



PATIENT

Mochi Isham

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed female

AGE

7 years

WEIGHT

28.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Brewbaker

INVOICE

70872

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- H/O splenic tumor diagnosed 6 months ago
- Here today for yearly exam. Grunting occasionally during exam, no c,s,v, or d noted
- on HWP
- PE: mm pink, halitosis, abdomen distended and firm, some discomfort during aus Abd rads-mass effect in 3/4 of abdomen

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 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 5.45 cm. The right kidney measured 5.6 cm.

Adrenal Glands

The **adrenal glands** were not able to be visualized owing to the preence of mass.

Spleen

An 18.5 cm micro and macrocystic and parenchymal mass was noted in this patient deriving from the spleen and impinged upon the liver. Regional inflammatory pattern was noted along with adhesions. Other nodular changes were noted in the spleen.

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.



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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

Slight free fluid and leakage is noted from the mass into the omental space.

Heart

Rapid view of the heart revealed no evidence of pathology of the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Mass, appears to be deriving from the spleen and impinged upon the liver. Contiguous spread to the liver cannot be ruled out. Hemangiosarcoma is a strong potential. Benign tumor is possible, yet less likely.
- Free fluid, leakage from the mass into the omental space.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a highly precarious presentation in this patient. I strongly recommend CT evaluation for surgical planning or direct exploratory surgery. However, contiguous spread to the liver and potential omental involvement is a potential in this patient. This is an urgent presentation given the free fluid as mass rupture is suspected.



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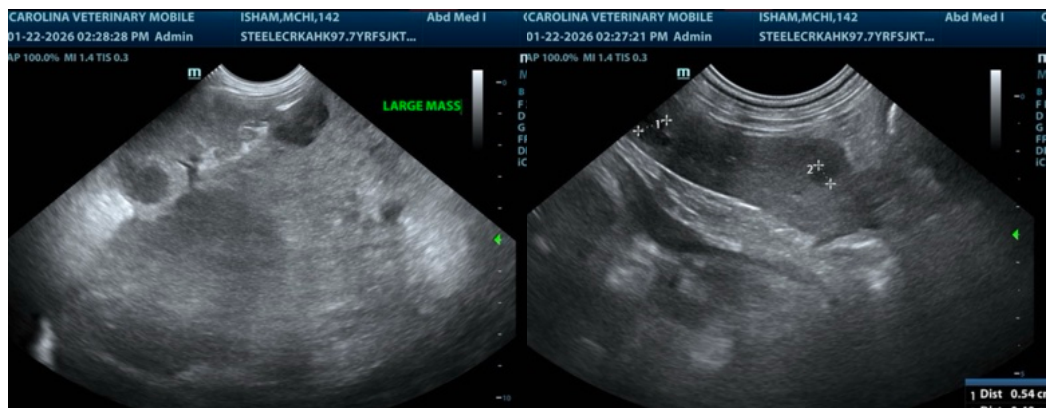
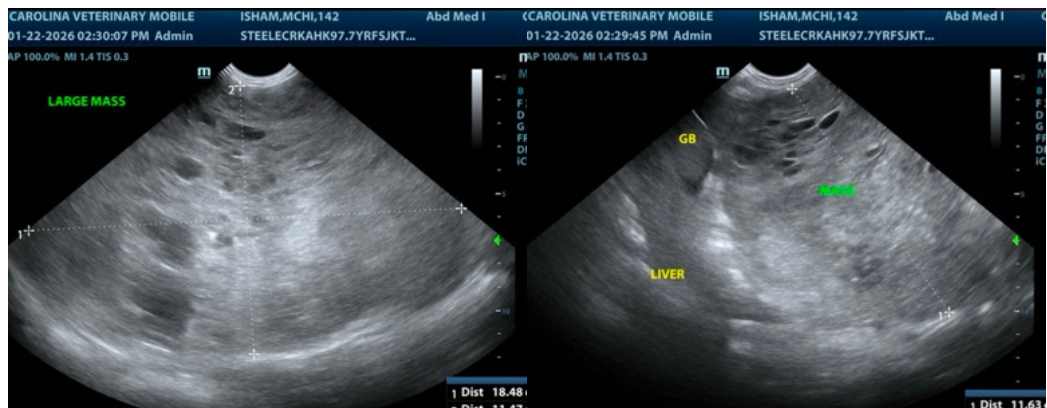
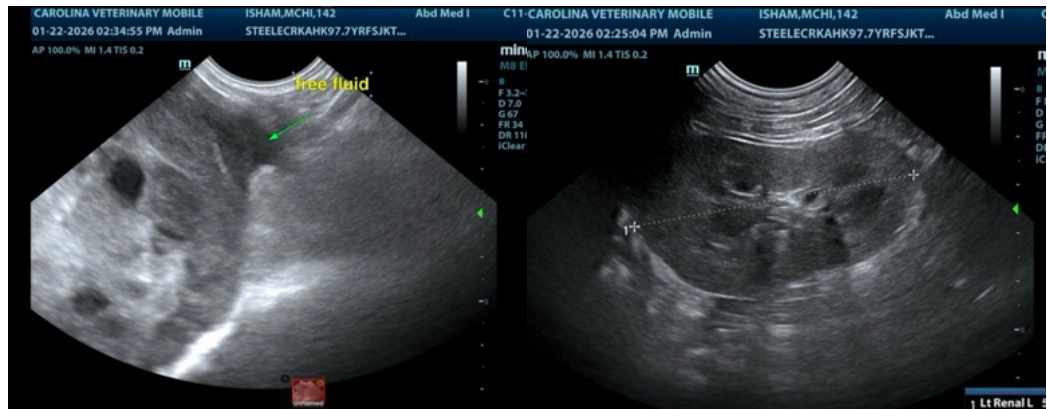
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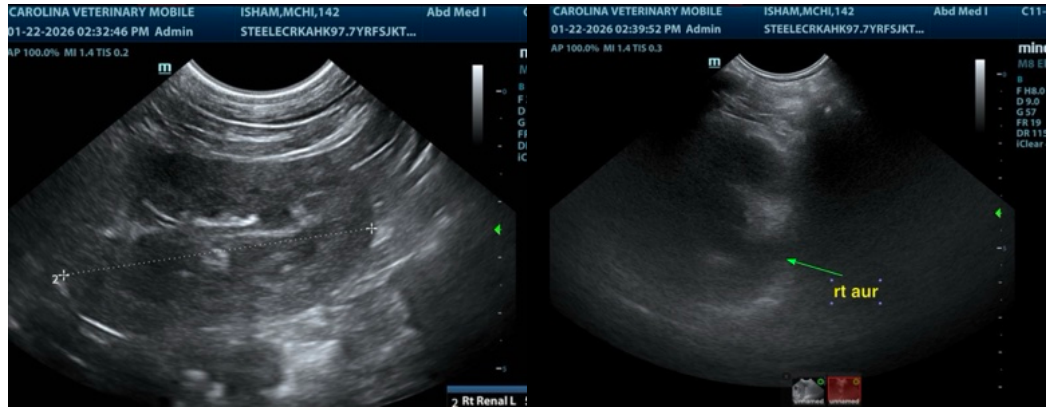
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com