



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Swan
Possible hepatosplenic mass.
Free fluid.

SPECIES
Mildly increased ALT and anemia.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bichon *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.

SEX

Neutered male

AGE

12 years

The **kidneys** revealed largely normal size and structure 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. Mild pericapsular inflammatory pattern was noted. The left kidney measured 2.87 cm with cortical infarcts and mineralization. The right kidney measured 3.66 cm with loss of corticomedullary definition, pyelectasia and cortical infarcts.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.63 x 0.84 cm. The left adrenal gland measured 2.0 x 0.6 cm.

IMAGING PERFORMED BY

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HOSPITAL NAME

Franklin Lakes AH

Spleen

The **spleen** revealed a complex, 7.0+ cm, mixed echogenic, microcavitated mass with regional free fluid and enhanced omentum. Ill-defined margins to portions of the omental patching was noted. A separate splenic nodule was noted at the cranial pole and measured 1.84 cm with heterogenous changes elsewhere.

REFERRING VET

Dr. Pomerantz

INVOICE *Liver*

42357

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, 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.

DATE

12/27/22



PATIENT

Gastrointestinal

Gizmo Swan

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.

SPECIES

Canine

BREED

Bichon

Pancreas

The **pancreas** revealed no primary disease, yet enhanced surrounding mesentery was noted owing to the splenic pathology.

SEX

Neutered male

Free Abdomen

A mild to moderate amount of free fluid was noted in the abdomen.

AGE

12 years

Heart

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

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ULTRASONOGRAPHIC FINDINGS

Splenic mass.

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Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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As long as chest radiographs are free of evident pathology I recommend exploratory surgery in this patient. Hemangiosarcoma is likely with a minor potential for benign histopathology.

