



**PATIENT**

Tommy SDRO

**SPECIES**

Canine

**BREED**

Labrador Cross

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

54.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Bailes

**HOSPITAL NAME**

All Creatures Great  
and Small VC

**REFERRING VET**

Dr. Bailes

**INVOICE**

99457

**DATE**

4/21/22

**PRESENTING CLINICAL SIGNS**

Adopted 2 weeks ago; prior to adoption previous owner reported poor appetite, intermittent vomiting, weight loss and lethargy.

Abnormal PE/Chem/CBC/UA Results: Thin BCS w/moderate mCS atrophy dorsum. Pale pk/slightly icteric mm. Thoracic rads: mass effect cranial mediastinum. Abdominal rads: irregular, slightly enlarged spleen BW: CHEM: WNL CBC: Regenerative anemia (HCT = 29%; reticulocytosis @ 503,100); increased NRBC's, neutrophilia (11,176), lymphopenia (635). UA: USG = 1.065; 1+ proteinuria; 2+ bilirubinuria Aspirates of spleen and cranial mediastinal mass obtained today - cytology pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. The bladder wall measures 0.88 cm thick, but the bladder is not fully distended, which may make the wall appear thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal in size (6.22 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.47 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (2.3 cm long, 0.45 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.0 cm long, 0.59 cm at cranial pole and 0.63 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

The spleen is subjectively enlarged in size. The parenchyma contains multi-focal, poorly defined, hypoechoic nodules of varying sizes that result in a scalloped appearance to the contour of the spleen with a concurrent 5.0 x 6.0 cm heterogeneous mass that disrupted the capsule.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



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**Gastrointestinal**

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The small intestinal lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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Colon is normal in wall thickness (< 0.2 cm) and layering.

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**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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**Free Abdomen**

Lymph nodes are normal with no observed enlargement.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Focal splenic mass within a diffusely nodular spleen most concerning for infiltrative neoplasia such as round cell neoplasia especially given the reported concurrent mediastinal mass.

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**SECONDARY FINDINGS:**

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include a FNA of the spleen and cranial mediastinal mass as is reportedly already pending if the patient's coagulation status is appropriate.

