



**PATIENT**

Brink Moss

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

73 lbs

**PRESENTING CLINICAL SIGNS**

History: Acting lethargic for the past month or so; Painful abdomen. Multiple episodes of anorexia/vomiting in the past month.

Abnormal PE/Chem/CBC/UA Results: Regenerative anemia/inflammatory leukogram, elevated ALT (mild)

**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 caudal pole of the left kidney revealed a hypoechoic nodular change possibly related to metastatic disease. The left kidney measured 5.65 cm. The right kidney measured 6.55 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

42523

**DATE**

2/2/23

**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 1.74 x 0.68 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 2.13 x 0.52 cm at the cranial pole and 0.59 cm at the caudal pole

**Spleen**

The **spleen** revealed expansive 1.3 cm nodule at the caudal pole. Other nodular parenchymal changes were noted in the spleen.

**Liver**

The **liver** was riddled with multiple, target lesions and masses with metastatic lesions with disruption of architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT** *Gastrointestinal*

Brink Moss 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.

**SEX**

Neutered male

**Free Abdomen**

A moderate amount of free fluid was noted in the abdomen. Enhanced omentum was noted and suggestive for seeding.

**AGE**

10 years

**Heart**

Rapid view of the heart revealed mild pericardial effusion. However, no right auricular masses were noted and there was no evidence of tamponade.

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DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

Splenohepatic neoplasia with free fluid. Irregular, distorted target lesions. This is consistent with hemangiosarcoma.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver and immediate chemotherapeutic intervention can be considered. However, the prognosis is poor.

