



**PATIENT**

Andi Potrykus

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

97768

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

History: Referred by another clinic for abdominal ultrasound. Owner noticed behavior change approx 1 month ago. He has been bloated 2-3 days.

Abnormal PE/Chem/CBC/UA Results: HR - 100; pendulous abdomen; depressed; MM - It pK - 2  
Bloodwork from RDVM - RBC 3.82 HCT - 27.9 HGB - 9.5 Retic - 3.2% WBC - 30K Neu - 25.83 Lymph - 0.64 Mono - 3.76 PLT - 92 Abdominal rads - mass effect in cranioventral abdomen Ascites noted

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The iliac trifurcation does not reveal any abnormalities.

The left kidney measures 7.17 cm. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic due to the abnormalities associated with the spleen and ascites.

The right kidney measures 5.51 cm. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic due to the ascites.

**Adrenal Glands**

The adrenal glands are not visualized.

**Spleen**

Only a portion of normal spleen is visualized. The remaining spleen is comprised of at least two very large, markedly heterogeneous, cavitory masses. The first mass measures at least 11.38 cm in length x 7.24 cm in diameter. The other mass measures approximately 10.0 cm x 10.0 cm. As mentioned previously, the masses are extremely heterogenous with cavitated areas suggestive of the accumulation of blood.

**Liver**

The liver lobes visualized are homogenous with a mild, granular echotexture. There are no obvious signs of neoplasia.

The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB.

**Gastrointestinal**

An in depth evaluation of the stomach is not possible; however, there are no obvious abnormalities observed.



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The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

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**Pancreas**

Not visualized well enough to perform a proper evaluation.

**BREED**

Mix

**Other**

Lymph nodes: None observed.

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Neutered male

A marked amount of ascites is present throughout the abdomen particularly in the caudal abdomen surrounding the urinary bladder with strands of fibrin, as well as separating the individual liver lobes. Certain areas of ascites is echogenic, suggestive of proteinaceous content, e.g. red blood cells.

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**ULTRASONOGRAPHIC FINDINGS**

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- Splenic neoplasia is strongly suspected with recent hemorrhage. The most likely diagnosis is hemangiosarcoma, however, histopathology is the only means of confirming this diagnosis.
- The liver does not appear affected; however, not all lobes were necessarily visualized.
- Very mild degenerative changes of both kidneys, suggestive of age related degeneration.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Depending on the client's preferences, an exploratory surgery with splenectomy may be pursued after performing three views of the thorax to ensure pulmonary metastases are not present.

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Although it takes a very special, specific clientele, some clients will pursue supportive, palliative care, which may include treatment with yunnan baiyao once the individual is stabilized with a compressive bandage. In addition, non-steroidal anti-inflammatories, such as meloxicam or deracoxib, which have anti-neoplastic properties.

