



PATIENT

Daisy Taveras

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Bihlear

INVOICE

4

DATE

3/9/23

PRESENTING CLINICAL SIGNS

History: P presented ADR, not eating, has to be hand fed, legs splaying, pain/discomfort on abd palpation
Current meds: Gaba 240mg po Q 12 hrs
Abnormal PE/Chem/CBC/UA Results: RBC 4.32, HCT 28.59, PLT 36, Neut 13

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 left kidney measured 5.73 cm. The right kidney measured 5.36 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 right adrenal gland measured 2.96 x 0.7 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 3.01 x 0.83 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

An expansive, mixed, hypoechoic complex, 6.5 cm mass was noted. Other splenic masses were present.

Liver

The **liver** was riddled with nodular changes as well as intrahepatic blood clots. Target lesions were noted throughout the liver. 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.

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



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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

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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.

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Free Abdomen

SEX

A large amount of echogenic free fluid was noted in the abdomen. This is suggestive for hemoabdomen or exudate. Nodular omental changes were noted. Omental spread is also noted. Other omental masses were present and obscured portions of the pancreas.

Spayed female

AGE

ULTRASONOGRAPHIC FINDINGS

13 years

Diffuse abdominal neoplasia, likely deriving from the spleen with abdominal seeding into the omentum and metastatic pattern to the liver.

WEIGHT

Concurrent ascites, likely hemoabdomen and pleural effusion, which is suggestive for thoracic spread.

52 lbs

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Humane euthanasia should be considered. .

