



PATIENT

Angel Friedberg

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

30938

DATE

6/9/22

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated liver enzymes. Current meds: Alternagel 600mgs 4 oz. (2 ccs BID).
AST 69, ALT 336, Alk.Phos. 1,739, PLTs 466, monocytes 1,16, T4 WNL.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.44 cm. The left kidney measured 5.29 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.57 x 0.88 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 2.04 x 0.56 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** revealed cavitated parenchymal 5.3 cm mass and a separate 2.14 cm mass that was deriving from the caudal and cranial poles respectively.

Liver

The **liver** was heterogenous with mixed, hypoechoic parenchymal changes and irregular contour. There is a strong concern for metastatic disease. Disruptive nodular changes were noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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Gastrointestinal

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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.

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Heart

Rapid view of the heart revealed a 3.0 cm right auricular mass with pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Splenic masses with cardiac mass and pericardial effusion.

Heterogenous hypoechoic hepatic parenchymal changes. Concern for metastatic disease.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Humane euthanasia should be considered in this patient given the multi-centric process. Otherwise, immediate chemotherapeutic intervention is recommended for hemangiosarcoma.

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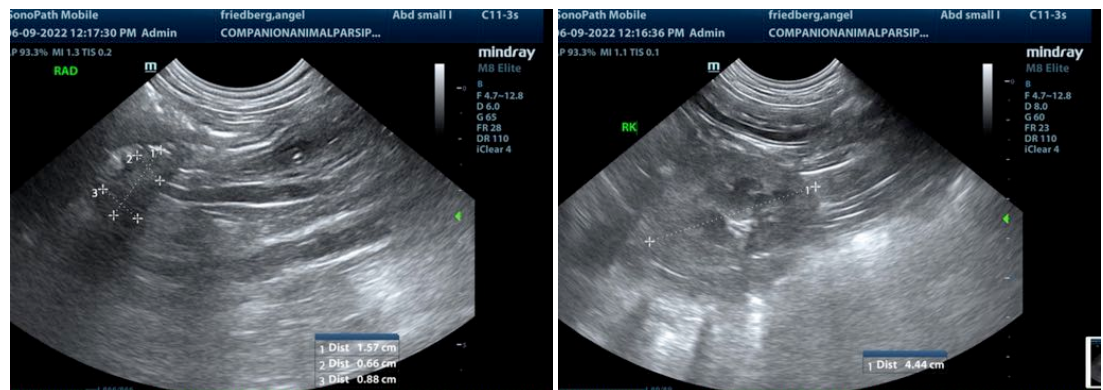
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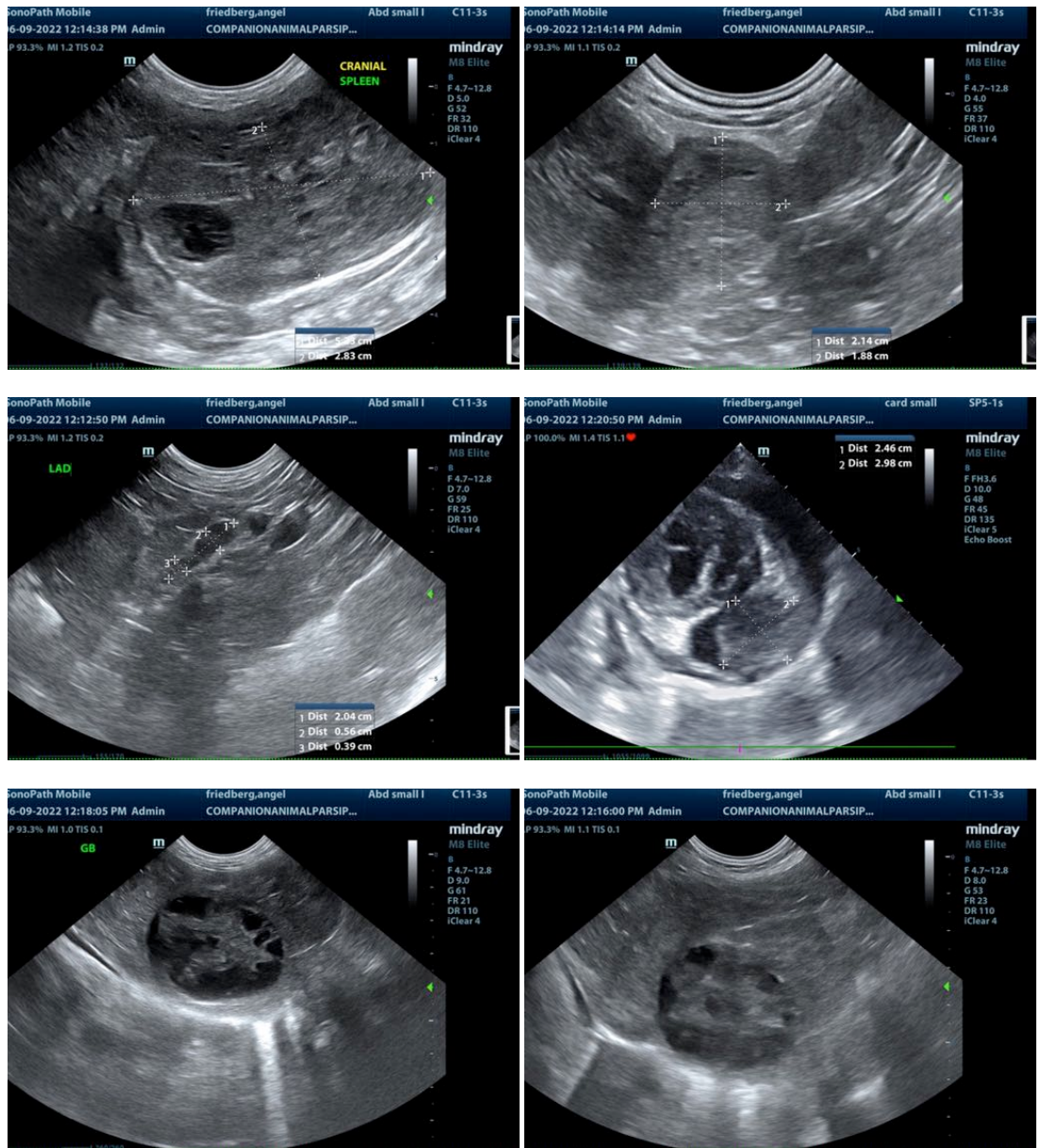
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

Info@SonoPath.com



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