



PATIENT	PRESENTING CLINICAL SIGNS
Bailey Archer	Patient presents for large ovoid abdominal mass visualized on radiographs. Blood work WNL, except HGB 11.3.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Medium X	
SEX	If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.
Spayed Female	The right kidney is normal in size (4.98 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	
8 Years	The left kidney is normal in size (5.09 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.
WEIGHT	Adrenal Glands
44.7 Pounds	The right adrenal gland is unable to be visualized.
INTERPRETED BY	The left adrenal gland is normal in size (2.4 cm long x 0.53 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	There is large, at least 20 cm x 13 cm mixed heterogeneous, primarily hyperechoic mass in the area of the spleen. Attachment to the spleen can't be definitively identified, but is suspected.
Kelly Vazquez	Liver
HOSPITAL NAME	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.
Vet Wellness Center	
REFERRING VET	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.
Dr. Sepulveda	Gastrointestinal
INVOICE	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.
39172	
DATE	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
6/30/22	



PATIENT

Bailey Archer

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

SPECIES

Canine

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

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

Medium X

Free Abdomen

There is a scant amount of anechoic abdominal free fluid around the mass. There is no apparent lymphadenopathy.

SEX

Spayed Female

No pericardial effusion or mass noted in the provided cardiac images. However, due to the size of the abdominal mass, artifact, etc., missed pathology cannot be ruled out. Similarly, splenic origin of the mass cannot be definitively observed, yet is primarily suspected.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous but mostly solid, hyperechoic mid abdominal mass that appears to be splenic in origin. Hepatic origin can't be ruled out, but is considered less likely. Both benign and malignant etiologies can present like this and have to be considered.
- Scant amount of anechoic free fluid noted around the mass.

WEIGHT

44.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Kelly Vazquez

Exploratory laparotomy for planned splenectomy is recommended, given the risk of hemorrhage, necrosis, etc. with even a benign mass. However, if a less aggressive approach is chosen, a fine needle aspirate of the mass could be considered, understanding the increased risk of hemorrhage with aspirating the splenic mass.

HOSPITAL NAME

Vet Wellness Center



REFERRING VET

Dr. Sepulveda

INVOICE

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SPECIES

Canine

BREED

Medium X

SEX

Spayed Female

AGE

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WEIGHT

44.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Vet Wellness Center

REFERRING VET

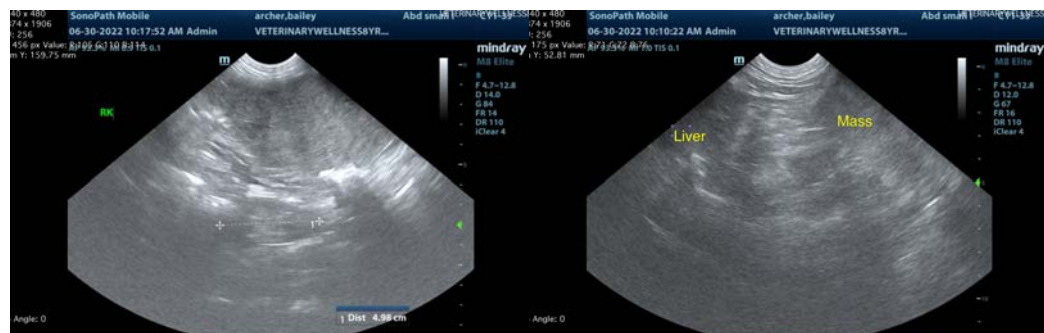
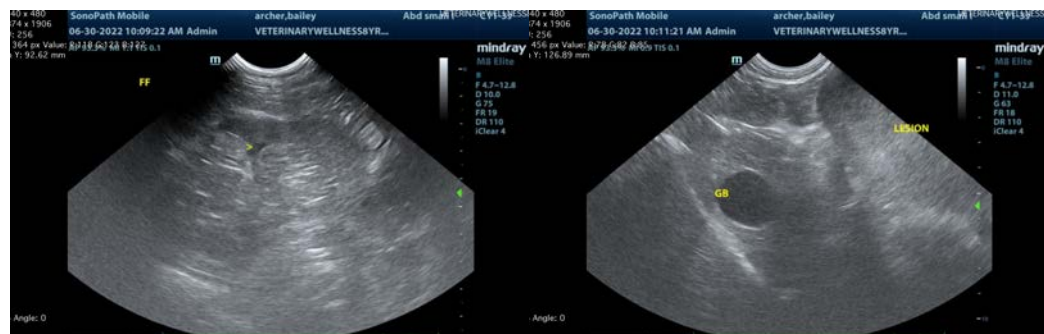
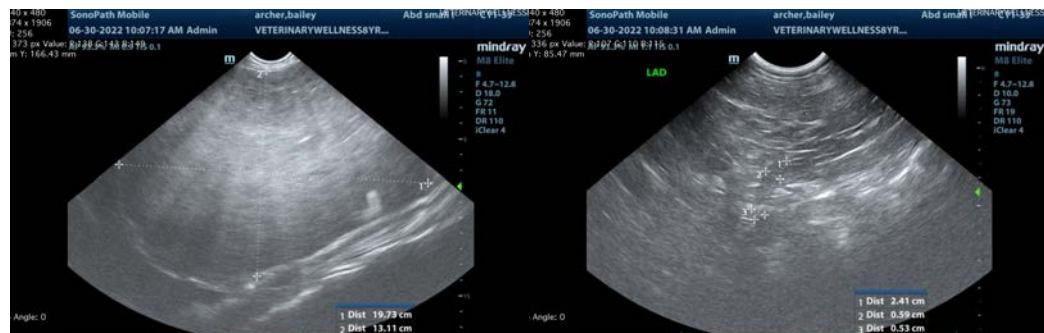
Dr. Sepulveda

INVOICE

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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