

PATIENT

Chica Johnson

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed female

AGE

14 years

WEIGHT

33.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. VanMonjou

INVOICE

42269

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: Presented lethargic, not eating much, no vomiting or diarrhea. Fast ultrasound here showed possible mass on spleen. Cough has been going on for months now.(sounds like typical "old man throat clearing cough). Slowing down overall and this seemed to accelerate rapidly over the past few months. Prominent ventral abdominal fullness, no palpable mass but spleen is prominent. Has been on Gabapentin. No heart murmur noted.
Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. CBC WNL, mild lymphocytosis(historical). HCT low normal. Chemistry mild increase in ALP.

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 right kidney measured 7.13 cm.

Adrenal Glands

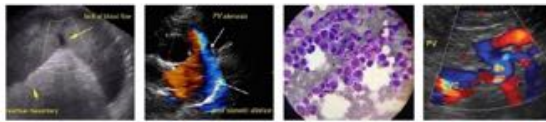
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.3 x 1.9 cm at the cranial pole and 1.0 cm at the caudal pole. The left adrenal gland measured 2.15 x 0.56 cm at the caudal pole and 0.6 cm at the cranial pole.

Spleen

The **spleen** was expansive with mixed echogenic, disruptive mass that measured 9.2 cm. The splenic mass was moderately vascular on power Doppler assessment.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. The hepatic parenchyma was fairly uniform with no overt evidence of metastatic disease. Subtle, heterogenous changes were noted. Lobar biliary mineralization was noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was echogenic and fibrosed with calculi. This is consistent with porcelain gallbladder.



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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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ULTRASONOGRAPHIC FINDINGS

Splenic mass.

AGE

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Porcelain gallbladder with calculi.

Slight, heterogenous hepatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of metastatic disease. I recommend either screening FNA of the spleen and liver or direct splenectomy. Liver biopsy +/- cholecystectomy from a proactive standpoint. Hemangiosarcoma or round cell neoplasia are strong potentials. Benign splenic hyperplasia/necrosis, non-neoplastic mass is also possible.

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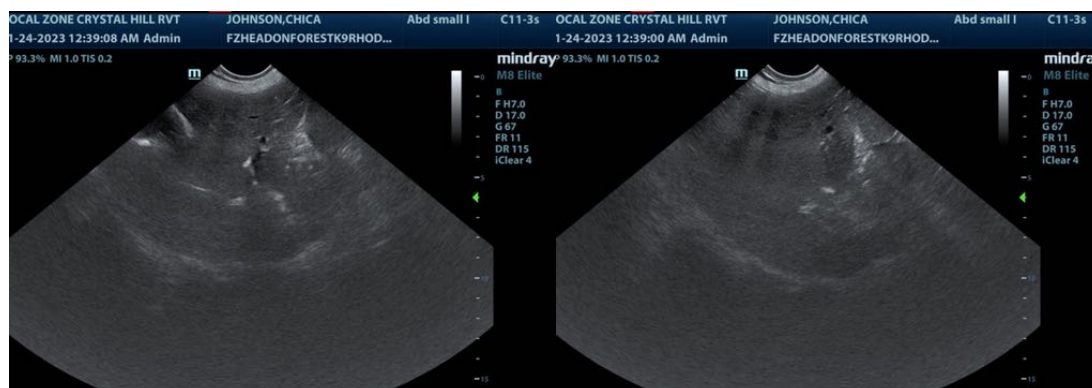
Dr. VanMonjou

