



PATIENT

Chulo O'Donnell

SPECIES

Canine

BREED

Chow Mix

SEX

Neutered male

AGE

8 years

WEIGHT

58 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Denville AH

REFERRING VET

Dr. Preddy

INVOICE

42624

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Not eating 1.5 months, positive for Lyme + Anaplasmosis in Dec - treated w/ Doxy. No improvement. Current meds: soloxine .5mg, multivitamin
Abnormal PE/Chem/CBC/UA Results: Low Ca and Mg, Increased WBC, Net and Mono, Low thyroid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The apical wall at mild repletion measured 1.07 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 right kidney measured 7.25 cm. The left kidney measured 7.0 cm.

Adrenal Glands

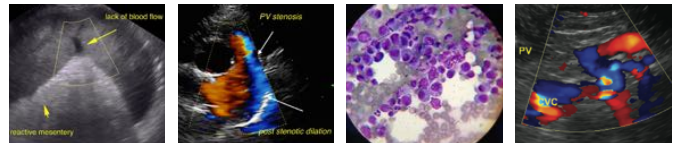
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.08 x 0.71 cm at the caudal pole and 0.87 cm at the cranial pole. The right adrenal gland measured 4.03 x 0.85 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The **spleen** revealed a complex, mixed echogenic and pedunculated mass that was deriving from the splenic body. Regional free fluid and adhesions were noted owing to rupture. A second splenic mass was noted impinged upon or possibly deriving from the liver coalescing with the splenic mass. with a cystic component.

Liver

The **liver** revealed minor, heterogenous hepatic mass. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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 splenic mass occupied the region of the left **pancreatic** limb as well, yet not likely overtly involved.

ULTRASONOGRAPHIC FINDINGS

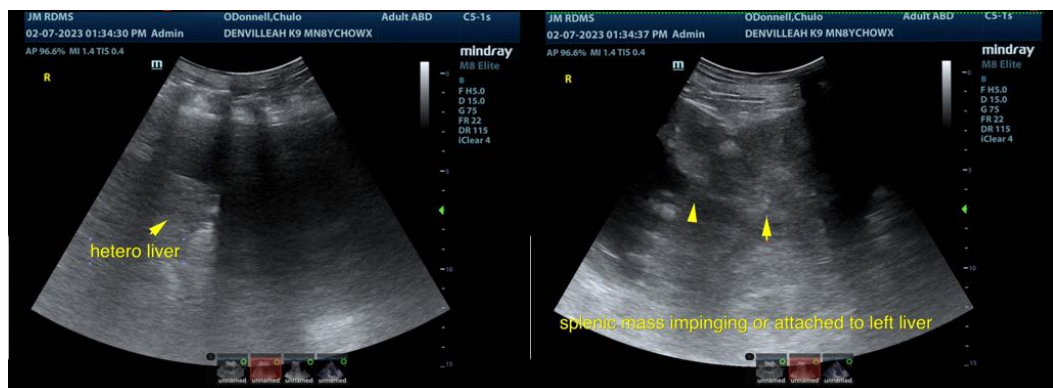
Ruptured splenic mass with cystic component impinging upon the liver. Contiguous spread to the liver cannot be completely ruled out.

