



**PATIENT**

Blaze Marra

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hunt

**HOSPITAL NAME**

Bayshore VH

**REFERRING VET**

Dr. Hunt

**INVOICE**

41807

**DATE**

9/30/22

**PRESENTING CLINICAL SIGNS**

Had cecal GIST/cancer surgery 6 weeks ago. 3 weeks post op a FUO began, no higher than about 104, episodic. App good most of the time, waxing lately. Small amount of fluid in caudal abd by area where surgery may have been done and splenic mass. Chest films and all b/w are ok

**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 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 and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 7.0 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 left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.56 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

**Spleen**

The **spleen** revealed a focal hypoechoic expansive parenchyma mass with peripheral inflammation. The mass measured 3.0 cm at the mid body. Minor periserosal inflammatory pattern noted around the lesion, which would suggest active inflammation.

**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 full stomach. Transit of chyme appeared to be normal.

**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.



**PATIENT**

*Other*

Blaze Marra

Echogenic free fluid noted in the caudal abdomen, cause is unclear.

**SPECIES**

Canine

- Splenic mass – Differentials include round cell neoplasia, emerging hemangiosarcoma, abscessation less likely.
- Free fluid
- Age related renal changes
- Full stomach

**BREED**

Shepherd X

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

The splenic mass is of concern. Ultrasound guided abdominocentesis of the free fluid with cytospin for cytology and culture recommended, as well as FNA of the splenic mass.

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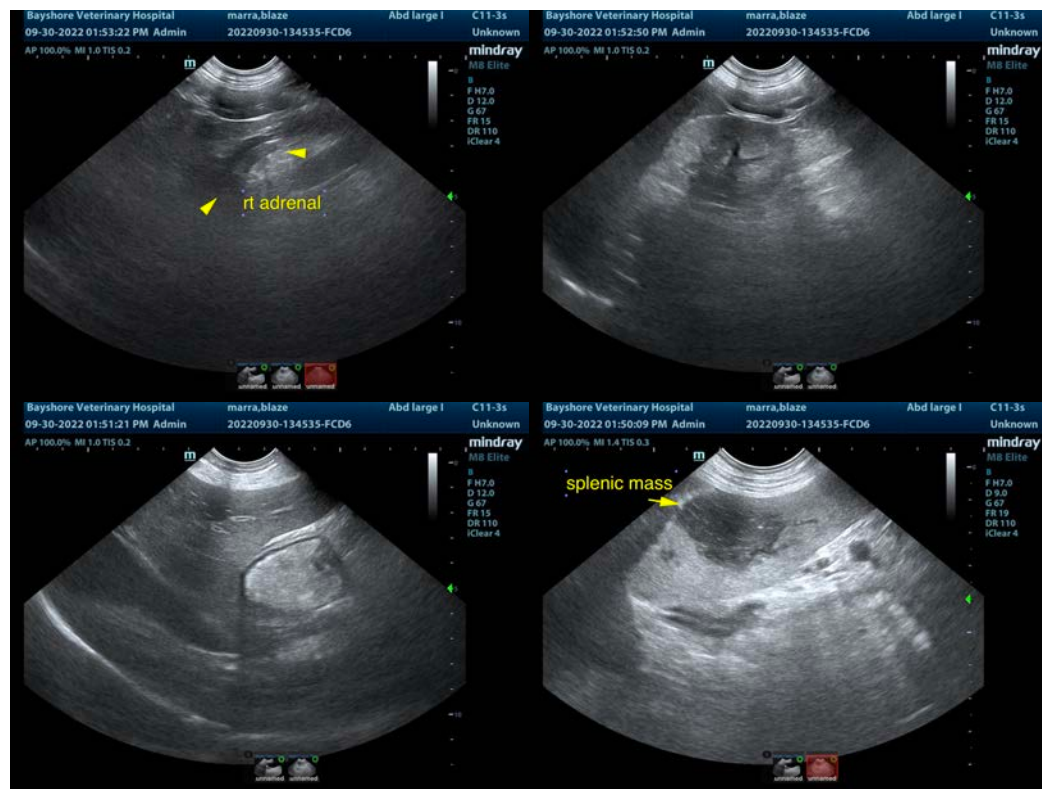
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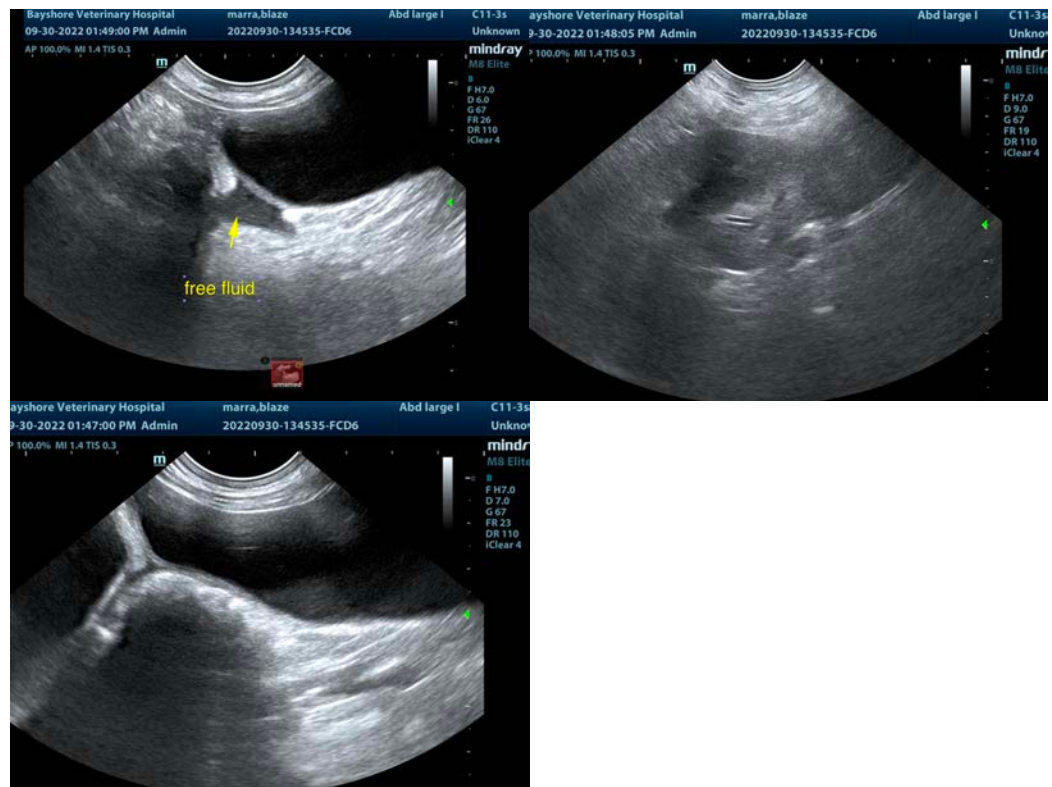
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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