

**DATE**

9/1/22

**PATIENT**

Thor Wright

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

Neutered Male

**AGE**

3/4/14

**WEIGHT**

77.8 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUS**IMAGING PERFORMED BY**Stephanie Warga  
RDCS, RVT**HOSPITAL NAME**

Bayside AMC

**REFERRING VET**

Dr. Buchanan

**INVOICE**

40963

**PRESENTING CLINICAL SIGNS**

Mid abdominal mass found on x-ray.

Current Medications: None listed.

Lab Results: See attached.

Radiographs: Large mid abdominal mass effect, right sided heart enlargement.

Date of Previous IntraPet Ultrasound: Only previous echo.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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. Minor amount of suspended debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The residual prostate was slightly enlarged, yet uniform, measuring 1.67 cm.

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 6.54 cm. The left kidney measured 7.95 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.16 cm x 0.86 cm at the caudal pole and 0.81 cm at the cranial pole. The left adrenal gland measured 2.65 cm x 0.77 cm at the caudal pole and 0.81 cm at the cranial pole.

**Spleen**

The **spleen** presented an expansive mixed echogenic parenchymal mass measuring 8.6 cm. Capsular expansion noted without capsular escape. The mass was moderately vascular. No evidence of organ metastasis.

**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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **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**

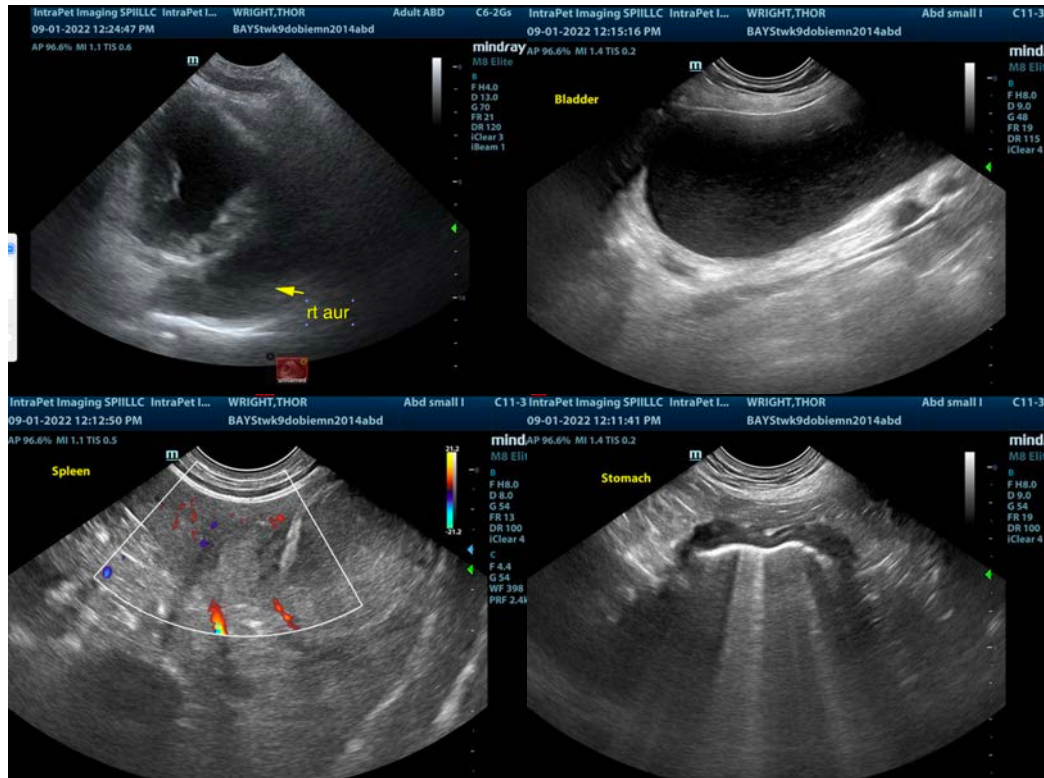
Rapid view of the heart revealed no evident pathology.

