



PATIENT

Barney Kelly

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

9 years

WEIGHT

83 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Valeryia Shumskaya

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Villari

INVOICE

43159

DATE

3/7/23

PRESENTING CLINICAL SIGNS

History: Pre-surgical, mast cell tumor removal of 1.25cm mass on inner thigh Current meds: 300mg gaba, 1 and 1/2 tab 100mg Traz
CBC/Chem pending

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.31 cm. The right kidney measured 7.14 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 2.38 x 0.64 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 2.78 x 0.43 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** in this patient revealed a cavitated lesion that measured 2.2 cm at the mid caudal body. This is not typical mast cell manifestation and somewhat precarious as it impinges upon the capsule and is at risk for rupture.

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

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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. The small intestine revealed minor thickening without loss of detail. This is more consistent with inflammatory bowel.

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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.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

83 lbs

Splenic, cystic lesion.

Minor intestinal thickening.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic lesion is not typical of mast cell, however, it is precarious. Proactive splenectomy is indicated. Jejunal biopsy can be considered at the time of surgery. There was no other evidence of pathology. Chest radiographs are warranted and if clear of any pathology then proactive splenectomy is indicated.

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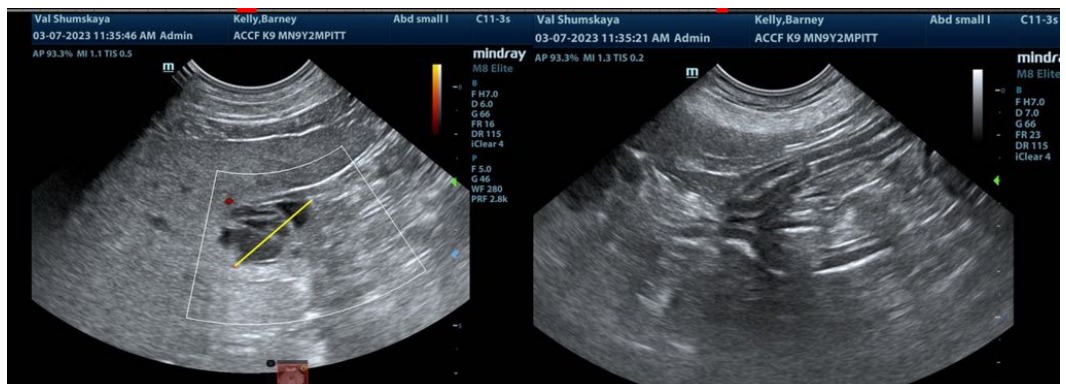
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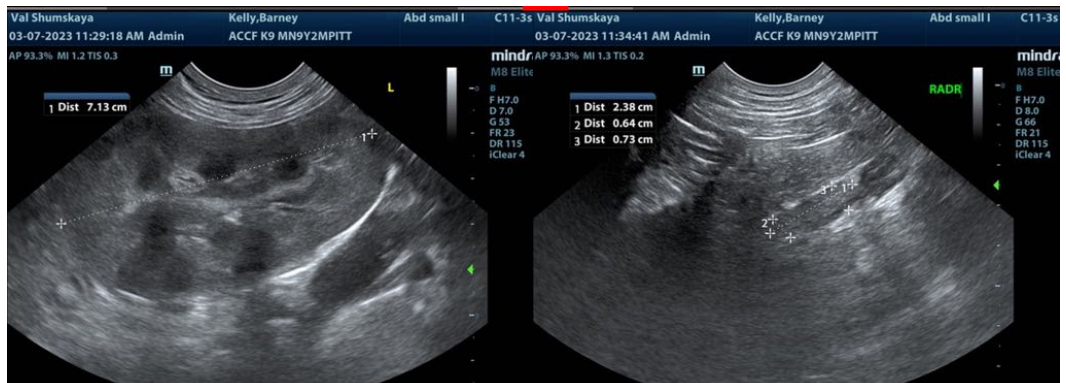
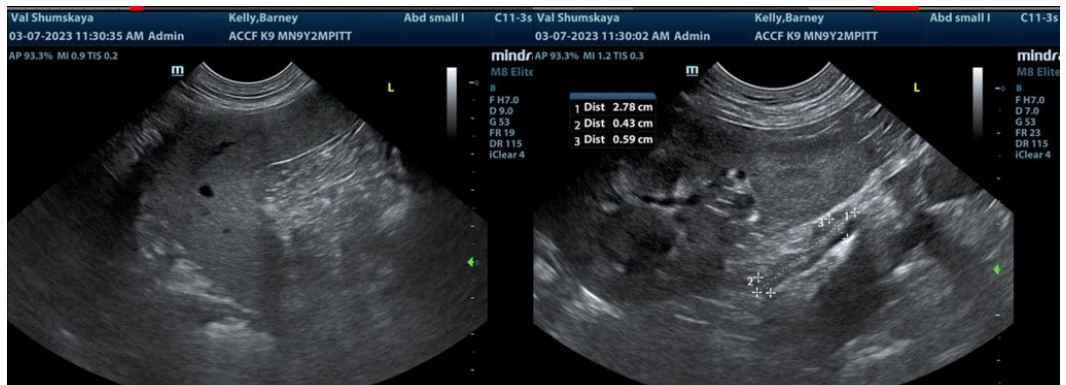
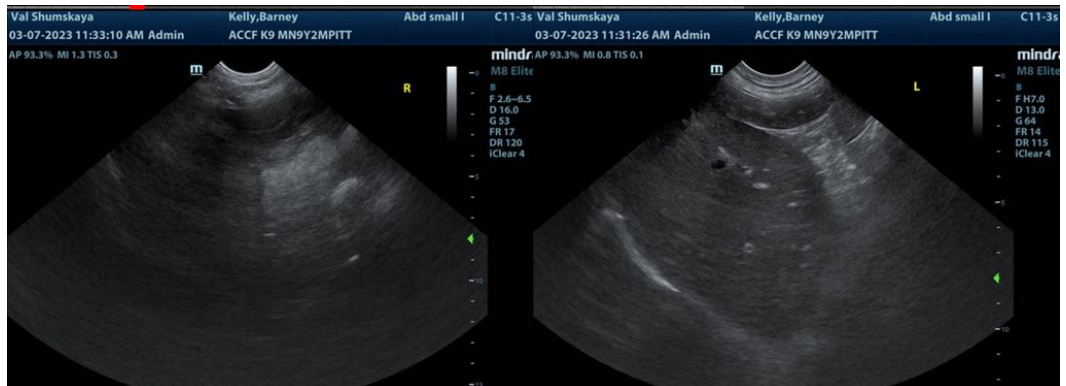
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com