



PATIENT	PRESENTING CLINICAL SIGNS
Cassie Hempstead	History: Vomiting and anorexia. Current meds: IVF, Cerenia, Famotidine, Buprenex. Abnormal PE/Chem/CBC/UA Results: Snap Cpl abn. WBC 22.52, NEU 21.21, PHOS 7.3, CHOL >450, ALT 2982, ALP 2663, GGT 45, TBIL 4.3, K+ 3.4, Potential mass effect L abdomen on Axx's.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Pug	
SEX	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 4.24 cm. The right kidney measured 4.76 cm.
Spayed female	
AGE	
12 years	
WEIGHT	Adrenal Glands
19.5 lbs	The right adrenal gland was uniform and measured 1.74 x 0.47 cm at the cranial pole and 0.48 cm at the caudal pole. The cranial pole of the left adrenal gland was mildly swollen. The left adrenal gland measured 2.83 x 1.09 cm at the cranial pole and 0.74 cm at the caudal pole.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The spleen revealed an expansive parenchymal mass and measured 3.5 cm.
IMAGING PERFORMED BY	Liver
Shari Reffi, CVT	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 was over distended with striating bile, rounded and enhanced surrounding mesentery.
HOSPITAL NAME	Gastrointestinal
Newton VH	The gastrointestinal tract revealed gastric stasis owing to ileus. Significant inflammation was noted around the portal hilus extending to the pyloric outflow.
REFERRING VET	
Dr. Chun	
INVOICE	
32658	
DATE	
8/17/22	



PATIENT

Pancreas

Cassie Hempstead

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.

SPECIES

Canine

Free Abdomen

BREED

Pug

Localized peritonitis was noted around the gallbladder and portal hilus is present.

SEX

Spayed female

Splenic mass.

Concurrent inflamed gallbladder mucocele.

Gastric stasis.

AGE

12 years

Peritonitis was noted around the gallbladder and portal hilus.

WEIGHT

19.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass may be benign hyperplasia, round cell neoplasia and hemangiosarcoma are all possible. Immediate cholecystectomy, common bile duct lavage and splenectomy is indicated. Chest radiographs are warranted prior to surgery to assess for metastatic disease from the spleen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

