

PATIENT

Chloe Powell

SPECIES

Canine

BREED

Yorkie Poodle

SEX

Spayed Female

AGE

16 years

WEIGHT

9.13 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Braat

DATE

5/19/22

Invoice
30511

PRESENTING CLINICAL SIGNS

History: Original exam with Dr. Katherine Stern on 5/16/22: not eating well for past 3 days, possible spleen or thoracic congestion, recommended ultrasound. Dr. Benjamin B Braat exam on 5/19/22: patient declining, vomiting, not eating, slight murmur, palpation found hard mass on abdomen, ER ultrasound requested.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.03 cm. The right kidney measured 4.22 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 2.26 x 1.49 cm at the cranial and 0.49 cm at the caudal pole. The left adrenal gland measured 1.93 x 0.68 cm at the caudal pole and 0.65 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 7.05 cm. The mass was deriving from the mid caudal body of the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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 mild amount of free fluid was noted in the abdomen.

Heart

Rapid view of the heart revealed no evidence of structural pathology. However, volume contraction was present.

ULTRASONOGRAPHIC FINDINGS

Splenic mass.

Free fluid in abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Volume restitution is recommended in this patient followed by chest radiographs and immediate splenectomy. Hemangiosarcoma is likely and a benign lesion is possible. There was no evidence of metastatic disease.



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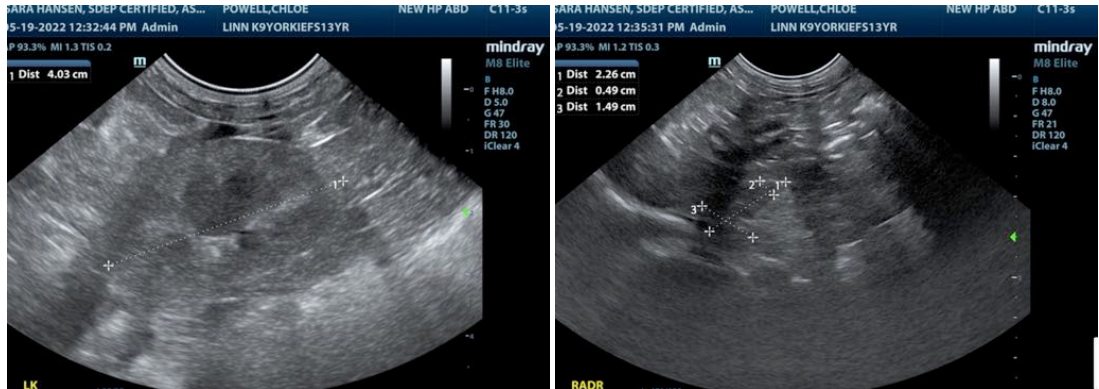
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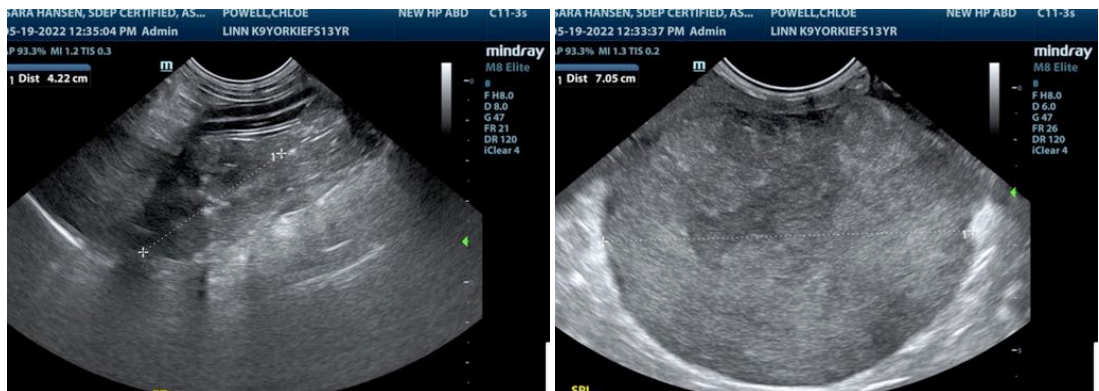
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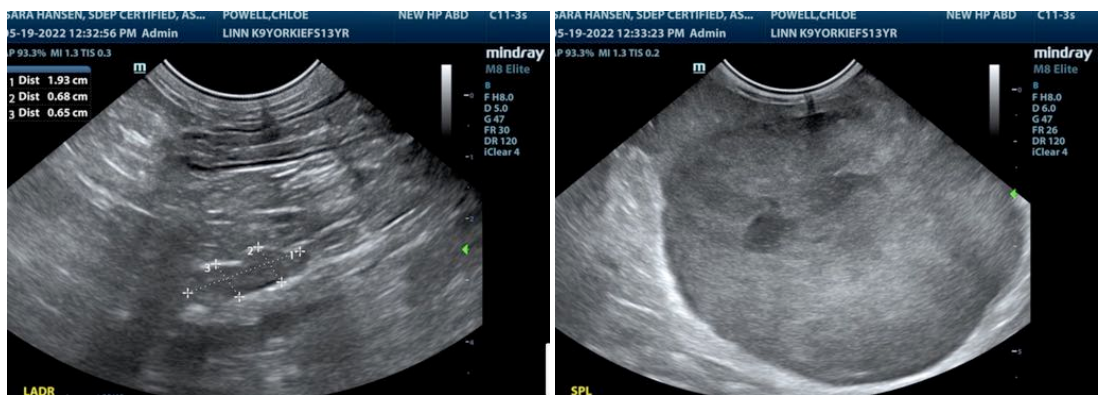


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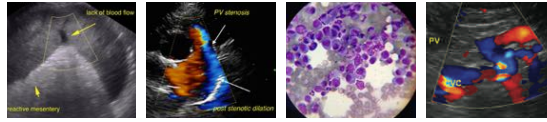
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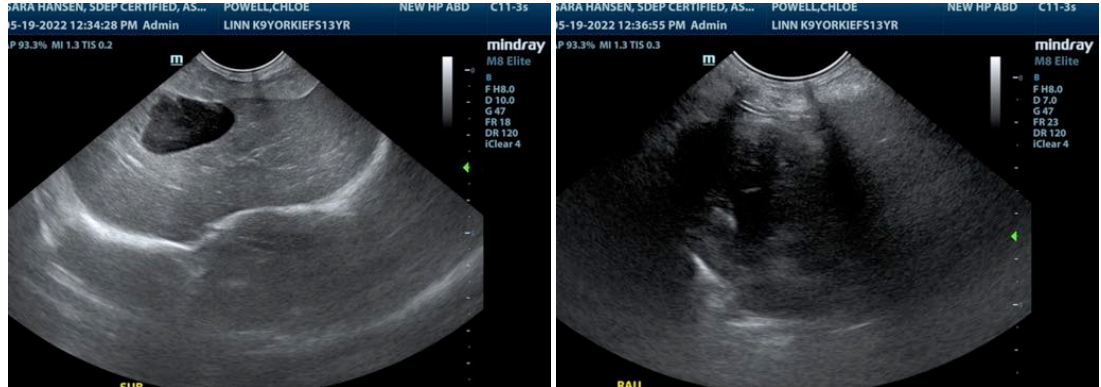
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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