



PATIENT

Storm Brancaccio

SPECIES

Canine

BREED

Pit Bull Terrier Mix

SEX

Spayed female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

43049

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic diarrhea, history of splenic nodule on ultrasound in 2021., and elevated liver enzymes. Current meds: Denamarin and metronidazole.

Abnormal PE/Chem/CBC/UA Results: ALT 236, Alk. Phos. 1508, chol. 329.

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. The right kidney measured 6.07 cm. The left kidney revealed pyelectasia that measured 1.3 x 0.57 cm. The left kidney measured 5.84 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 right adrenal gland measured 2.47 x 1.5 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.03 x 1.03 cm at the cranial pole and 0.86 cm at the caudal pole.

Spleen

The **splenic nodule** is now an overt parenchymal mass measuring 6.0 x 6.0 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Free Abdomen

There was a large amount of abdominal fat.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Age related renal change with slight pyelectasia.

Progressive splenic nodule, emerged into a complete mass. This is precarious and evidently slow growing; however, it is precarious and at risk for rupture or torsion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is warranted. There was no evidence of metastatic disease. Three view chest radiographs followed by splenectomy is indicated. Emerging hemangiosarcoma, benign hyperplasia of the spleen, round cell neoplasia, less likely. Liver biopsy is warranted at the time of surgery even though structurally the liver appears unremarkable.



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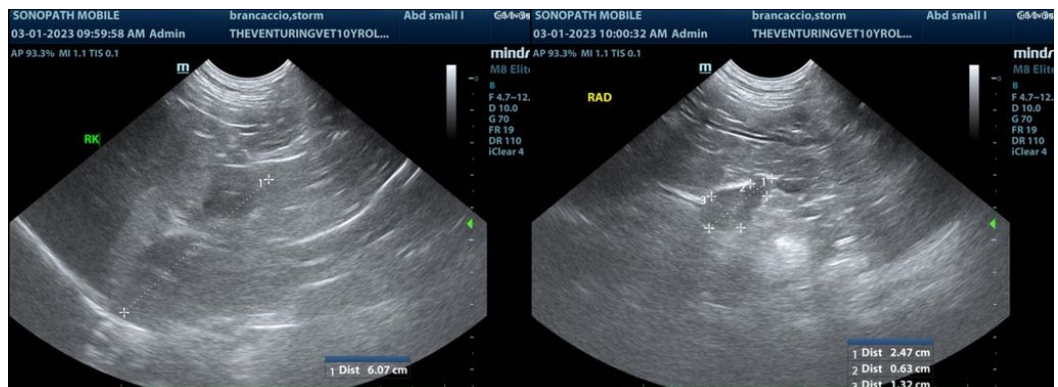
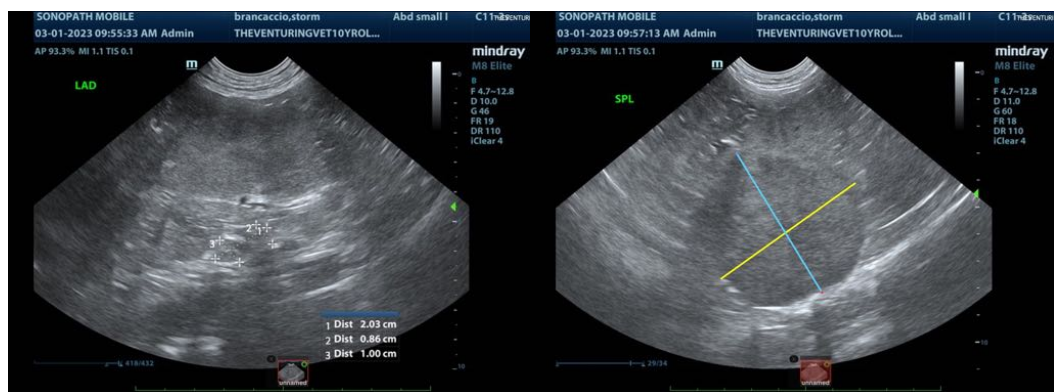
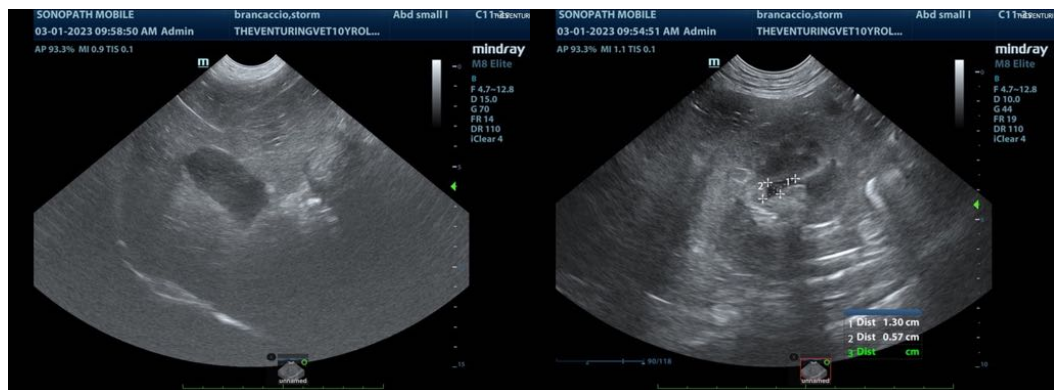
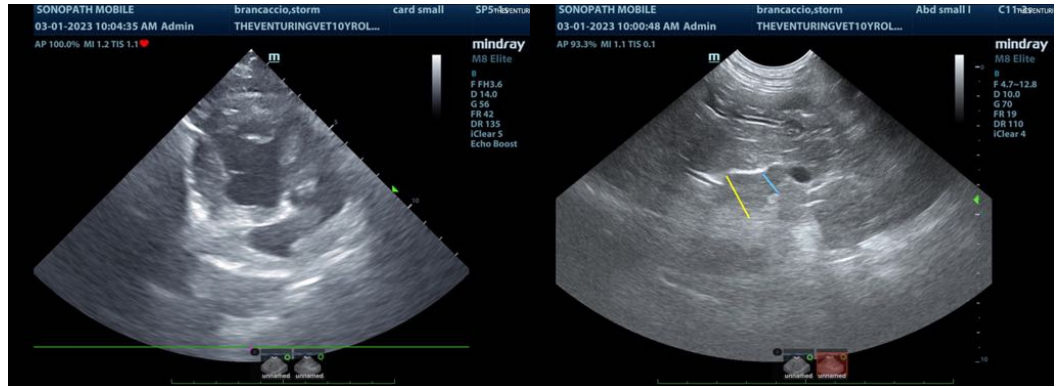
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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