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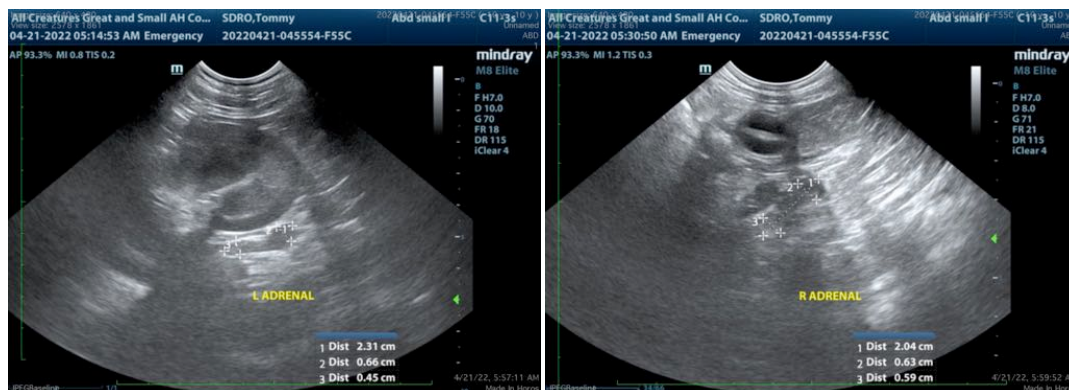
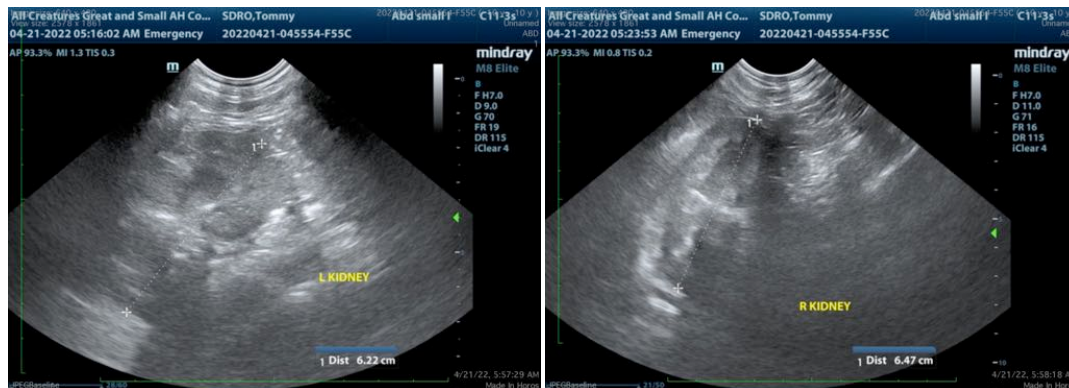
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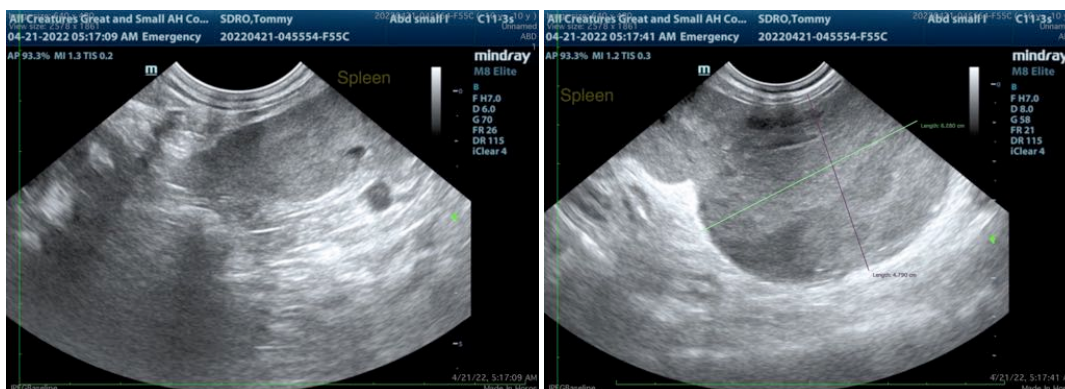
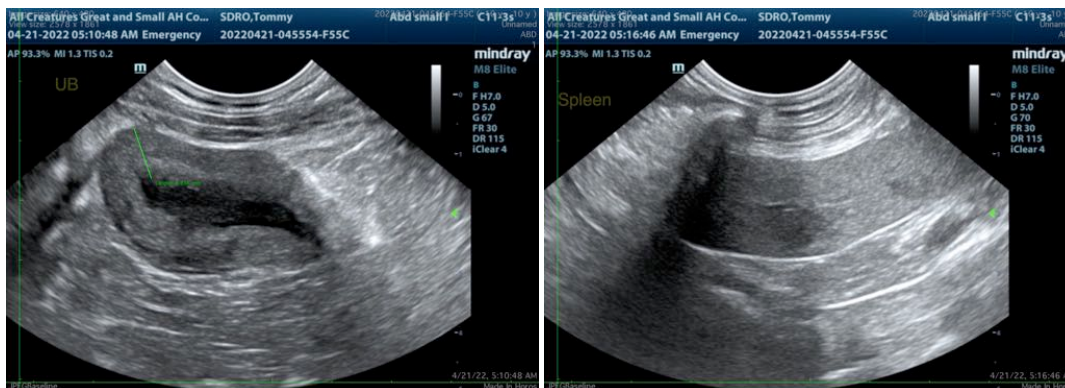
Dr. Bailes

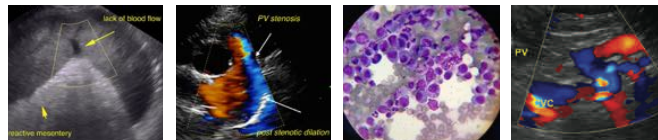
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@SonoPath.com

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