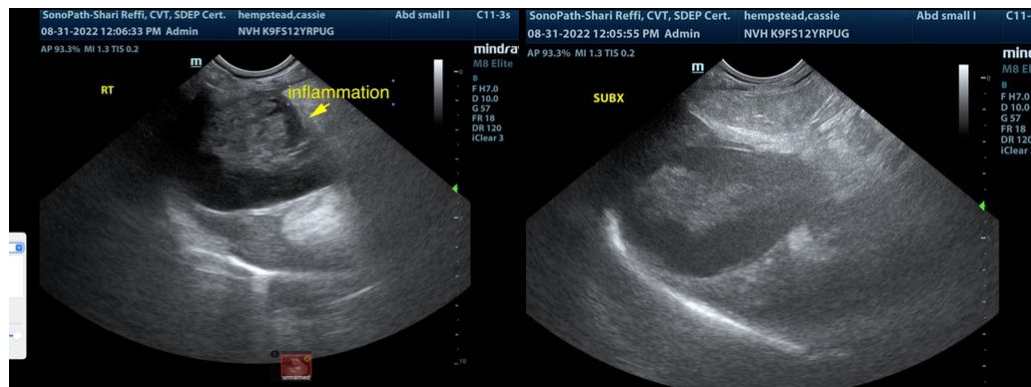
Dr. Chun

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PATIENT

Cassie Hempstead

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

12 years

WEIGHT

19.5 lbs

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HOSPITAL NAME

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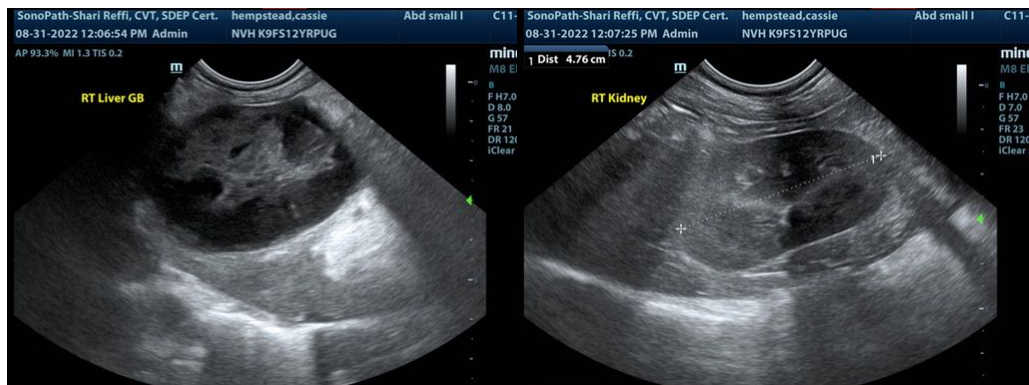
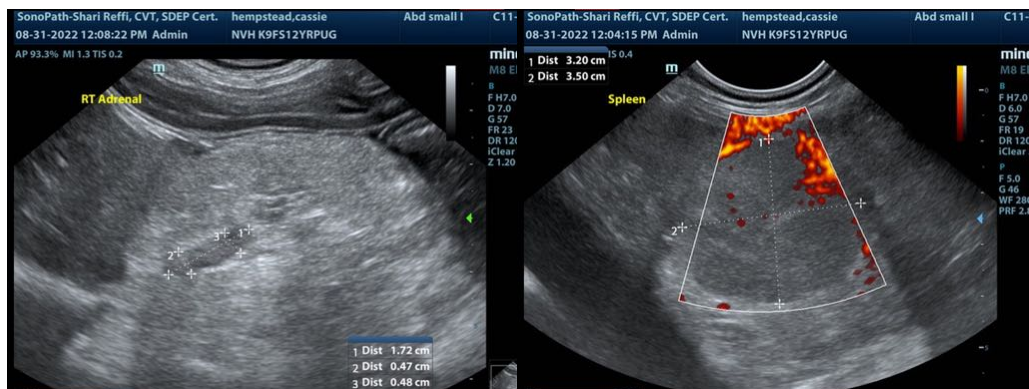
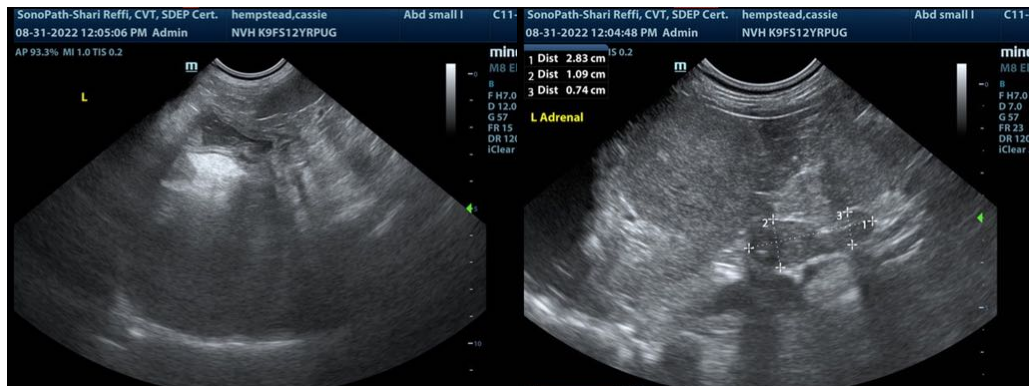
Dr. Chun

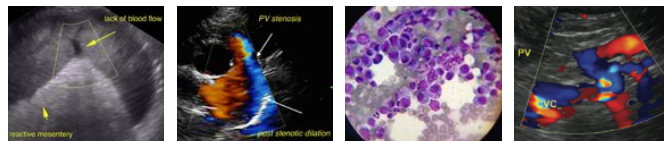
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PATIENT

Cassie Hempstead

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

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WEIGHT

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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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