



**PATIENT PRESENTING CLINICAL SIGNS**

Jackson Fanslow

Abd tense, pk mm's, heart wnl, left side of lungs slightly harsh, possible lar par given panting and breathing sounds in exam room (suspected by ER DVM also), all vitals wnl Current Medications Gabapentin 400mg BID, Yunnan Baiyao 2 caps BID Primary Question/Differential to Be Answered in This Exam R/O liver vs splenic mass vs other mass

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: OVRA bw revealed Hct 24%, recheck bw wnl Pt and PTT was normal today.

**BREED**

Lab/Great Dane

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

**AGE**

12 Years

The residual prostate measured 1.7 cm, uniform.

**WEIGHT**

85.9 Pounds

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 7.98 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 3.09 cm x 1.39 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland measured 3.17 cm x 0.5 cm at the cranial pole and 0.81 cm at the caudal pole.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Westmoreland

**Spleen**

The **spleen** revealed a complex mixed hypoechoic parenchymal mass measuring 8.3+ cm. The remainder of the spleen presented heterogeneous parenchymal changes with areas of capsular expansion culminating in the mass formation. Scalloping contour noted. Reactive mesentery noted around the splenic mass.

**REFERRING VET**

Dr. Bugarovich

**Liver**

The **liver** appeared free of overt pathology. However, micrometastasis cannot be completely ruled out. Parenchyma is uniform. The gallbladder was unremarkable.

**INVOICE**

41606

**DATE**

9/23/22

**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**

**SPECIES**

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

Lab/Great Dane

**Heart**

**SEX**

Neutered Male

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

**AGE**

12 Years

- Splenic mass and nodular pattern – concern for round cell neoplasia or hemangiosarcoma. Appears isolated with possible omental involvement.
- Bilateral adrenal enlargement
- Pancreatic remodeling

**WEIGHT**

85.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory would be appropriate if chest radiographs are free of evident pathology. However, clean resection may be difficult given the omental involvement.

