PATIENT

Thor Mitchell

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

13 years

WEIGHT

55.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Mount Olive VH

REFERRING VET

Dr. Jones

INVOICE

71079

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Shaking, difficulty walking, not eating well, vomiting.
- Hx of Liver Mass, PLN
- 1/29/26 Tachypnea on presentation, metastasis noted on Thorax rad
- Current Medications: Flexprofen 100mg 1/2 tab PO BID, Cerenia 60mg PO SID, Telmisartan 80mg SID
- Alb 2.6, AST 100, ALT 185, ALP 1354, Tbili 0.4, BUN 32, SDMA 20.5, K5.8, Na/K 25, Amylase 2190, PSL 150, Neut 12546

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 right kidney measured 7.6 cm. The left kidney measured 6.75 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 left adrenal gland measured 2.42 x 0.63 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 2.75 x 0.69 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** revealed a complex, mixed, hypoechoic parenchymal mass with areas of cavitation measuring 10+ cm. Nodular changes were noted elsewhere in the spleen. Reactive surrounding mesentery was noted. There are areas of free fluid noted.

Liver

The **liver** was heterogenous and mildly nodular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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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

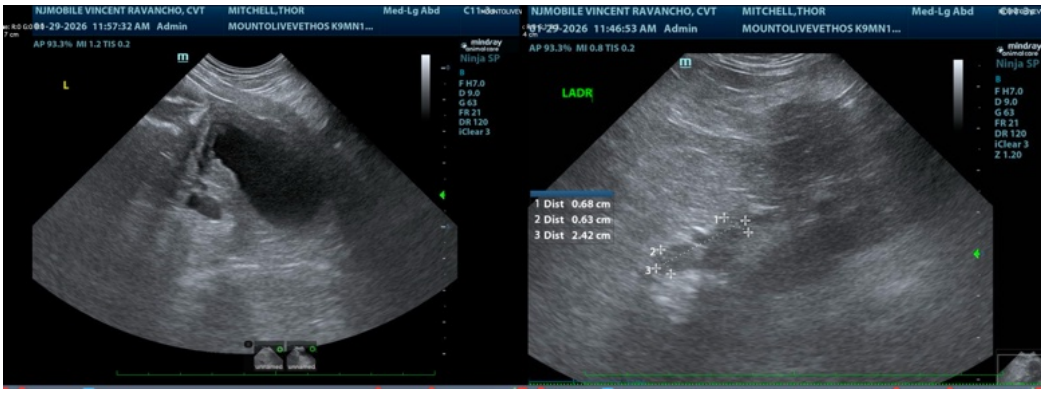
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with no overt metastatic disease. However, I cannot rule out micrometastasis to the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram are warranted to assess for metastatic disease or direct exploratory surgery. Hemangiosarcoma is suspected. Histopathologically benign hematoma is possible.



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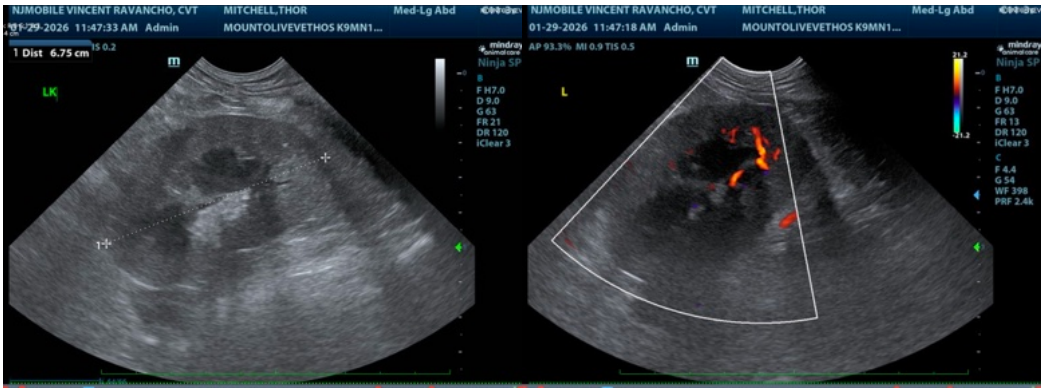

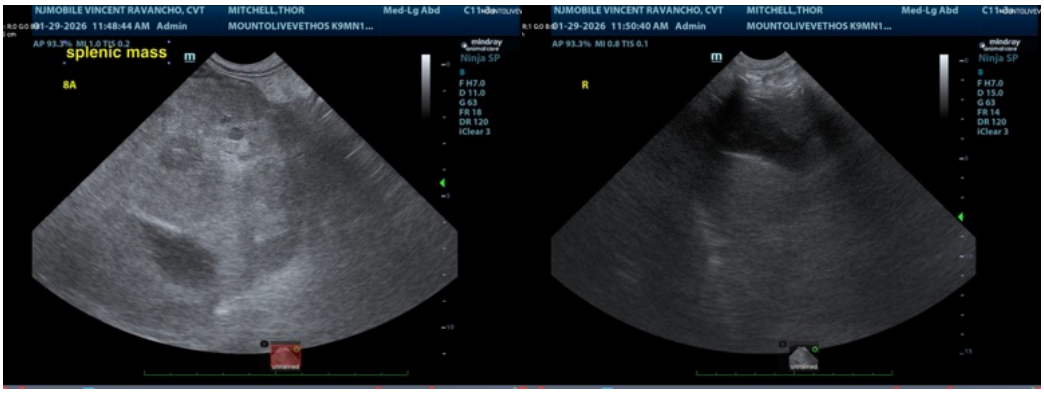

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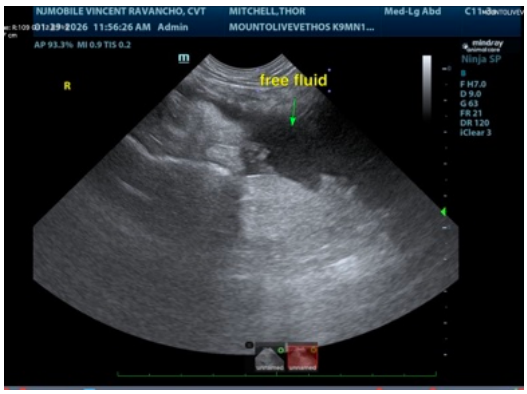

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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