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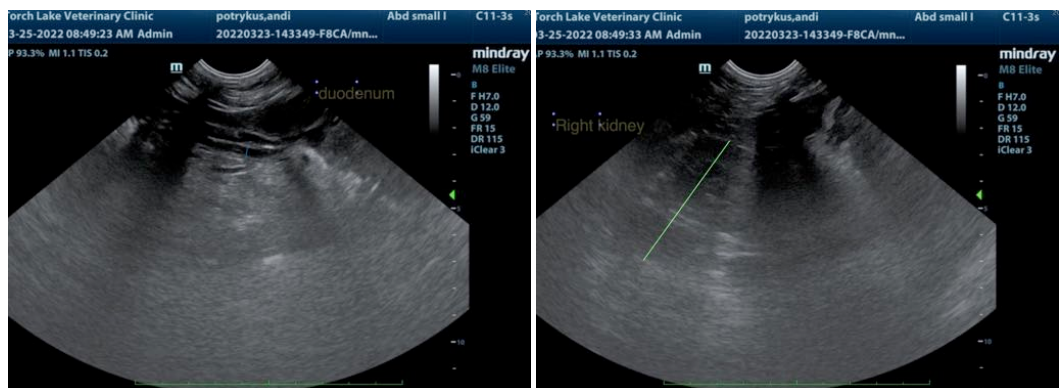
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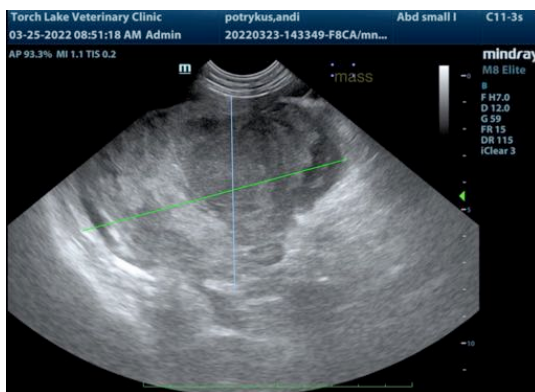
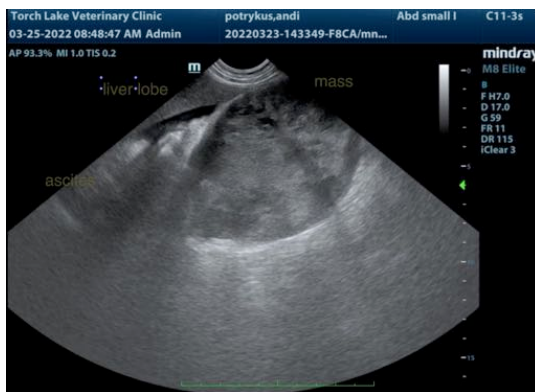
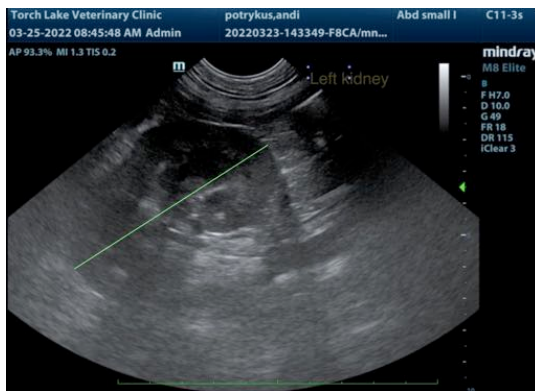
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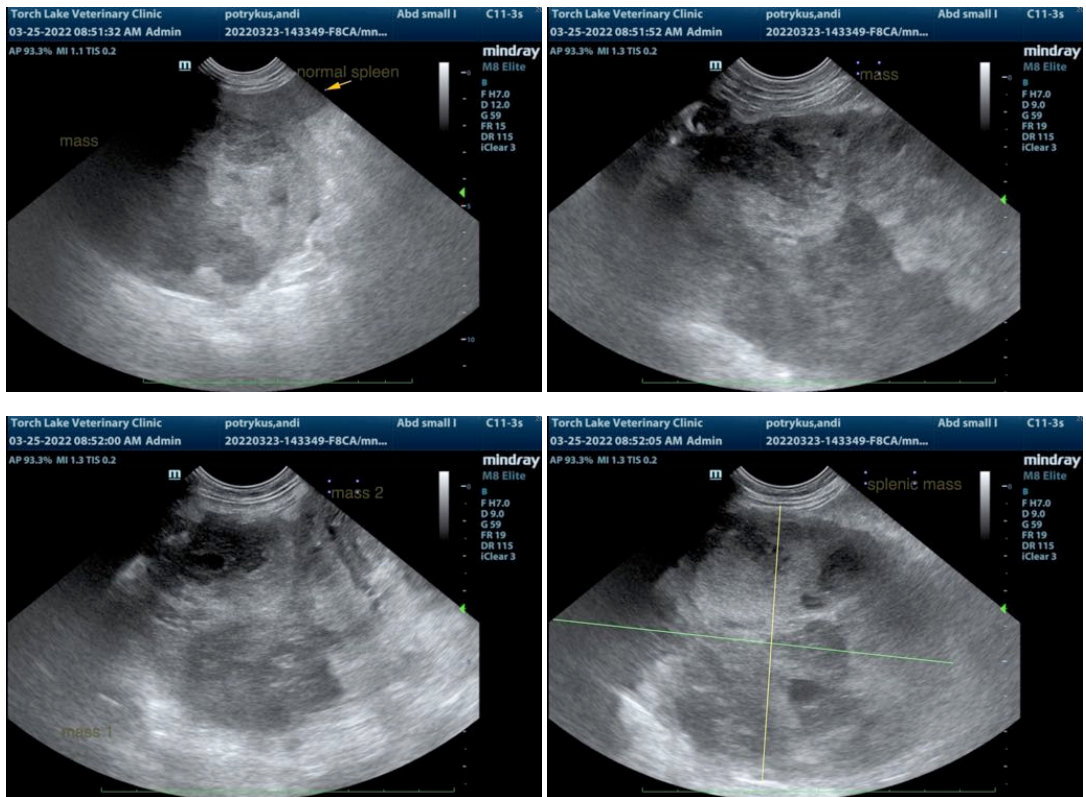
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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