



**PATIENT PRESENTING CLINICAL SIGNS**

Hayley Hazell

History: Hayley presented to RVH for 2 episodes of vomiting followed by dry heaving and retching. 8lb weight loss noted. H/O OA managed with Deramaxx

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Dehydration, cranial organomegaly PLT 130 - adequate due to clumping Thoracic and abdominal radiographs with radiology review - Findings 6 radiographs of the thorax and abdomen are reviewed. 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. The stomach contains a small volume of gas. The small intestines are empty, considered normal for size. Feces are present within the colon. The liver is normal for size. The spleen is enlarged. On the lateral projection there is a convex area of increased soft tissue opacity ventral to the splenic tail. The kidneys are within normal limits. The urinary bladder is small. Adequate serosal margin detail is identified throughout the peritoneal cavity.

**BREED**

Pit Bull Mix

Conclusions Mild bronchial pulmonary pattern. This could represent an aging change although infectious/inflammatory lower airway disease is also a consideration. This should be clinically correlated. Splenomegaly. There is the impression of an intraparenchymal splenic nodule on the right lateral projection. Differentials for this finding include both benign and malignant processes. Ultrasound evaluation of the spleen may be helpful. Empty gastrointestinal tract. There is no evidence of pathologic intestinal dilation, an obstructive lesion is not identified. Gastroenteritis and pancreatitis as a cause for the patient's clinical signs are considered. A cPLI may be helpful, to evaluate for pancreatic disease. Depending on clinical impressions, supportive care and monitoring for treatment response may be helpful. Ultrasound evaluation of the abdomen may be of benefit to assess for abnormalities associated with wall layering that are indistinct radiographically. If there is concern for a proximal or partial mechanical obstruction, a contrast study is also a reasonable option.

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

65 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Striano-Kaplan

**HOSPITAL NAME**

Ramsey VH

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 left kidney measured 6.45 cm. The right kidney measured 7.44 cm.

**REFERRING VET**

Dr. Striano-Kaplan

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland was not visualized.

**INVOICE**

91901

**Spleen**

**DATE**

9/17/21

The **spleen** revealed a focal, hypoechoic, mildly disruptive nodule. The nodule measured 2.7 cm at the mid caudal body. The remainder of the spleen was unremarkable and folded upon itself cranially.



**PATIENT**

**Liver**

Hayley Hazell

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. There was no evidence of metastatic disease. 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.

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**Gastrointestinal**

**SEX**

Spayed Female

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.

**AGE**

7 years

**Pancreas**

**WEIGHT**

65 lbs

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**

**INTERPRETED BY**

Rapid view of the heart revealed no evidence of pathology.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Focal splenic nodule.

Dr. Striano-Kaplan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Ramsey VH

I am concerned for round cell neoplasia. Hemangiosarcoma and abscessation are less likely. A splenectomy is warranted or direct ultrasound-guided FNA. The cause of GI signs are unclear. Full CNS examination and ultrasound-guided FNA of the spleen is recommended. If splenectomy is to be performed GI biopsies are warranted given the persistent clinical signs even though structurally the GI tract is unremarkable.

**REFERRING VET**

Dr. Striano-Kaplan

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**DATE**

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**PATIENT**

Hayley Hazell

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

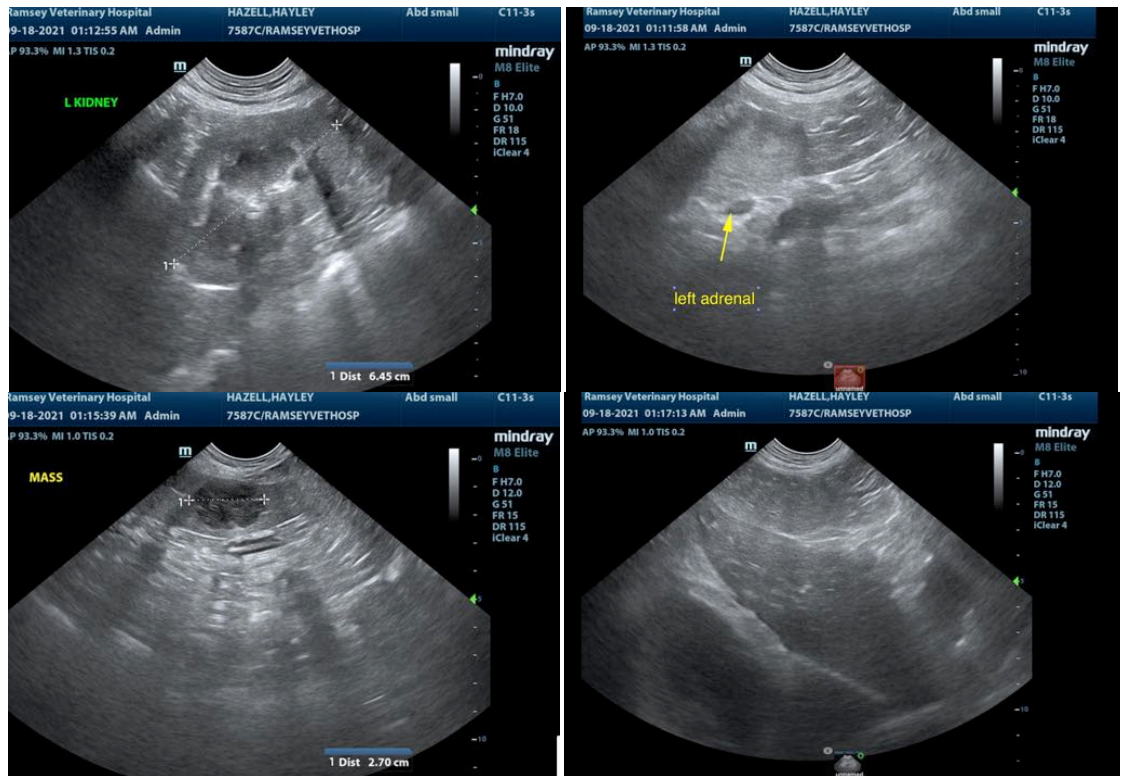
Spayed Female

**AGE**

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**WEIGHT**

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**INTERPRETED BY**

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Dr. Striano-Kaplan

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**REFERRING VET**

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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  
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