



PATIENT

Mogli Cartier

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: cPL abnormal, anemia - HCT 29.1 (36.6-54.5). rbc's in urine. History of Chronic pancreatitis

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Boxer Mix

SEX

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

11 Yrs.

The left kidney is normal size (7.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal size, normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

35 kg.

Adrenal Glands

The adrenal glands are not definitively visualized.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Spleen

The spleen is enlarged with irregular peripheral contours. A >7 cm heterogeneous slightly cavitated mass is arising from the parenchymal. In the remainder of the spleen, the parenchyma is mottled and the peripheral contours are somewhat irregular. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

IMAGING PERFORMED BY

Dr. Sandy Jameson

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Sylvan Lake VC

Gastrointestinal

REFERRING VET

Dr. Sandy Jameson

The gastric lumen is gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular appearing shadowing fecal material. No obstructive disease is noted.

INVOICE

12274

Pancreas

The pancreas is largely obscured by the splenic pathology. No definitive abnormalities are seen. See also *Other*.

DATE

9/28/21



PATIENT *Free Abdomen*

Mogli Cartier A moderate amount of free fluid is present. There is no evidence of inflammation or effusion.

SPECIES *Lymph Node*

Canine See *Other*.

Other

BREED A >6 cm round thin-walled fluid filled mass is observed in the mid-abdominal cavity.

Boxer Mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

35 kg.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a low possibility of benign pathology. Given the presence of free fluid in conjunction with the anemia, there is concern for a possible hemoabdomen.
- The origin of the fluid filled mass is unclear. It may be arising from the spleen, liver, pancreas, mesentery, lymph node, other. This lesion may represent a tumor with a necrotic center, abscess, cyst, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, an abdominal exploratory with a splenectomy and removal of the mid-abdominal fluid filled structure can be considered. An abdominal CT scan would be useful in pre-surgical planning. Ideally, referral to a board certified veterinary surgeon should be considered if surgery is to be pursued given the potential for perioperative complications. A blood transfusion may be necessary to stabilize the patient prior to surgery depending on the patient's pre-operative PCV.

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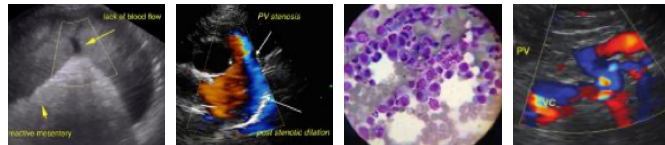


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Mogli Cartier

SPECIES

Canine

BREED

Boxer Mix

SEX

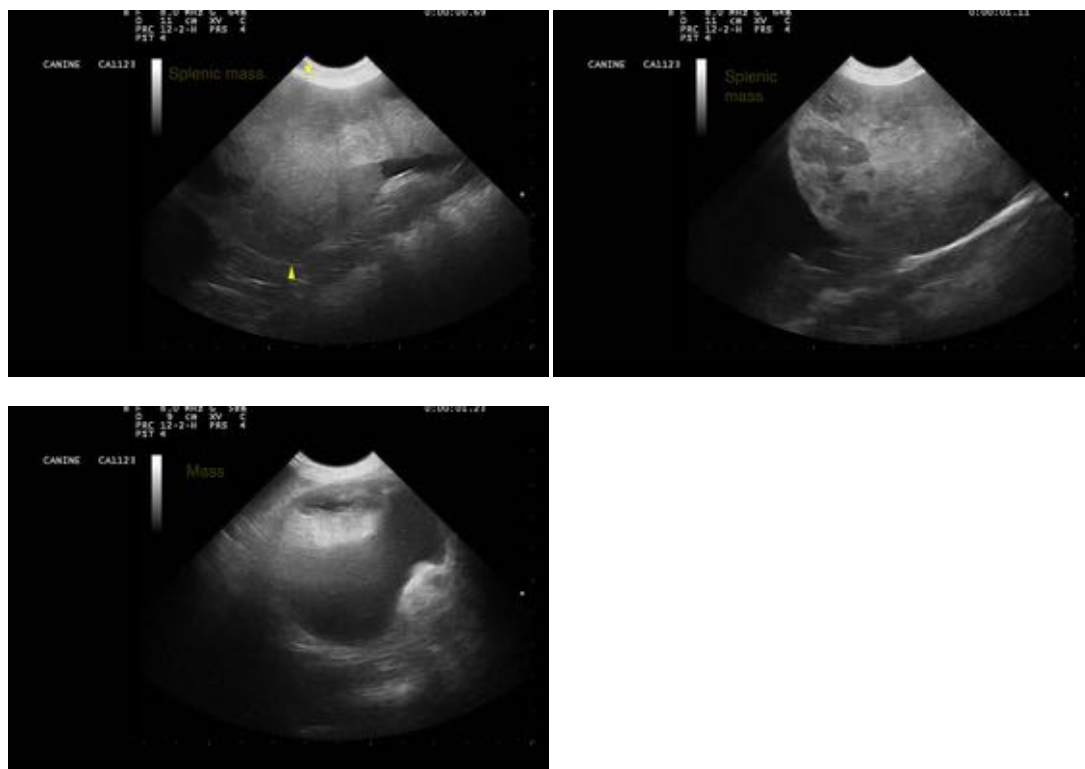
Male, neutered

AGE

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Medicine*)

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.

**IMAGING
PERFORMED BY**

Dr. Sandy Jameson

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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