling and hives intermittently. Patient was prescribed Amoxi/Clav on 7/11/22 but owner has not noticed much improvement. Currently on L-thyroxin (0.4mg: 1 tab PO q12) and carprofen (75mg: 1 tab PO q12).

**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 **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. Slight pyelectasia was noted in the left kidney. The capsules were acceptably uniform without significant irregularities. The kidneys measured 6.0 cm each. Minor cortical cysts were noted in both kidneys, measuring up to 2.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed a mildly complex, partially cystic parenchymal mass, measuring approximately 8.0 cm with swollen irregular contour.

**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**

The **stomach** revealed minor thickening, up to 1.0 cm. The lumen presented gas accumulation. No evidence of obstruction. The small intestine and colon were unremarkable.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Mild degenerative polycystic renal changes
- Minor gastric thickening



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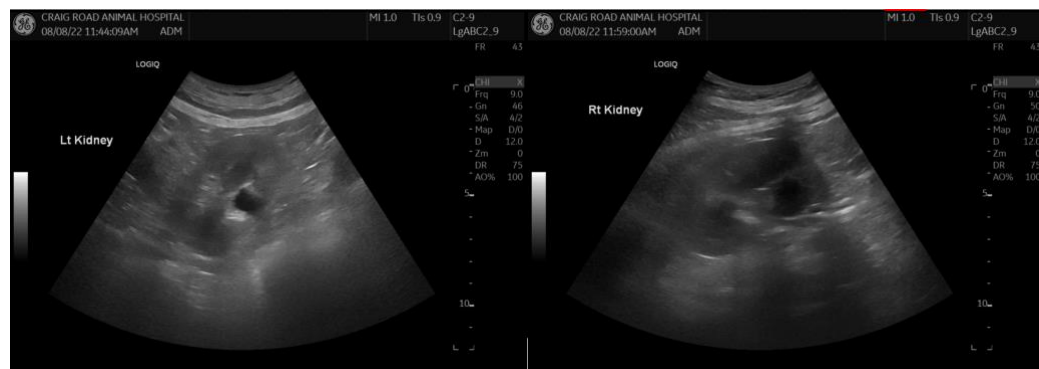
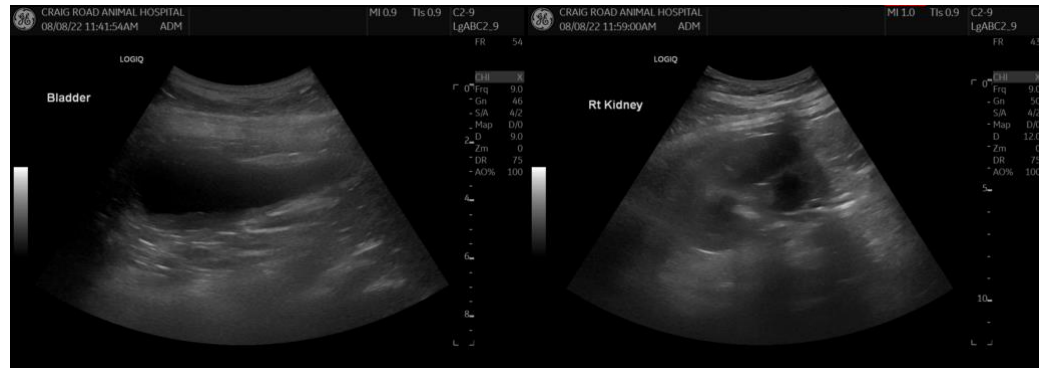
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass can be surgically removed; however, I am concerned for micrometastasis elsewhere. Chest radiographs, followed by exploratory surgery, splenectomy, gastric biopsy and liver biopsy would be appropriate. Guarded prognosis. Hemangiosarcoma, round cell neoplasia suspected. Benign hyperplasia is possible with mass effect, yet less likely given the patient history.



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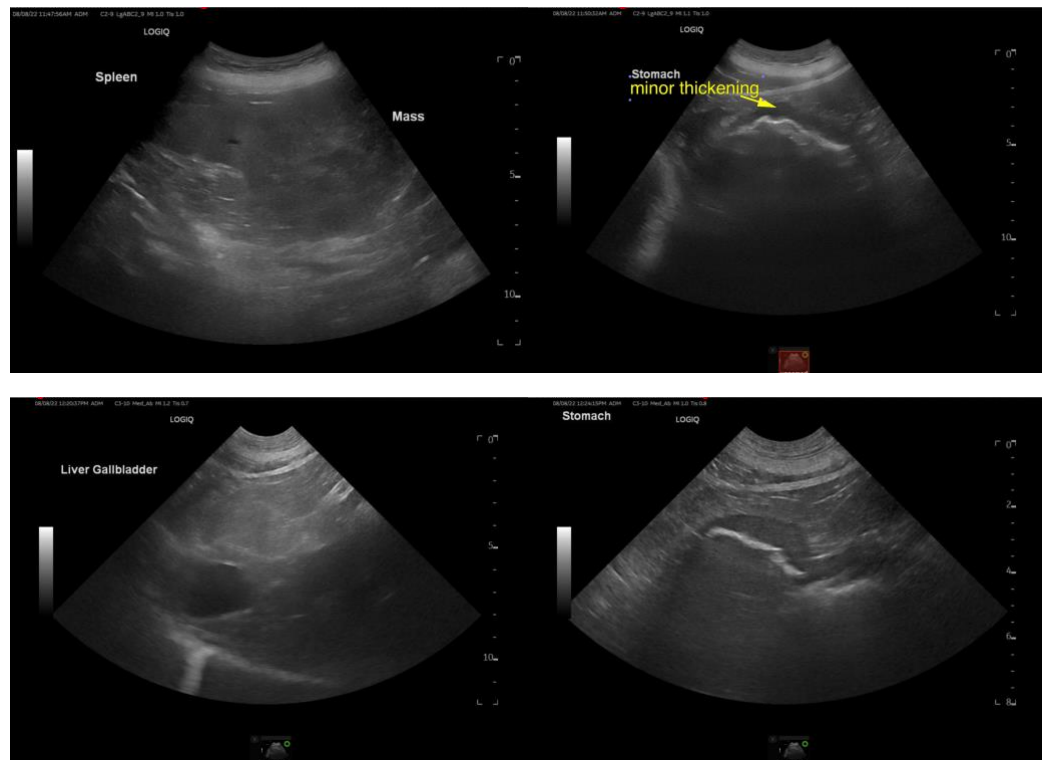
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
info@SonoPath.com