



**PATIENT**

Boo Wheatley

**PRESENTING CLINICAL SIGNS**

Large, round abdominal mass visualized on radiographs. Blood work WNL.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

**BREED**

Large X

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

**SEX**

Neutered Male

The right kidney is normal in size (7.13 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**

13 Years

The left kidney is normal in size (7.71 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**

The right adrenal gland is unable to be visualized.

**WEIGHT**

101.6 Pounds

The left adrenal gland is normal in size (3.0 cm long x 0.44 cm at the cranial pole and 0.77 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 has a large, at least 13 cm x 18 cm, heterogeneous, primarily hyperechoic mixed mass disrupting the capsule, extending from the body and tail of the spleen.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Liver**

The visible 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.

**HOSPITAL NAME**

Vet Wellness Center

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.

**REFERRING VET**

Dr. Sepulveda

**Gastrointestinal**

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.

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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 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.

**Pancreas**

**SPECIES**

Canine

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**

Large X

**Free Abdomen**

There is a scant amount of free fluid. There is no apparent lymphadenopathy.

**SEX**

Neutered Male

Due to the large size of the splenic mass combined with patient conformation and artifact, missed pathology elsewhere cannot be definitively ruled out, but isn't suspected.

No pericardial fluid or masses visible in the cardiac images provided.

**AGE**

13 Years

- Large, heterogeneous splenic mass – most concerning for infiltrative neoplasia such as hemangiosarcoma versus less likely round cell neoplasia. Benign differentials are possible and can mimic malignant disease, but are considered less likely.

**WEIGHT**

101.6 Pounds

- Scant amount of anechoic free fluid.

**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.

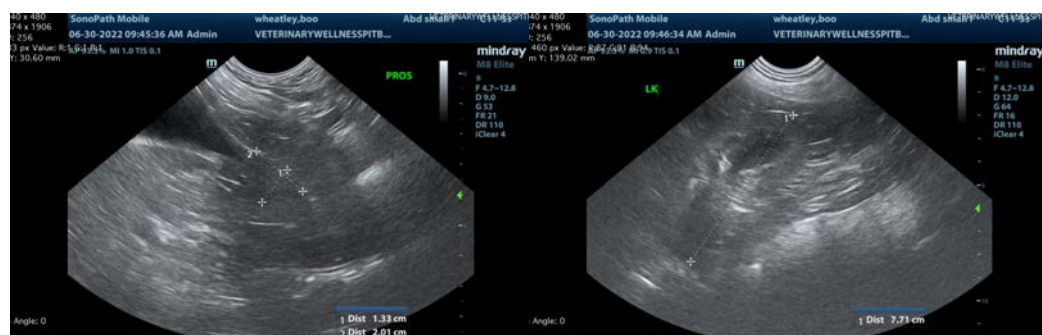
**IMAGING PERFORMED BY**

Kelly Vazquez

- Exploratory laparotomy for planned splenectomy is recommended.

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**REFERRING VET**

Dr. Sepulveda

- If a more conservative approach is elected, a fine needle aspirate of the mass could be considered, if patient's coagulation status is appropriate, to rule out round cell neoplasia, which could potentially be managed medically. However, this approach is higher risk, given the risk of hemorrhage.

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**SEX**

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**AGE**

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**WEIGHT**

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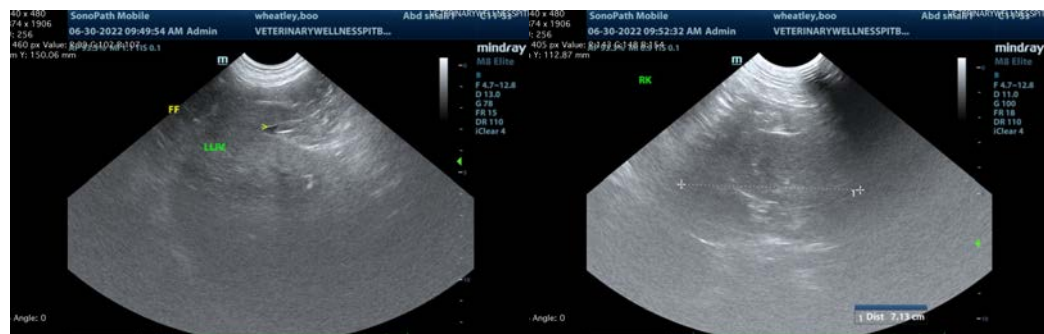
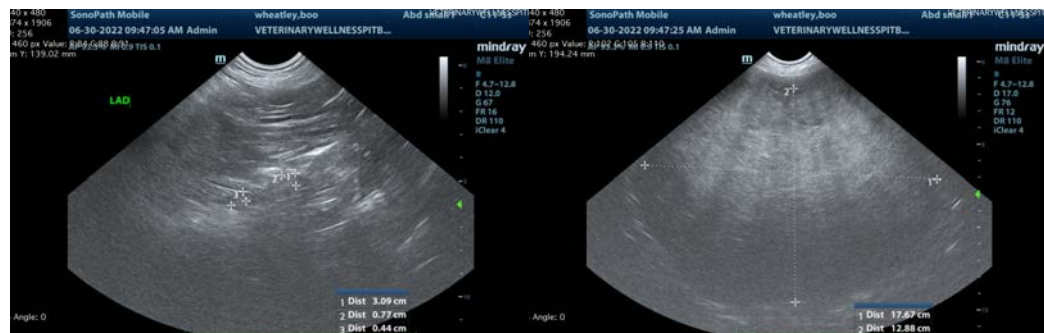
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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