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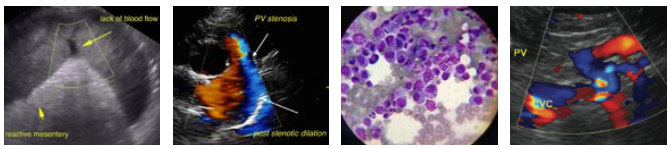

PATIENT

Sophie Apruzzese

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

8 years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

42632

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: Presented to ER this AM, lethargic, weak, pale mm, labored breathing. Suspect splenic mass on xray +/- free fluid.
Abnormal PE/Chem/CBC/UA Results: Albumin 1.2, Phos 9.9 HCT 38 (last month 40), CBC-WNL

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. Slight mineralization was noted in the kidneys. The right kidney measured 4.4 cm. The left kidney measured 4.36 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 2.0 x 0.44 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 1.72 x 0.96 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive, parenchymal 6.5 cm mass that was deriving from the cranial pole. The mass is pedunculated and significantly precarious. Reactive omentum was noted around the mass. I cannot rule out the potential of localized seeding in this patient. There were minor areas of free fluid present.

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. There was no obvious evidence of metastatic disease. 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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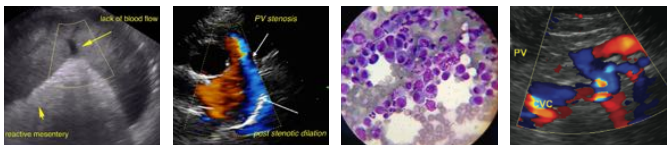

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Gastrointestinal

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.

Heart

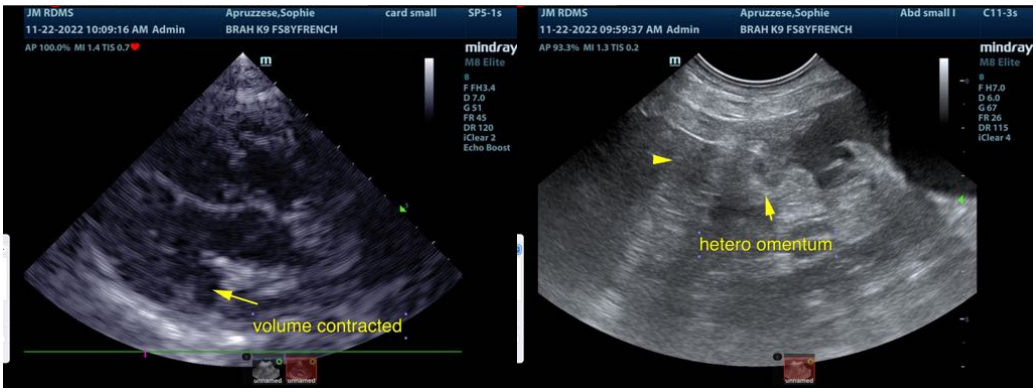
Rapid view of the heart revealed volume contraction and hypocontractility. This is consistent with potential shock. No evidence of pericardial or pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with regional omental adhesions and nodular omentum. Free fluid consistent with hemoabdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV volume restitution is recommended in this patient with immediate exploratory surgery after chest radiographs to assess for comorbidities. This is likely hemangiosarcoma. Histopathologically benign tumor is possible. Round cell neoplasia is less likely.



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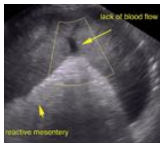
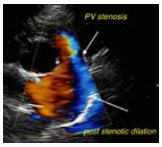
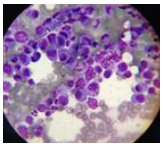
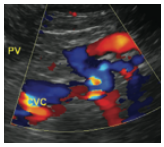

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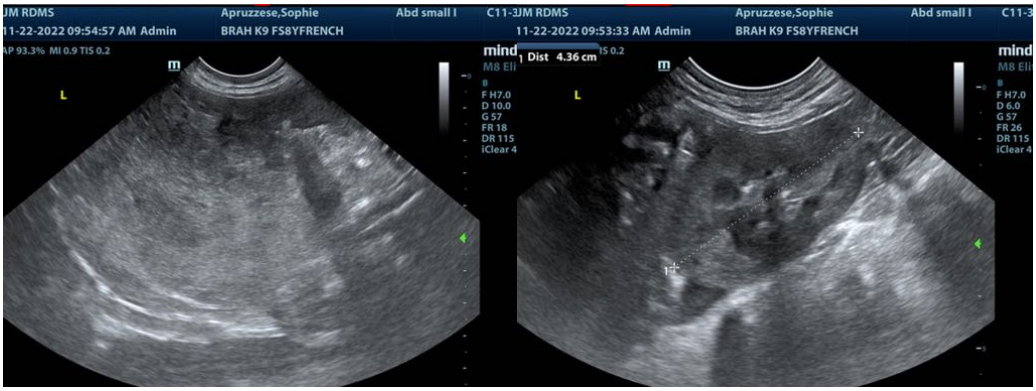

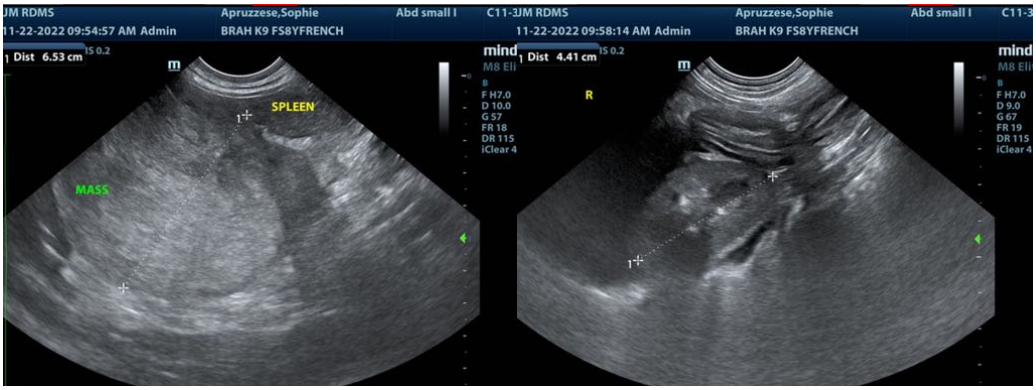

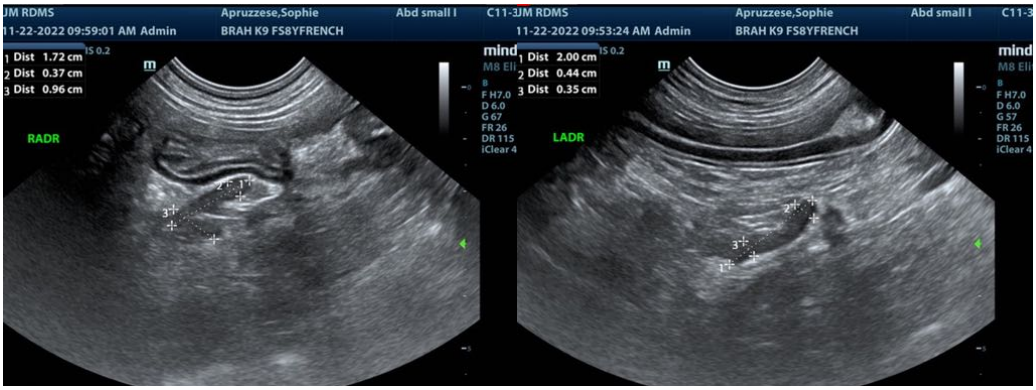

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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