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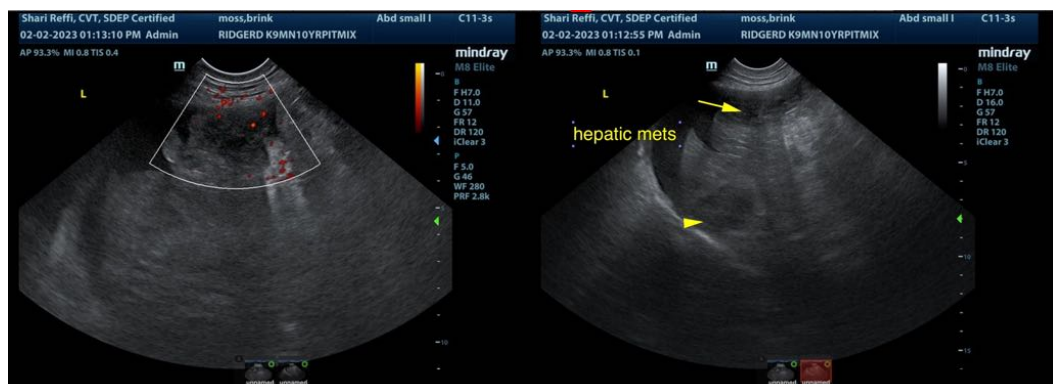
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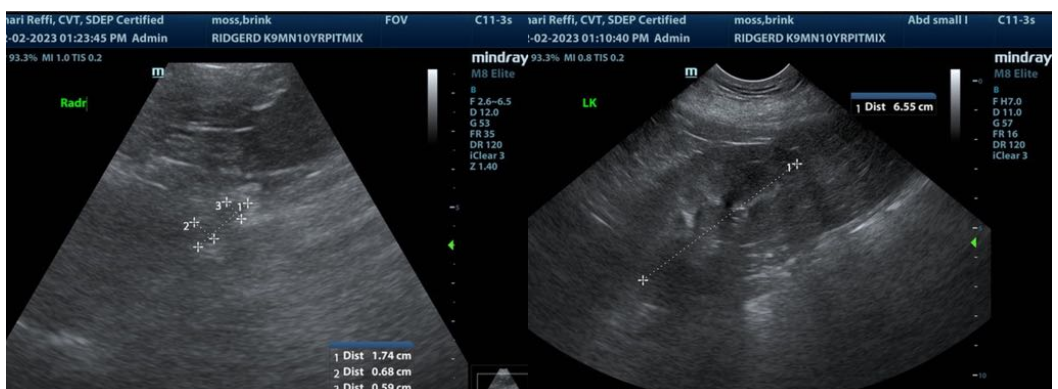
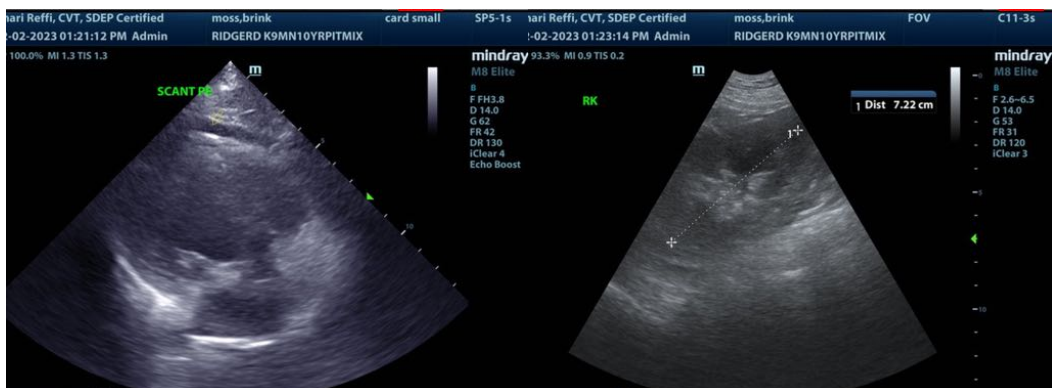
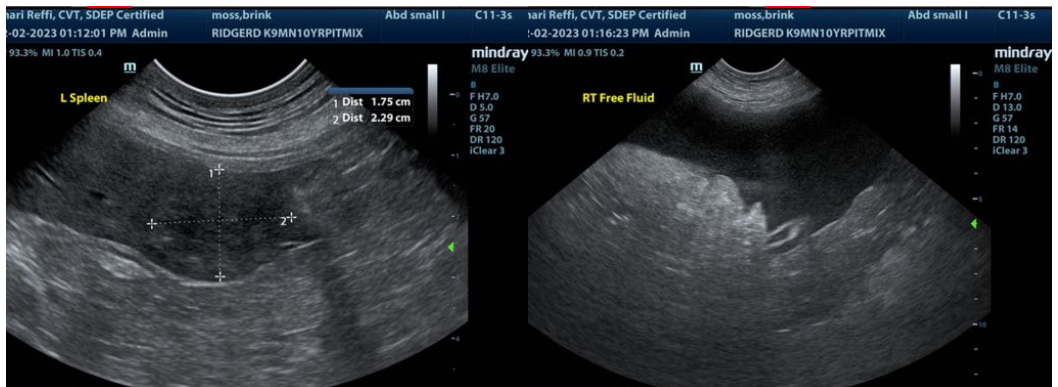
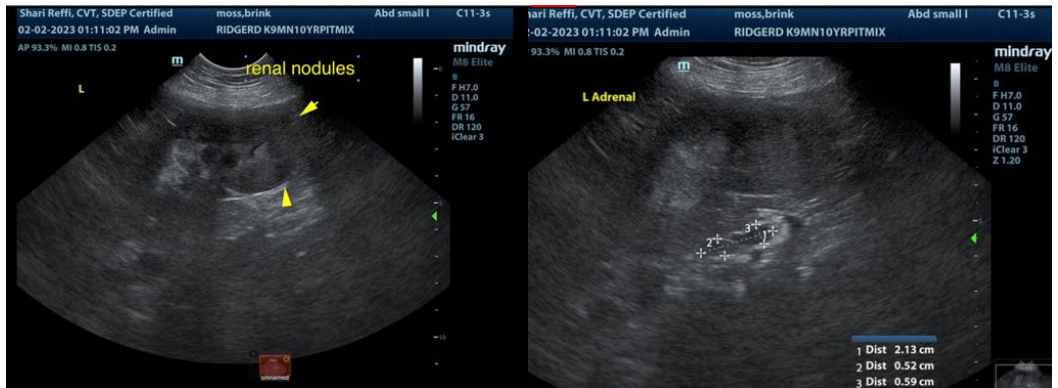
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Pitbull Mix

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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Neutered male

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com

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