

**PATIENT**

Jackson Sekhar  
Mangaroo

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

61.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

42270

**DATE**

1/23/23

**PRESENTING CLINICAL SIGNS**

**History:** History of OA and comes for routine chiro appointments. Has been walking dropped quite low on hocks. During an adjustment, noted some tenderness on abdominal palpation and a feeling of fullness. Has noted some increased thirst and urination. Concerns re: spleen or liver. Has been on Cartrophen.

**Abnormal PE/Chem/CBC/UA Results:** Bloodwork NSF other than mild decreased hemoglobin. Cortisol normal.

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney was minimally visualized and measured 6.1 cm.

**Adrenal Glands**

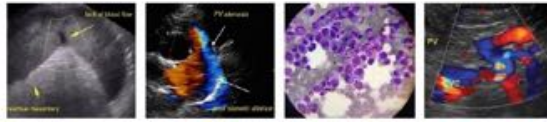
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.41 x 0.84 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland was minimally visible owing to the precarious nature of the mass. Excessive pressure would potentially induce rupture.

**Spleen**

A 13.7 cm, mixed echogenic and cystic mass was noted deriving from the mid cranial body of the **spleen**. There were slight areas of fluid noted around the splenic mass. A second splenic mass was also noted.

**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,



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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.

**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.

**Heart**

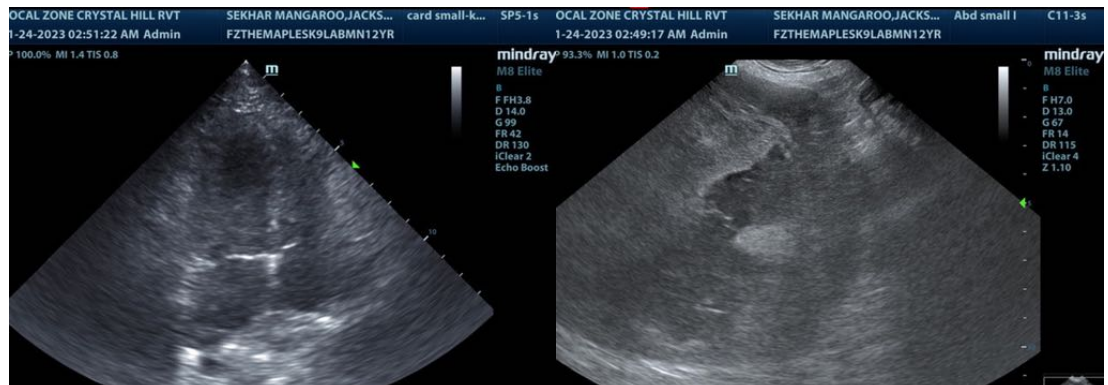
Rapid view of the heart revealed no evidence of pathology.

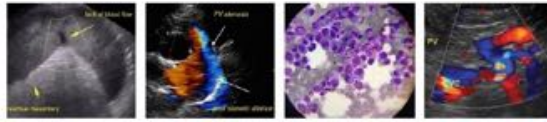
**ULTRASONOGRAPHIC FINDINGS**

Large, cavitated splenic mass, highly precarious.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no overt evidence of metastatic disease. The mass is cavitated and at risk for rupture. Chest radiographs followed by immediate splenectomy is indicated.





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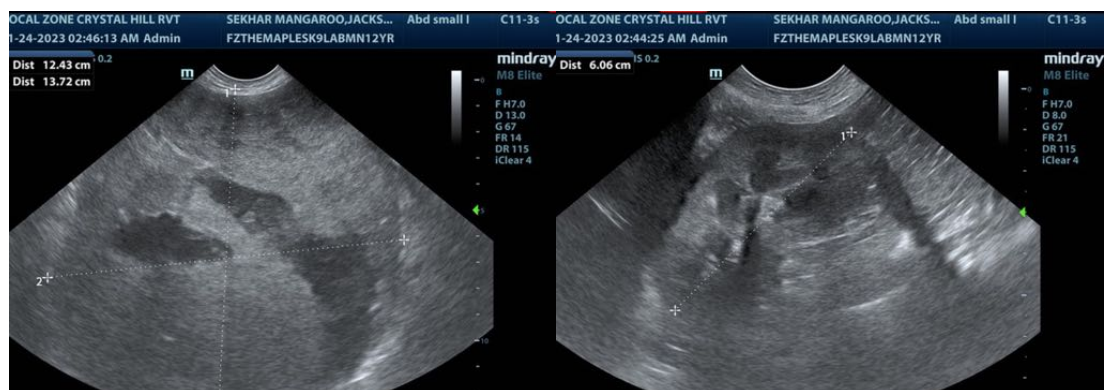
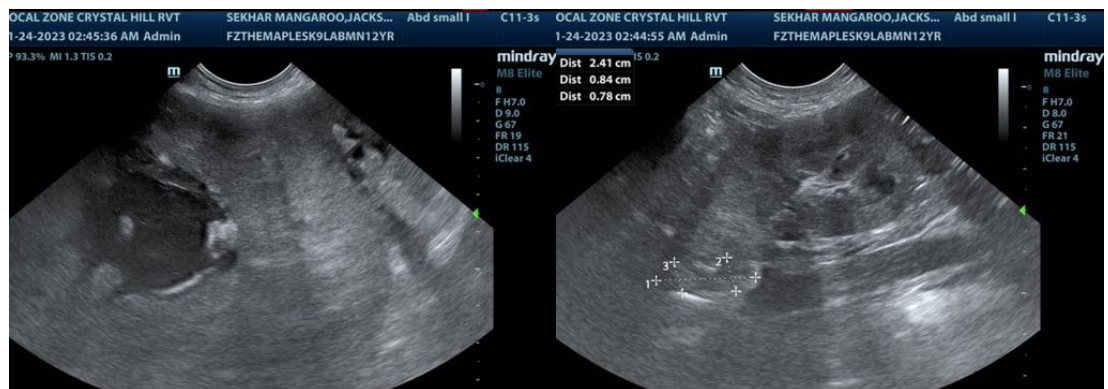
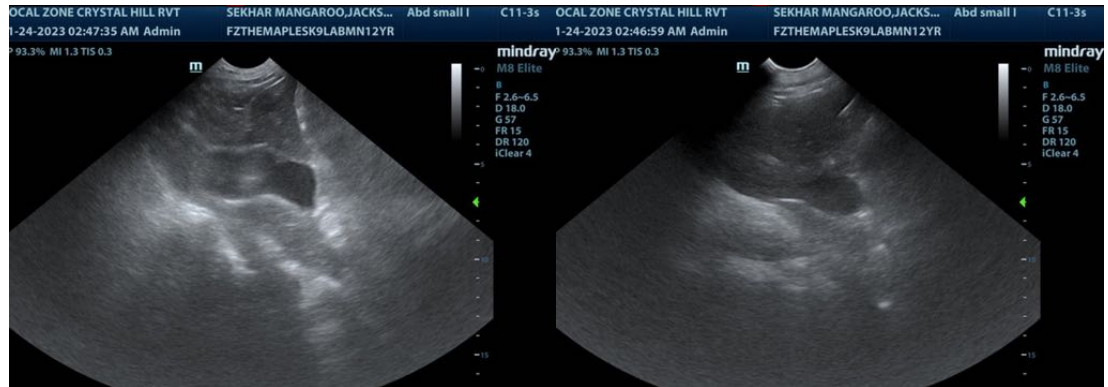
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com