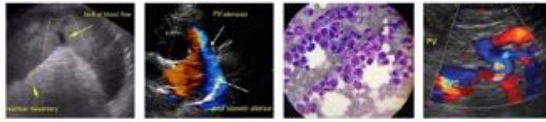
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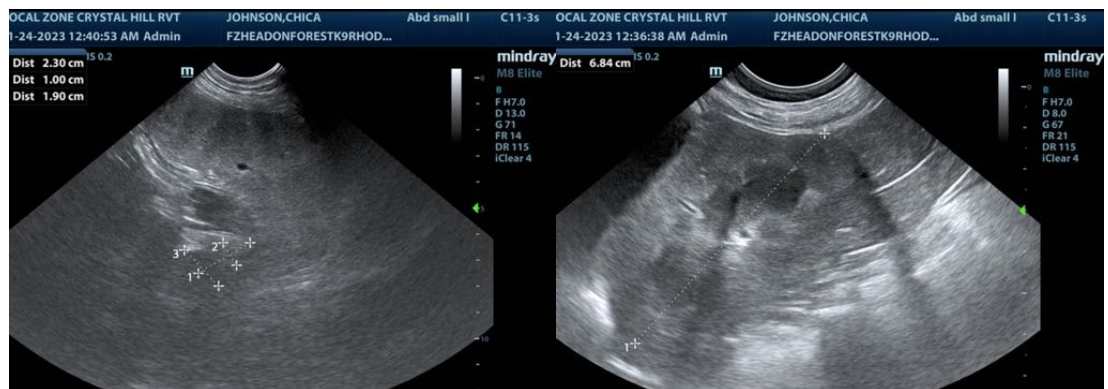
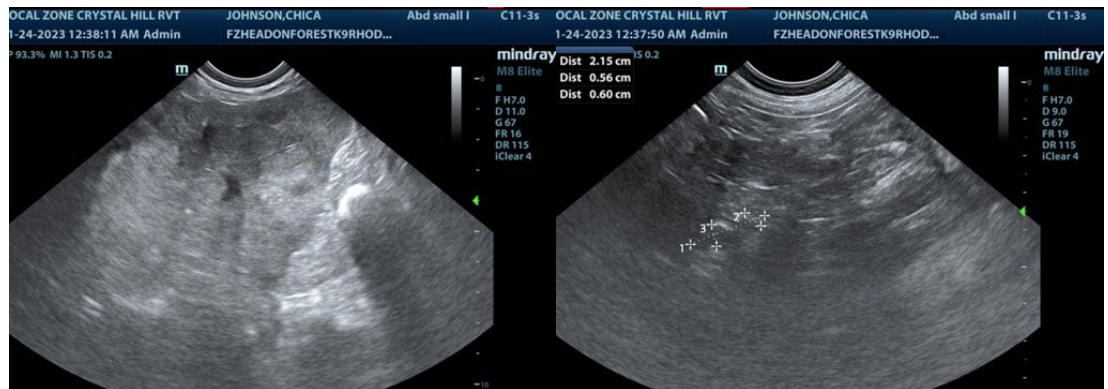
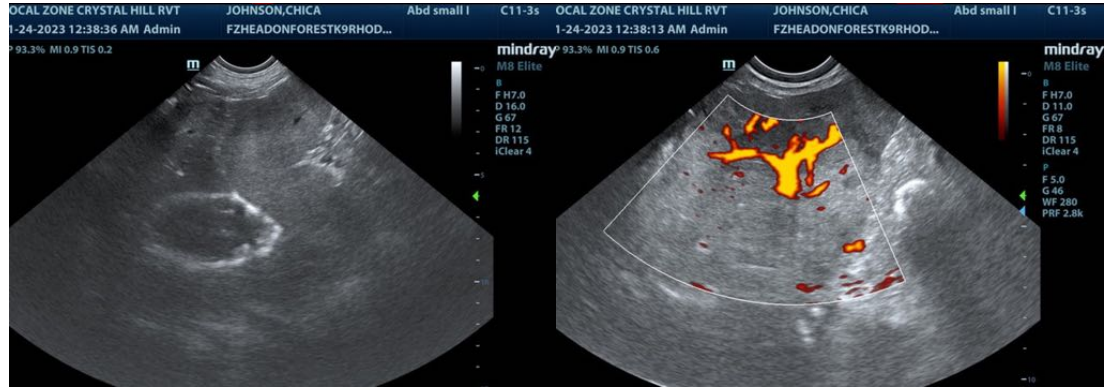
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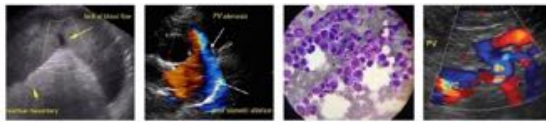
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric.Lindquist@SonoPath.com

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