

PATIENT

Tiara Epps Parrent

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

5 years

WEIGHT

45 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

DATE

1/5/23

Invoice

42553

PRESENTING CLINICAL SIGNS

History: snap cPL - abnormal CBC - WBC 17.27K/uL (neutrophilia, monocytosis) Chem - glob 5.3g/dL, NOSF TAMU GI panel pending

Abnormal PE/Chem/CBC/UA Results: snap cPL - abnormal CBC - WBC 17.27K/uL (neutrophilia, monocytosis) Chem - glob 5.3g/dL, NOSF TAMU GI panel pending Current Medications cerenia, omeprazole Radiographic Findings N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The urethra in this patient was structurally unremarkable; however, a hyperechoic granuloma or mineralized uterine stump was noted and measured approximately 1.0 cm. This impinged upon the pelvic urethra and may be playing a role. The mineralization appears to be outside of the urethra and fairly deep into the pelvis. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present.

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 6.16 cm. The right kidney measured 6.76 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 2.52 x 0.54 cm at the caudal pole and 0.97 cm at the cranial pole. The left adrenal gland measured 2.66 x 0.55 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** in this patient revealed nodules and an overt mass with pericapsular inflammatory pattern. This is a surgical emergency. The mass measured approximately 8.0 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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.

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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.

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Free Abdomen

A slight amount of free fluid was noted.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with free fluid and uterine stump granuloma. Otherwise, unremarkable urethra otherwise.

**IMAGING
PERFORMED BY**

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is warranted. There is no evidence of ectopic ureters. Chest radiographs are warranted and if free of evident pathology then immediate exploratory splenectomy is indicated. Splenic hemangiosarcoma, round cell neoplasia and benign necrosis/hematoma are all possible, yet this is a surgical emergency.

