



PATIENT

Gracie Treubig

PRESENTING CLINICAL SIGNS

History: Very large abdominal mass. AUS to see if operable.
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

SEX

Spayed female

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. Th left kidney measured 6.5 cm. The right kidney measured 6.7 cm.

AGE

10 years

WEIGHT

82 lbs

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 left adrenal gland measured 2.26 x 0.68 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** revealed an expansive, mixed echogenic nodule that measured 2.4 cm at the midbody. A complex mixed echogenic, cystic and parenchymal mass was noted measuring 19.0 cm. This mass was deriving from the cranial pole of the spleen. Reactive mesentery was noted with minor free fluid. This is suggestive of a neoplastic process.

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Ashmore

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Heterogenous parenchymal changes were noted in the liver and were non-disruptive. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.

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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.

SPECIES

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BREED

Labrador

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.

SEX

Spayed female

Free Abdomen

A slight amount of free fluid was noted in the cranial abdomen.

AGE

10 years

Heart

Rapid view of the heart revealed no evidence of pathology.

WEIGHT

82 lbs

ULTRASONOGRAPHIC FINDINGS

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Extensive, cystic, complex splenic mass with separate nodules. Strongly suggestive for hemangiosarcoma or similar neoplasia.

Minor heterogenous hepatic changes.

IMAGING PERFORMED BY

Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious organ metastasis was noted; however, the nodular changes in the liver should be examined at the time of surgery. The nodules are not cavitated or disruptive and common in older dogs. However, the splenic mass is precarious. Chest radiographs followed by exploratory surgery, splenectomy, liver inspection and biopsy are all indicated. The prognosis is guarded.

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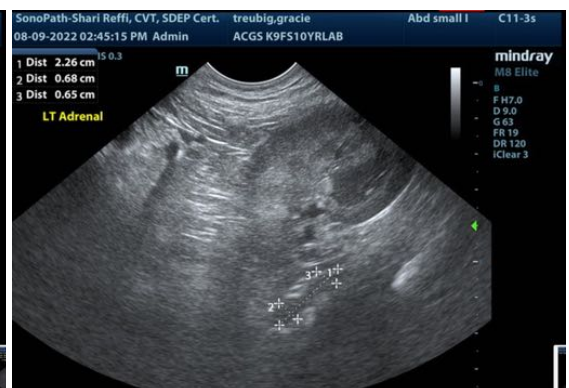
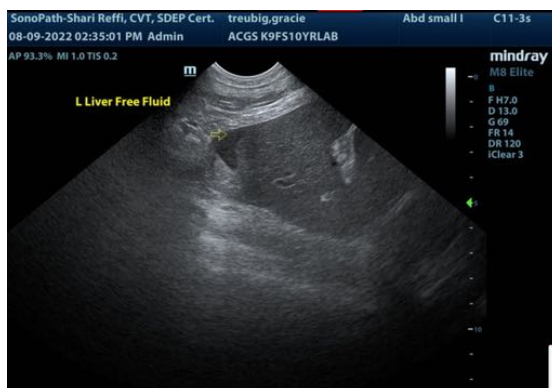
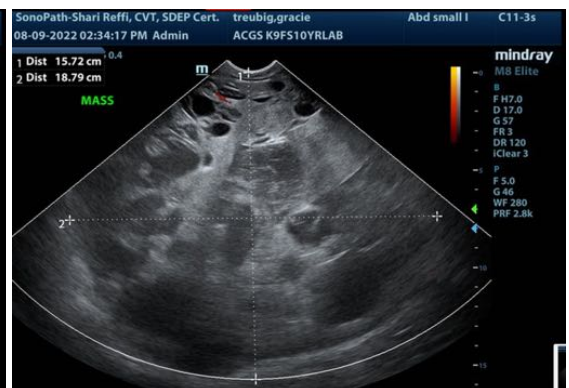
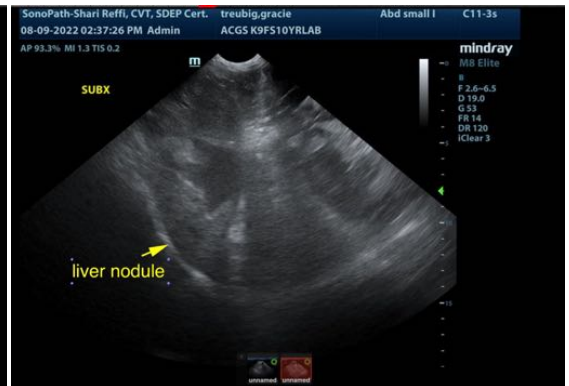
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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