



PATIENT

Winter McAlerney

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 years

WEIGHT

62 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Fowler

HOSPITAL NAME

Portland VWC

REFERRING VET

Dr. Fowler

INVOICE

31236

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: P presented 5/24 for annual exam and concern that, P is slowing down a bit, O wants to make sure P isn't pushing through pain. e/d normal. active. bm/u normal.
Abnormal PE/Chem/CBC/UA Results: Rads taken at exam showed concern for splenic enlargement I took chest rads day of AUS and no grossly apparent lung mets. No blood work yet performed (cost concerns)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (4.9 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.

Right kidney is normal is size (6.4 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

Left adrenal gland is normal in size (0.52 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is not overtly visualized, but the area is examined without evidence of pathology.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is slightly diffusely heterogenous in echogenicity and echotexture. A 2.5 cm round, mixed heterogenous, primarily hyperechoic mass that does disrupt the capsule near the mid body to tail of the spleen. Splenic vasculature appears normal.

Liver

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.

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.



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Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Beth Johnson, DVM
DACVIM

Primary Findings

Mixed, heterogenous splenic mass. Differentials include primary concern for which is infiltrative neoplasia such as sarcoma or potentially round cell neoplasia. A benign lesion such as a cyst or a hematoma or extramedullary hematopoiesis can mimic neoplasia and cannot be ruled out, but is considered less likely.

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No evidence of metastatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Recommendations include CBC, chemistry panel and urinalysis to further assess overall metabolic health given the reported history of slowing down, in case the splenic mass is an incidental finding and there is another metabolic problem contributing to the clinical signs.
2. Regarding the splenic mass a FNA of the mass can be considered if the patient's coagulation status is appropriate; however, given the risk of hemorrhage, necrosis, etc. in the future even with benign lesion an exploratory laparotomy with splenectomy is recommended.

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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

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