



**PATIENT**

Guy Sanzari

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

37.3

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gillian Striano-Kaplan

**HOSPITAL NAME**

Ramsey Vet Hospital

**REFERRING VET**

Dr. Gillian Striano-Kaplan

**INVOICE**

25363

**DATE**

9/13/21

**PRESENTING CLINICAL SIGNS**

Presented to RVH 8/31 for wellness exam with Dr. Smith, large abdominal mass palpated at that time. Radiographs taken at that time. Today patient presented to recheck exam after having a collapse episode with pale mm, ataxia and lethargy on Friday 9/10. AUS performed today to determine if suspected bleeding mass is operable. Radiographs emailed separately

Abnormal PE/Chem/CBC/UA Results: Pale pink mm, tachypnea, tachycardia PCV/TS - 31/5.6 8/31 rads - The cardiac silhouette and pulmonary vasculature are within normal limits for size. A mild bronchial pattern is identified throughout the lung fields. The pleural space is within normal limits. The mediastinal structures are unremarkable. There is a loss of serosal margin detail throughout the peritoneal cavity. On the lateral projection there is the impression of a very large, rounded area of increased soft tissue opacity occupying the majority of the peritoneal cavity. The stomach contains a moderate volume of gas. Small intestinal segments are identified that are normal for size. The colon is empty. Mild degenerative changes are present between a few thoracic and lumbar vertebrae. CBC- RBC 4.42, HGB 10.1, HCT 31, Retic 133, PLT 135, Retic HGB 19.4 acanthocytes- moderate, lymph 627 Chemistry- TP 5.4, ALB 2.3, ALP 296, CK 224 UA - USG 1.040, 1+ bili, trace ketones, UPC 0.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. Wall thickness measured 6.0 mm at moderate repletion.

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. The left kidney measured 5.23 cm with slight pyelectasia noted. The right kidney measured 5.6 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized owing to interference by the splenic mass and it's precarious state for potential rupture given the cystic changes.

**Spleen**

The **spleen** was mildly enlarged and folded upon itself cranially. A moderately complex splenic mass was noted with microcystic changes. Slight areas of free fluid noted.

**Liver**

The **liver** presented generalized enlargement and revealed a slight left lateral cyst, likely unrelated to the splenic pathology. Subtle hypoechoic nodular changes were noted. Areas of lobar biliary mineralization were noted. No obvious metastatic disease. The gallbladder was unremarkable.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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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Mixed

**Free Abdomen**

Rapid view of the heart revealed no evident pathology.

**SEX**

Neutered Male

- Splenic mass with cavitated cyst
- Trace free fluid
- Nodular hyperplasia liver pattern, no obvious evidence of metastatic disease

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend 3-view chest radiographs and exploratory surgery with liver inspection and biopsy. Hemangiosarcoma possible. Benign splenic hematoma possible. Guarded prognosis.

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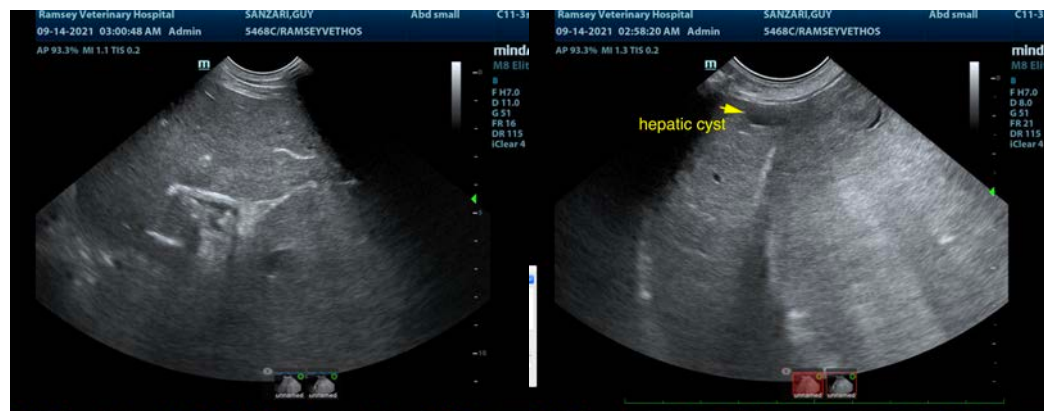
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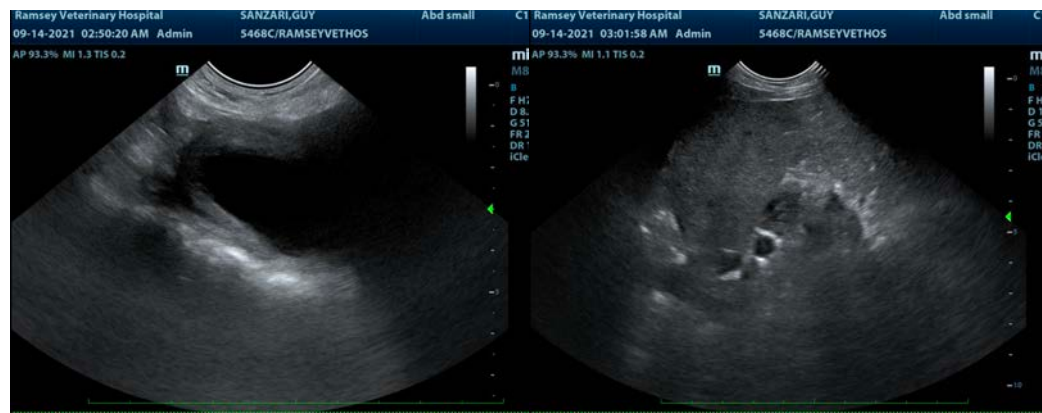
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)