REFERRING VET

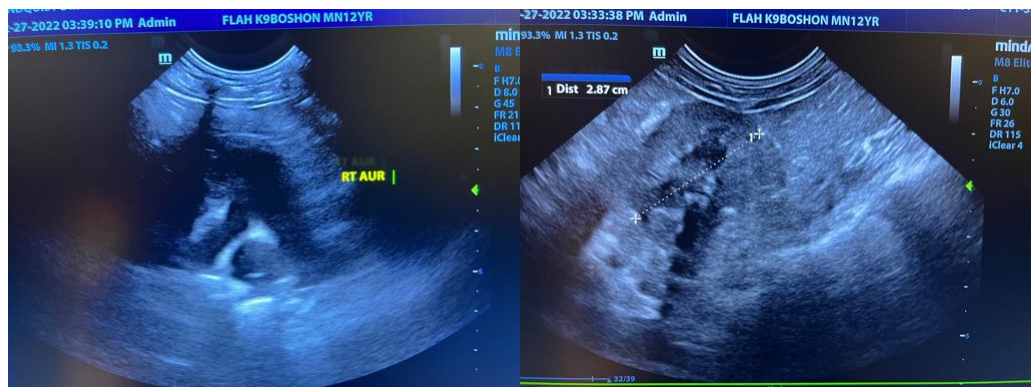
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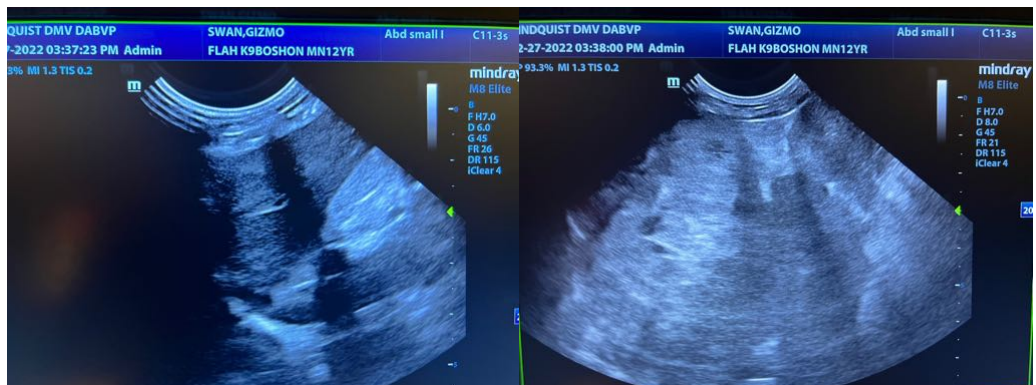
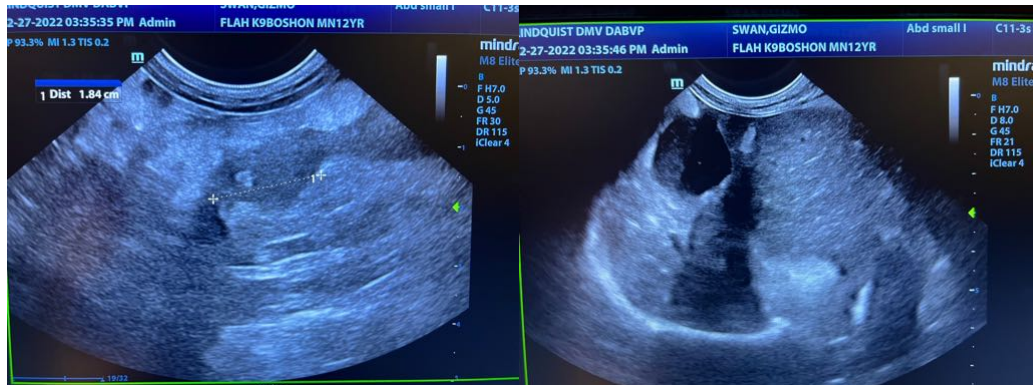
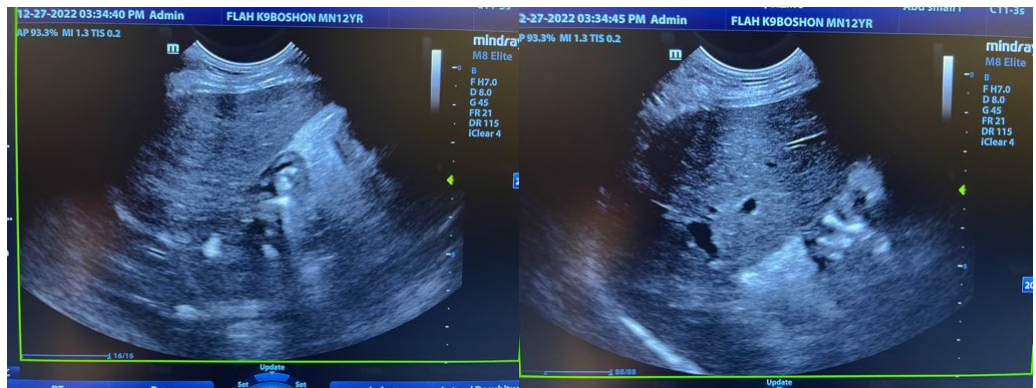
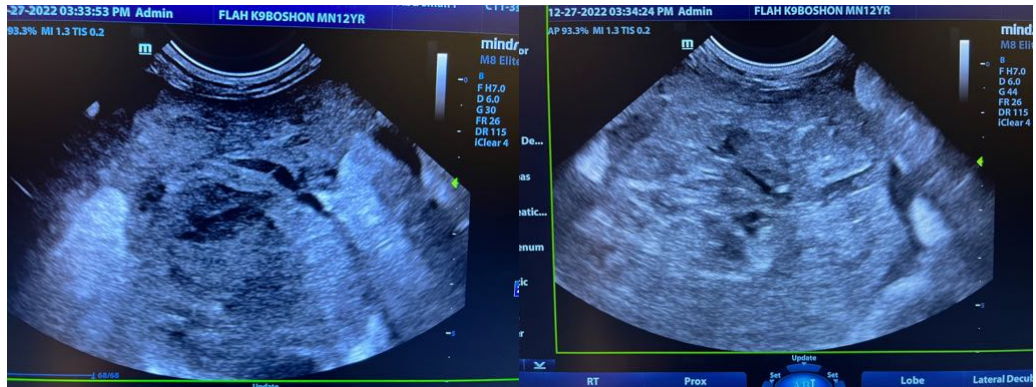
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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