



PATIENT

Kida Hector

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Spayed Female

AGE

13 years

WEIGHT

PRESENTING CLINICAL SIGNS

History: Increasing inappetence and abdominal swelling over about 10 days. Formless diarrhea yesterday. Significant organomegaly, underweight, muscle atrophy, dehydration.
Abnormal PE/Chem/CBC/UA Results: BUN hi 31, phos hi 7.2, K+ hi 6.1, alt hi 539, alp hi 1123, GGT hi 13, mcv lo 56.8, mch lo 18.4, retic. hi 324, wbc hi 27.18, neut hi 21,42, mono hi 2.72
Radiographic Findings hepatomegaly and ascites, microcardia, possibility of metastasis in lungs, only seen on lat, cranial ventral mass may be lipoma on the skin but caudal dorsal mass has no coinciding sc/skin mass

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 was noted. Ureteral papillae were normal.

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. Slight pinpoint mineralization were noted. The left kidney measured 6.5 cm. The right kidney measured 6.22 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Stender

DATE

12/16/21

Invoice

94666

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 1.74 x 0.7 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed a complex, mixed echogenic mass with puffy cloud type appearance and measured 12+ cm. Other nodules were noted in the spleen.

Liver

The **liver** was riddled with multiple masses in metastatic fashion. The mass occupied the left and right liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy 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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Spayed Female

Free Abdomen

A large amount of free fluid was noted with echogenic debris. A large sublumbar lipoma was noted, yet not clinically significant.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Multi-centric neoplasia splenohepatic pattern.
Paraneoplastic ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma is suspected or other neoplastic event. The prognosis is poor. Humane euthanasia should be considered.

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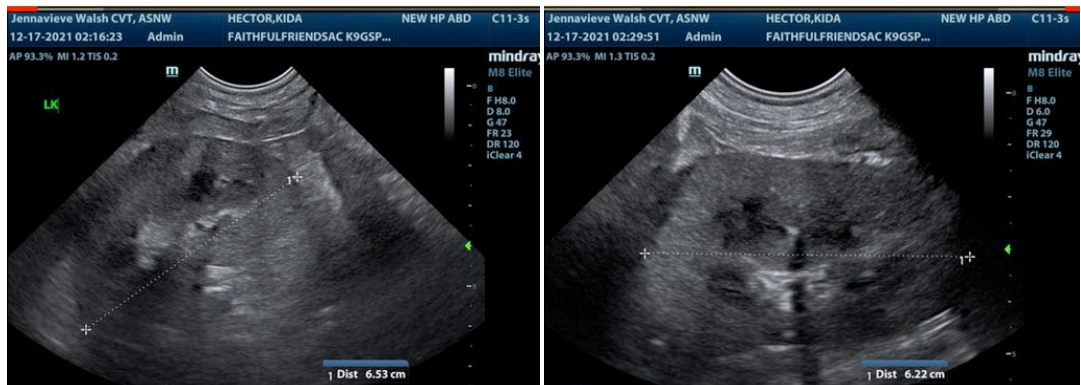
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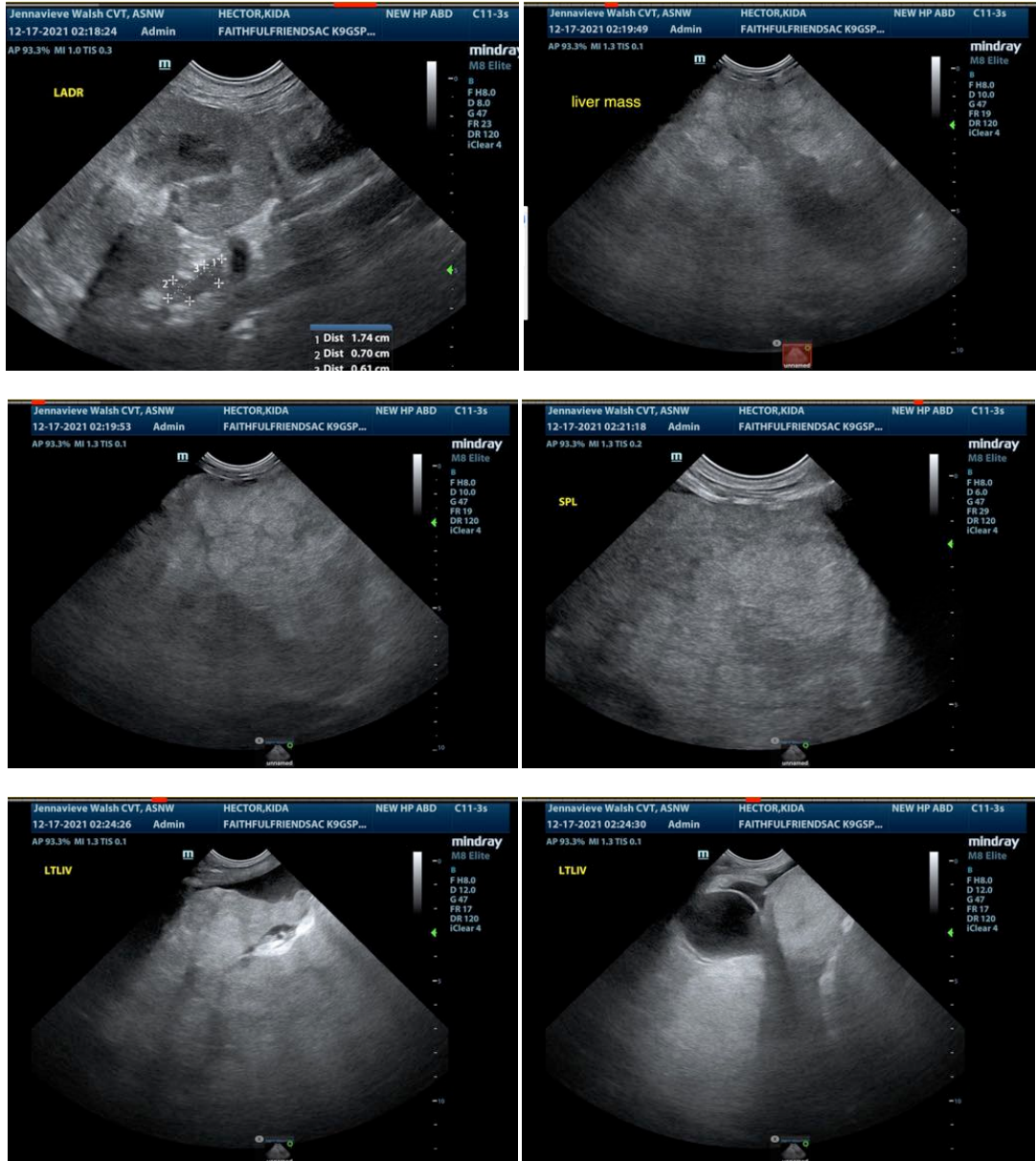
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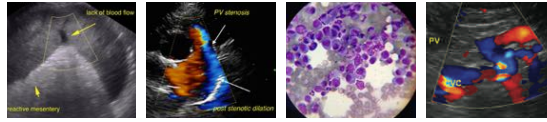
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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