



PATIENT

Kilo Gridelli

SPECIES

Canine

BREED

Yorkie

SEX

Intact male

AGE

6 years

WEIGHT

7.96 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove VH

REFERRING VET

Dr. Damewood

DATE

3/28/22

Invoice
97866

PRESENTING CLINICAL SIGNS

History: Mucous membranes pale, tacky. Abdomen distended and tight, unable to fully palpate. Suspect mass present.

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. The left kidney measured 3.68 cm. The right kidney measured 4.13 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 1.4 x 0.29 cm at the caudal pole and 0.43 cm at the cranial pole. The left adrenal gland measured 1.3 x 0.41 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

A 10-15 cm undifferentiated, mixed, hypoechoic cystic mass was noted in this patient. The mass deviated all major structures. It appears to be deriving from the **spleen**; however, no normal splenic junction was noted to definitively say this is a splenic mass as all the tissue was undifferentiated. However, the architecture would strongly suggest a splenic mass with cavitations and free fluid. This is likely owing to hemorrhage.

Liver

The **liver** was fairly small with minor heterogenous, hypoechoic changes. This may represent metastatic disease versus nodular hyperplasia. 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.



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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.

Free Abdomen

A minor amount of free fluid was noted.

Heart

Rapid view of the heart revealed volume contraction and tachycardia, likely owing to blood loss, potential early shock. The right auricle was free of evident pathology. No metastatic changes were noted.

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ULTRASONOGRAPHIC FINDINGS

Large mass deviating all organs appears to be deriving from the spleen.

Volume contrasted heart.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If chest radiographs are free of evident pathology I recommend immediate exploratory surgery as this may be resectable. However, adhesions and spread into the abdomen are always possible in these cases. Liver inspection and biopsy is warranted as well. Prognosis is guarded. Hemangiosarcoma is likely, benign histopathological mass is possible.

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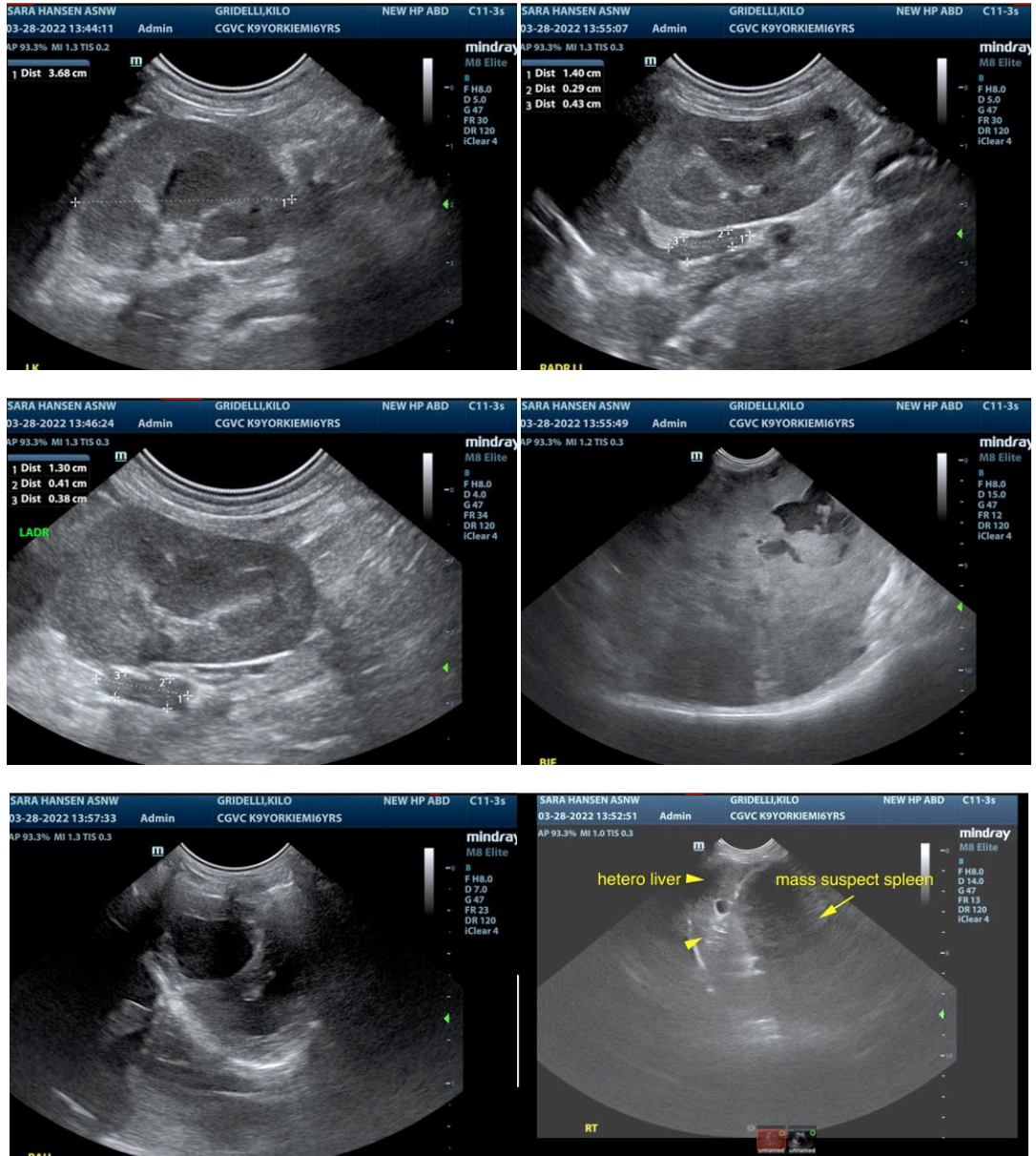
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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