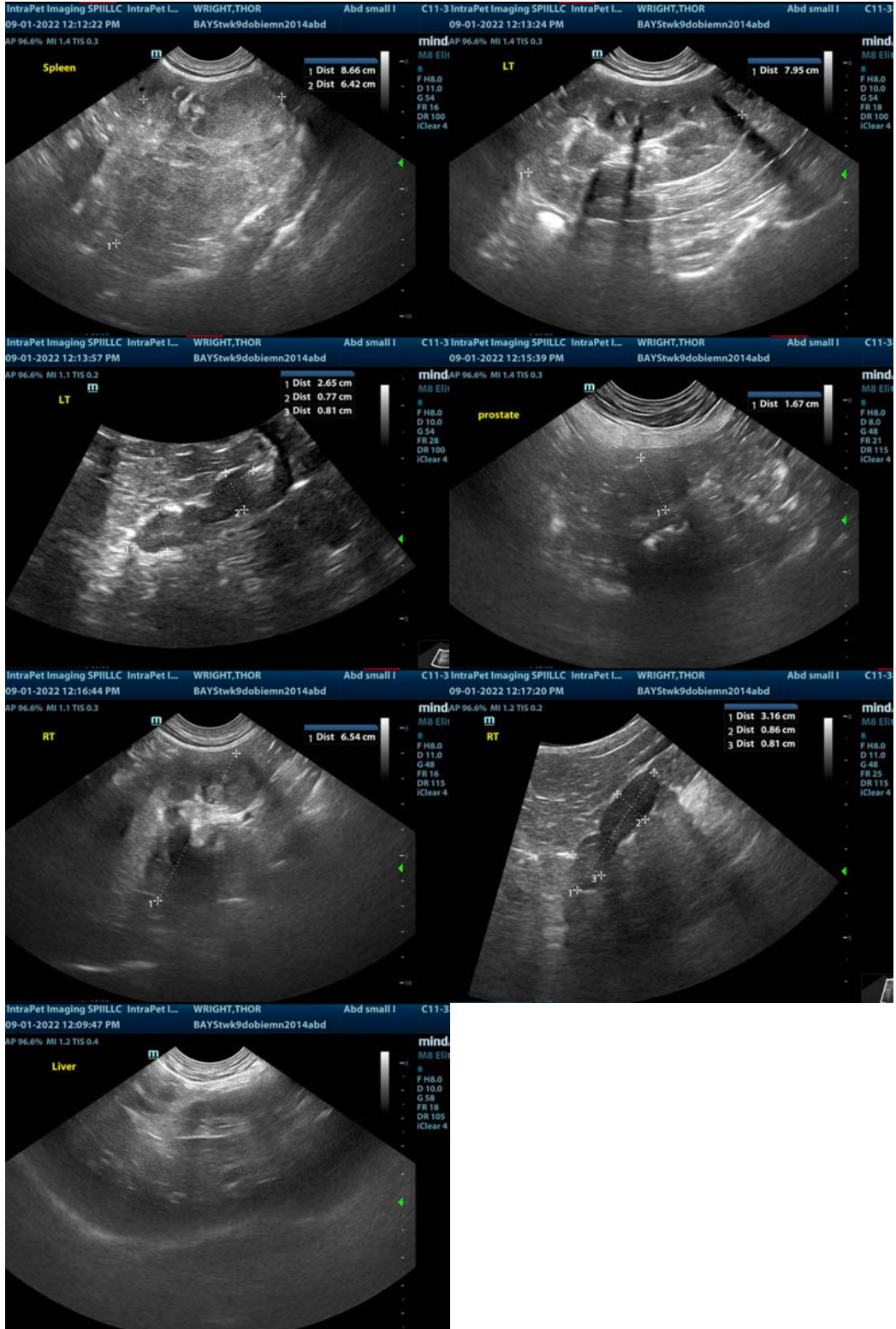
### **ULTRASONOGRAPHIC FINDINGS**

- Parenchyma splenic mass – hemangiosarcoma, round cell neoplasia, benign hyperplasia possible.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs followed by exploratory splenectomy indicated, and liver biopsy to ensure micrometastasis is not an issue.





**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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