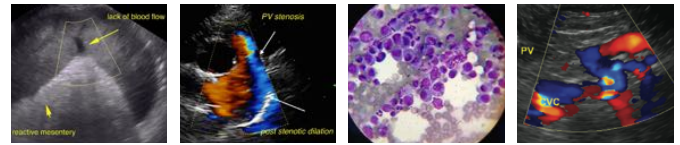
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for surgical planning or direct exploratory surgery with expectations towards splenectomy and likely left liver lobectomy. Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. Chest radiographs are recommended to assess for comorbidities, hemangiosarcoma or similar. Neoplasia is suspected.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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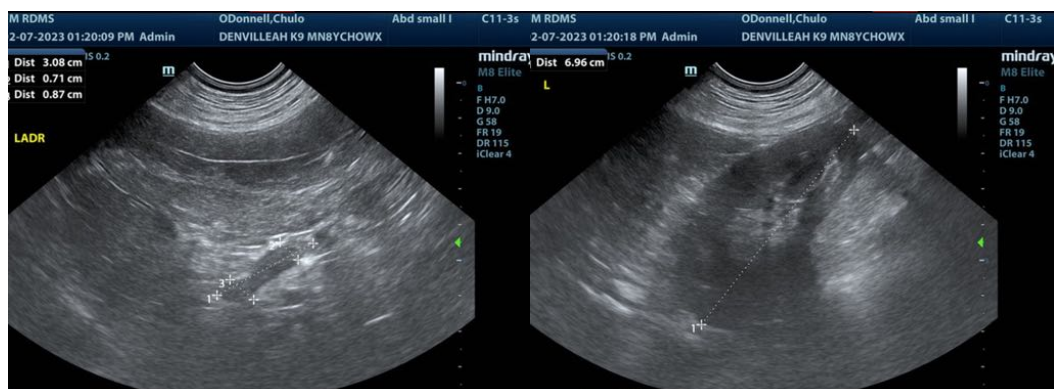
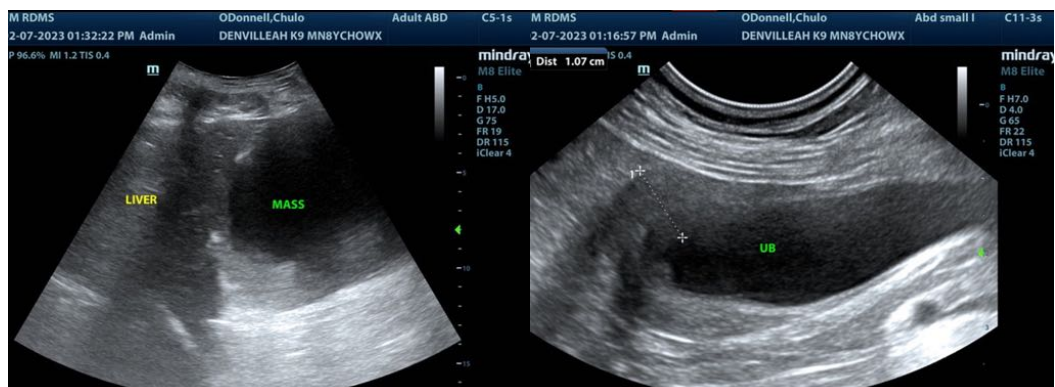
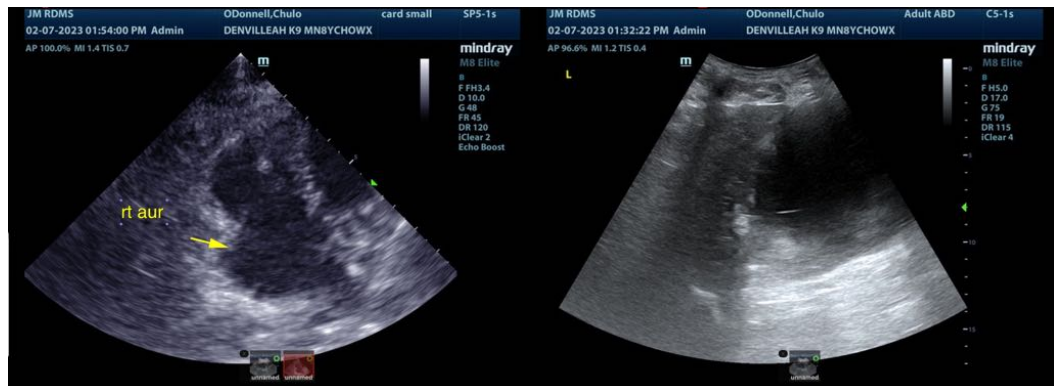
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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