IMAGING PERFORMED BY

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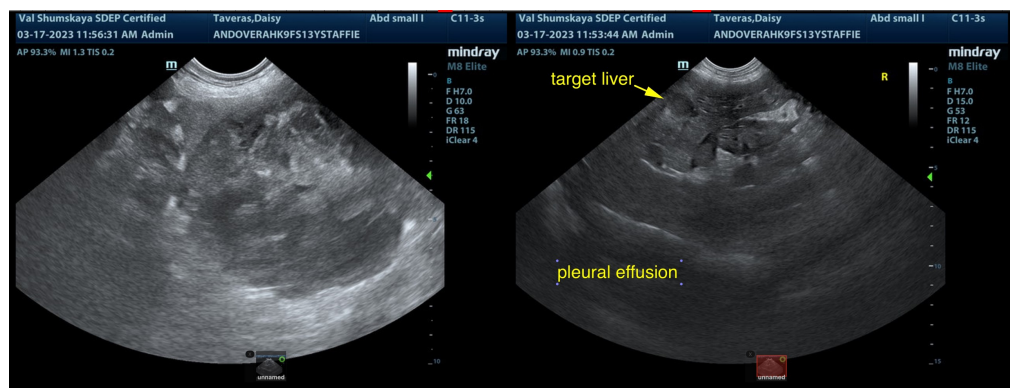
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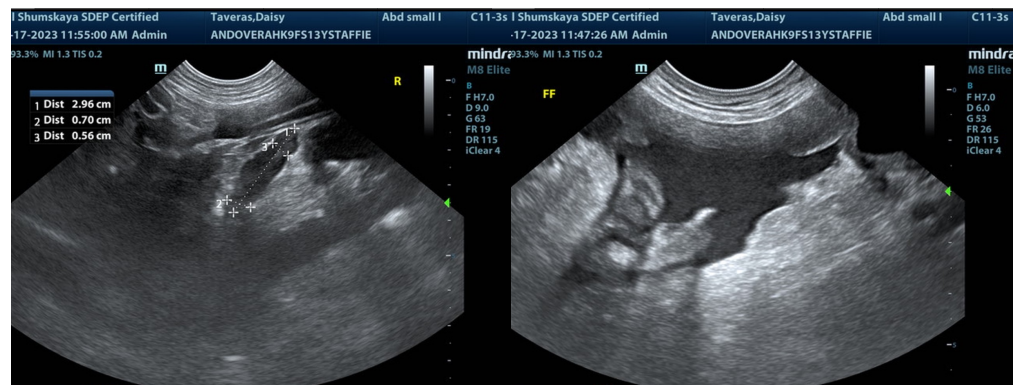
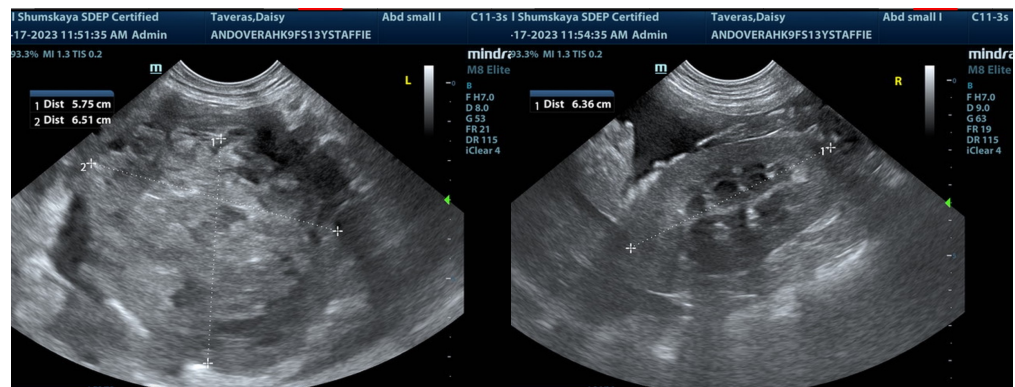
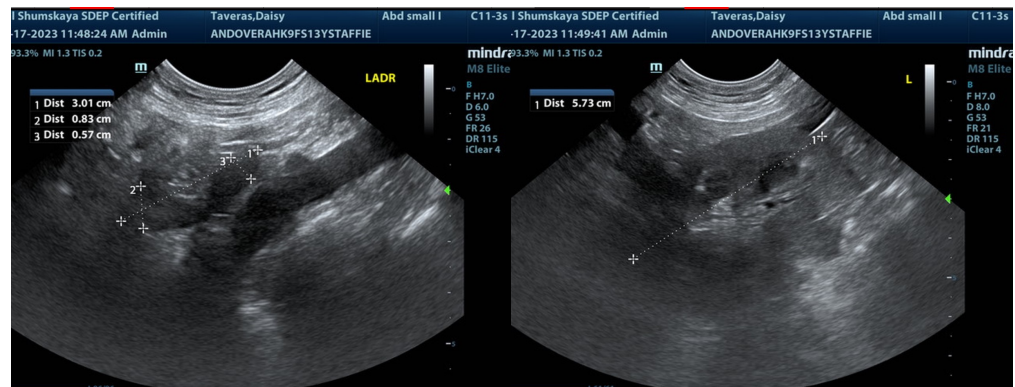
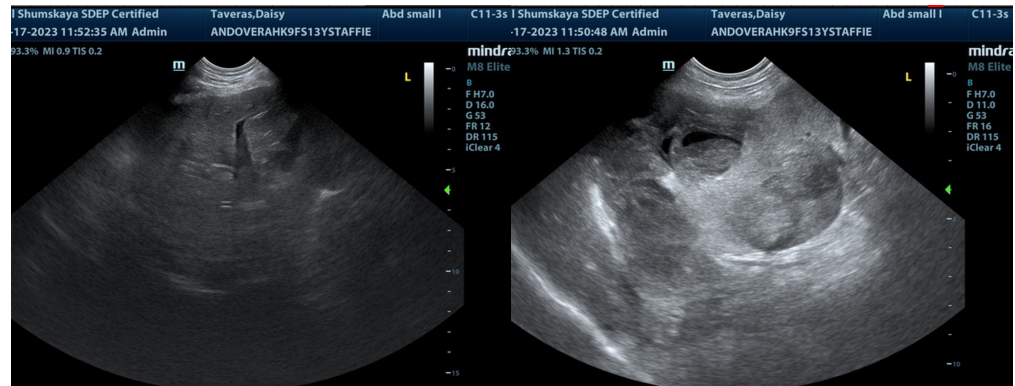
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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