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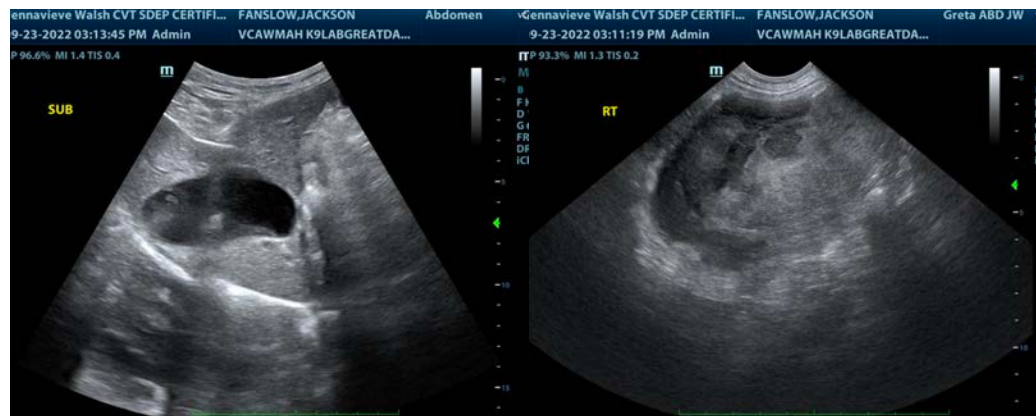
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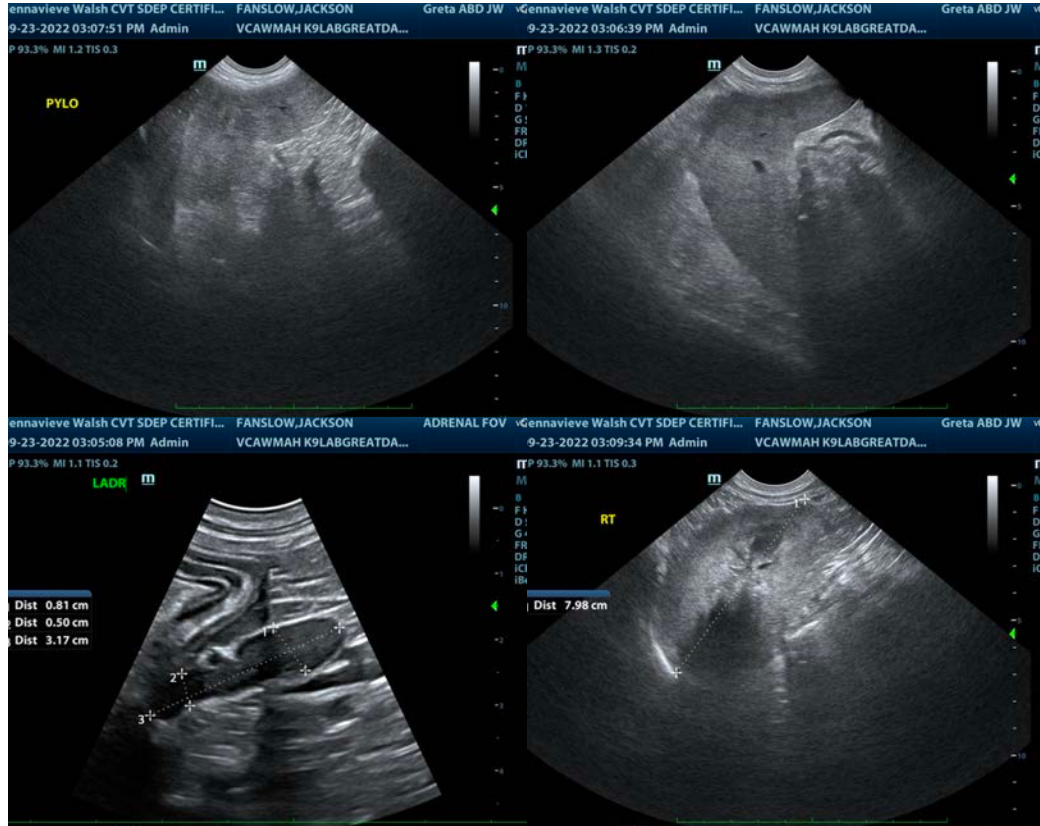
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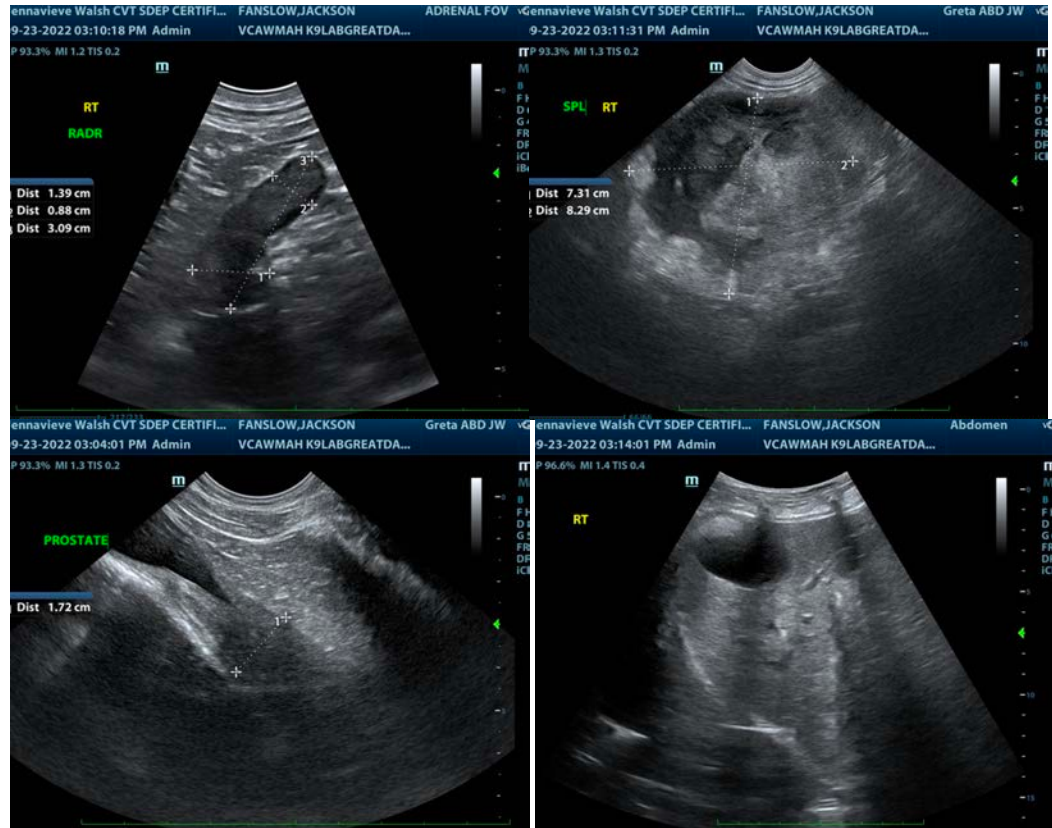
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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