



PATIENT PRESENTING CLINICAL SIGNS

Jovie MacLean anorexia/inappetence weight gain despite reduced appetite low platelets, non regenerative anemia, thrombocytopenia, confirmed low at lab meds: Prednisone 15 mg SID; Zenequin 37.5 mg SID
Abnormal PE/Chem/CBC/UA Results: non regenerative anemia, thrombocytopenia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Wheaton

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is normal in size (4.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

11 Years

The left kidney is normal in size (5.11 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

WEIGHT

12.7 kg

The right adrenal gland is normal in size (2.06 cm long x 1.25 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.98 cm long x 0.79 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

The spleen is subjectively large in size with a swollen but smooth capsule. Parenchyma is diffusely coarse/heterogeneous in echotexture and overall hyperechoic. There is a focal 3.0 cm x 3.5 cm mixed heterogeneous cavitated mass in the mid body. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

Oxford County VC

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Halfon

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

INVOICE

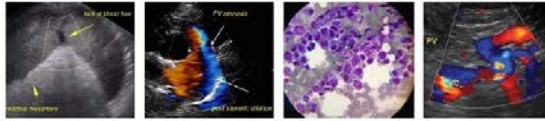
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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

6/23/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



PATIENT

Jovie MacLean

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

Canine

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Wheaton

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous cavitated splenic mass – differentials include both malignant neoplasia such as a sarcoma or infiltrative round cell neoplasia as well as benign cystic masses, hematomas, etc., which can mimic malignant tumors and cannot be ruled out without tissue sampling.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- A fine needle aspirate of the splenic mass could be considered to try to definitively rule out round cell neoplasia, if patient's coagulation status is adequate or can be made adequate by addressing the thrombocytopenia. However, a surgical splenectomy is recommended due to the risk of hemorrhage, necrosis, etc. of even benign splenic masses with this appearance.

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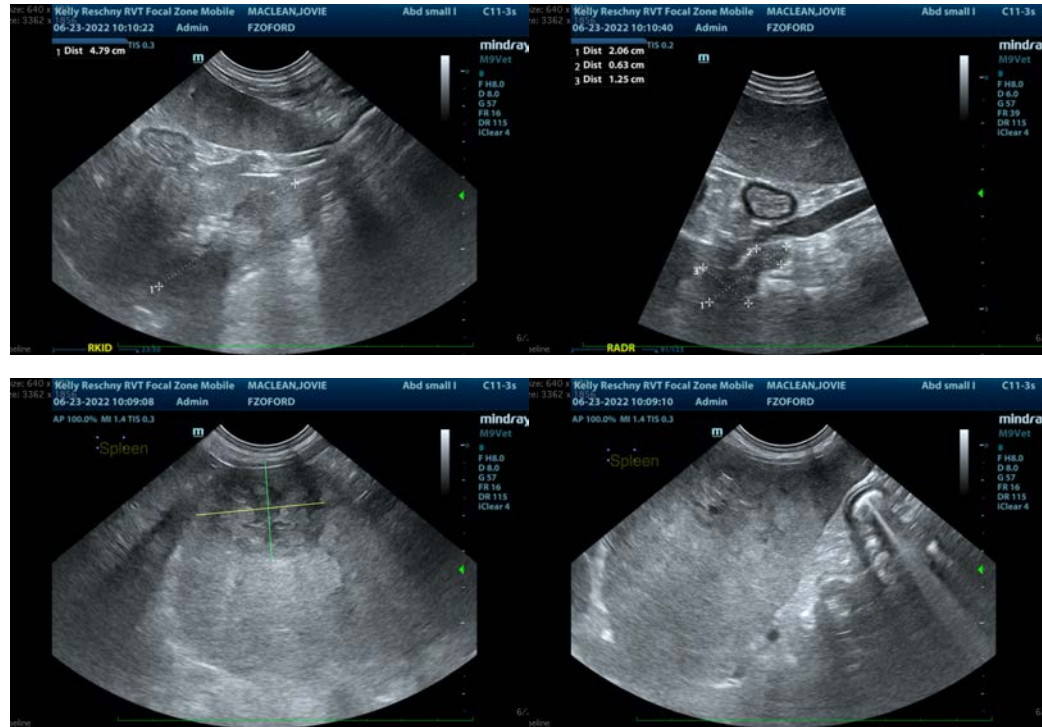
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com