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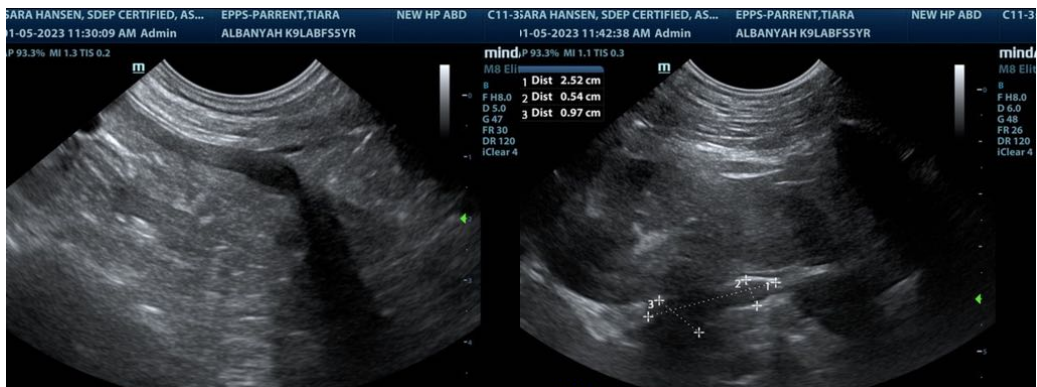
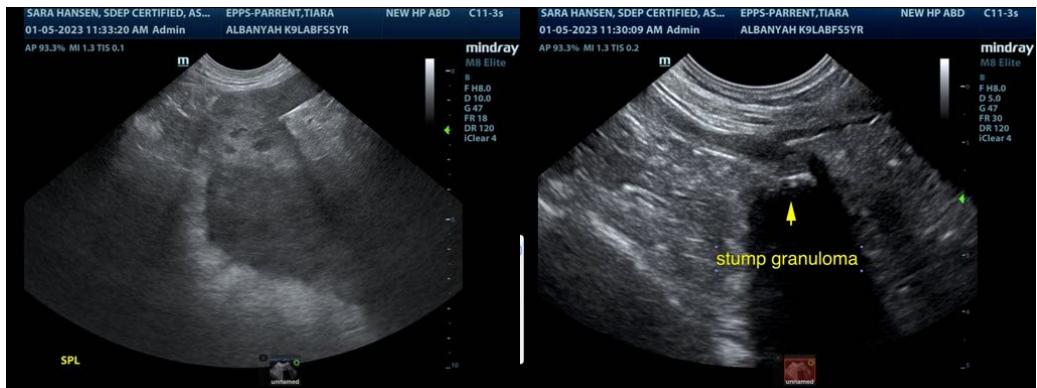
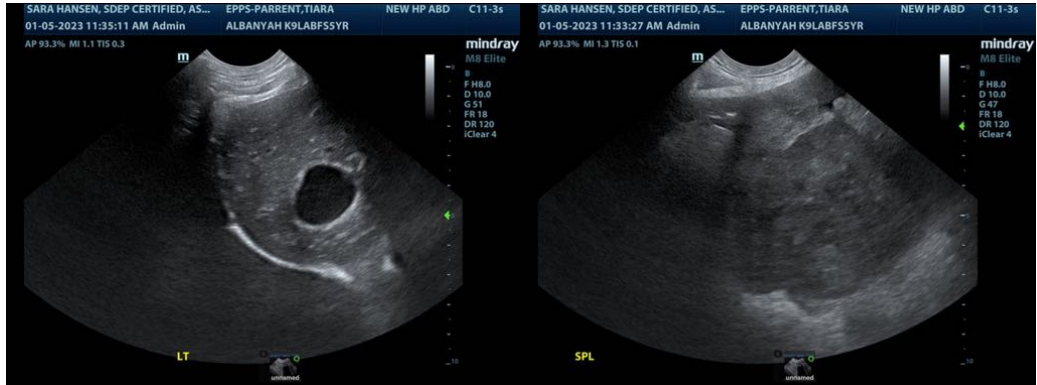
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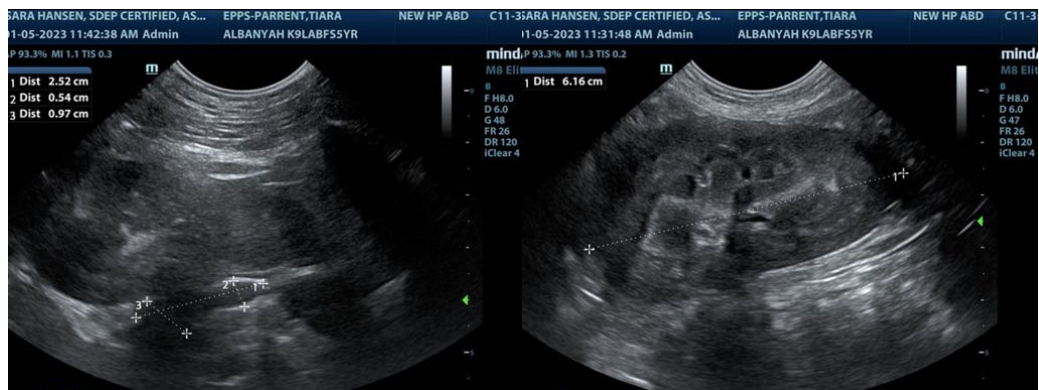
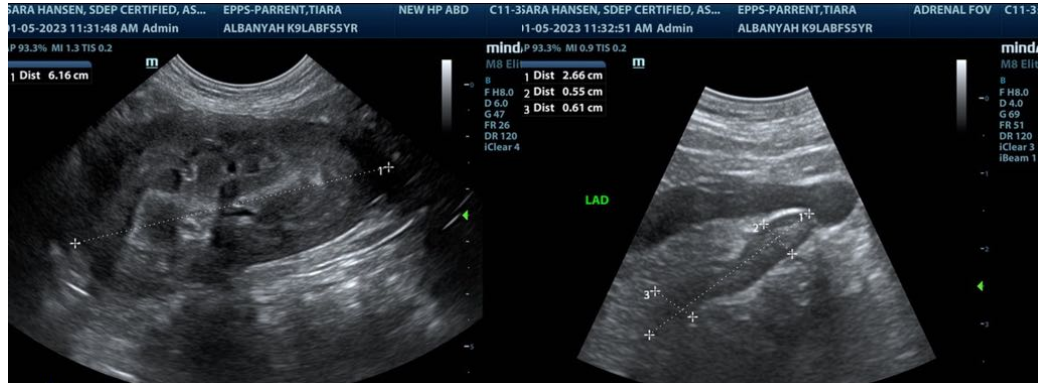
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Sara Hansen

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

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CEO of Sonopath.com

Eric.Lindquist@SonoPath.com

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