

**PATIENT**

Wesley Dandridge

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

40.4 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**Dave Stasiuk, RDMS,  
RDCS**HOSPITAL NAME**

Resolution VU, LTD

**REFERRING VET**

Alpine 24/7

**INVOICE**

16519

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

History: Possible abdominal mass on FAST scan/ exam.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.4 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 6.9 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**Spleen**

A moderately sized to expansive irregular nonhomogeneous to nodular splenic mass was present, appearing to occupy the mid to cranial spleen, measuring approximately 11 cm in diameter. The mass distorted the associated regional splenic capsule yet without evidence of parenchymal escape. Mild regional perisplenic hyperechoic mesentery was present. No evidence of perisplenic or peritoneal free fluid.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**IMAGING PERFORMED BY**

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

Mild regional perisplenic hyperechoic mesentery was present. No evidence of perisplenic or peritoneal free fluid. No overt lymphadenopathy was noted.

**BREED**

Husky Mix

**Other**

A rapid view of the heart was normal.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Nonhomogeneous to nodular splenic mass
- Sonographically unremarkable liver
- Mild gallbladder (non-mucocele)

**AGE**

8 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

**WEIGHT**

40.4 kg

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored, although not definitive. No overt evidence of major organ or perisplenic metastasis, although the possibility of non-visualized metastasis/micrometastasis in these cases cannot be definitively excluded.

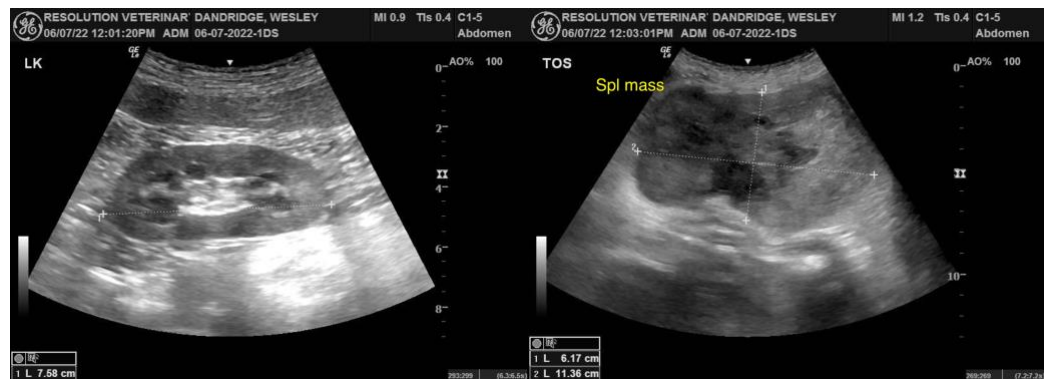
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Assuming no evidence of thoracic pathology on three view chest radiographs and without overt evidence of intraabdominal or cardiac metastasis, splenectomy with gross inspection of the perisplenic omentum and liver would be warranted.

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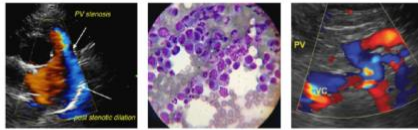
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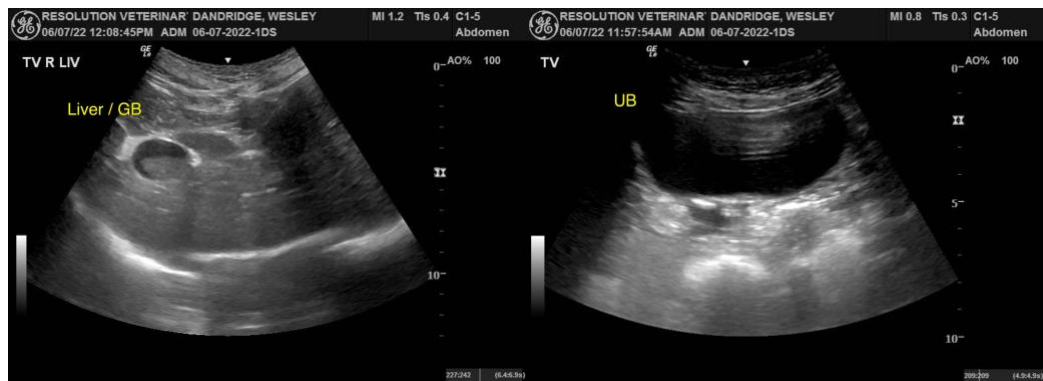
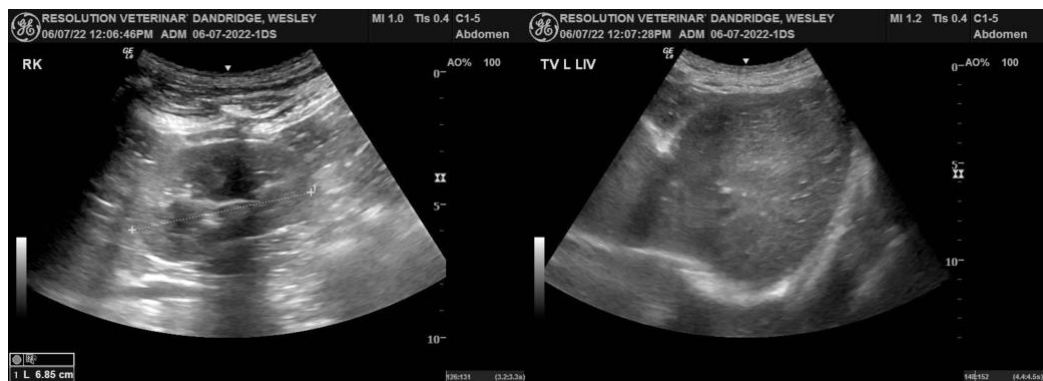
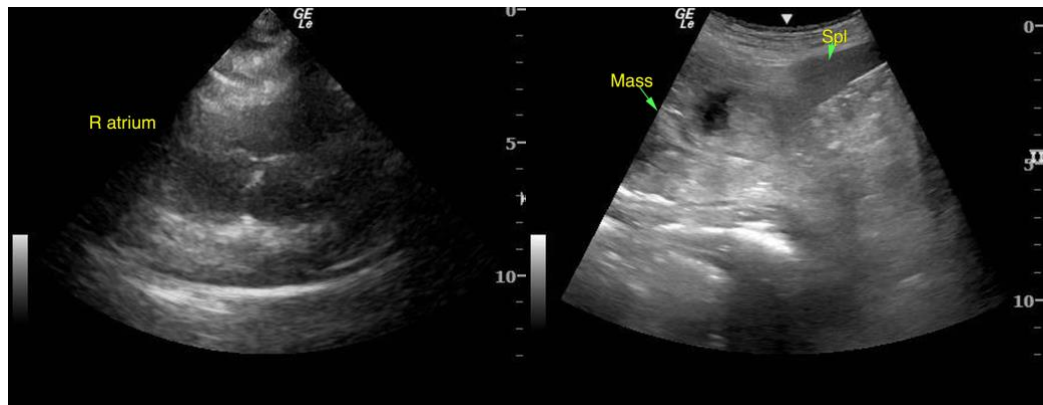
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com