



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Teddy Butaitis	some inappetence Abnormal PE/Chem/CBC/UA Results: unremarkable. wbc 22, ALP 392
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Schnauzer	Prostate is normal in size, echotexture and echogenicity for a neutered male.
<b>SEX</b>	The right kidney is normal in size (5.7 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.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (4.7 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.
11 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
18 Pounds	The adrenal glands are unable to be well visualized in these images.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	The spleen contains a 5.5 cm x 7.5 cm heterogeneous, cavitated, capsule escaping mass off of the tail of the spleen. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Linda Grau	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.
<b>HOSPITAL NAME</b>	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.
Fredon AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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.
Dr. Linda Grau	
<b>INVOICE</b>	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.
39707	
<b>DATE</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
7/20/22	



**PATIENT**

**Pancreas**

Teddy Butaitis

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.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**BREED**

Schnauzer

There is no apparent lymphadenopathy noted in these images.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- **Cavitated, capsule disrupting splenic mass** – concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. A benign hematoma, extramedullary hematopoiesis, etc. can mimic a neoplastic lesion and cannot be ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include:

- 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 is recommended if patient's coagulation status is appropriate, being aware of the risk of hemorrhage when aspirating a cavitated splenic mass. Therefore, an alternative approach is an exploratory laparotomy for a splenectomy, given the risk of hemorrhage, necrosis, etc., even with benign lesions.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

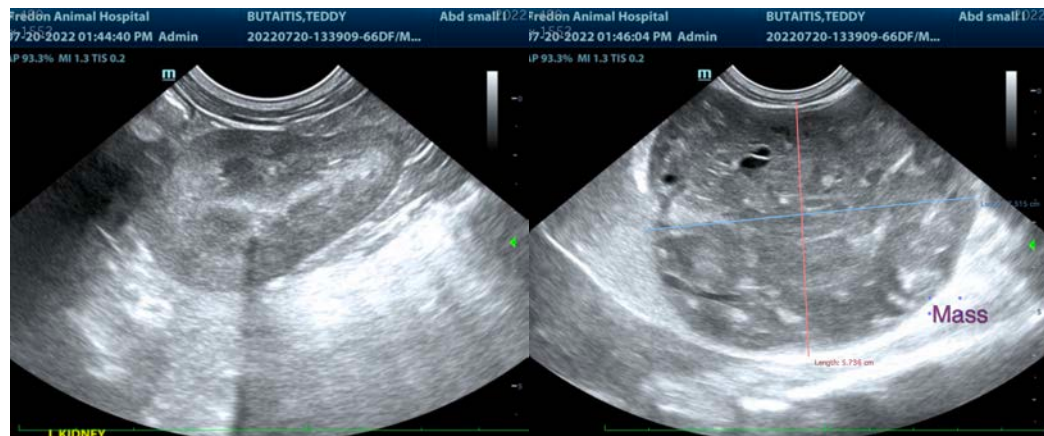
Dr. Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau



**INVOICE**

39707

**DATE**

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**PATIENT**

Teddy Butaitis

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Linda Grau

**HOSPITAL NAME**

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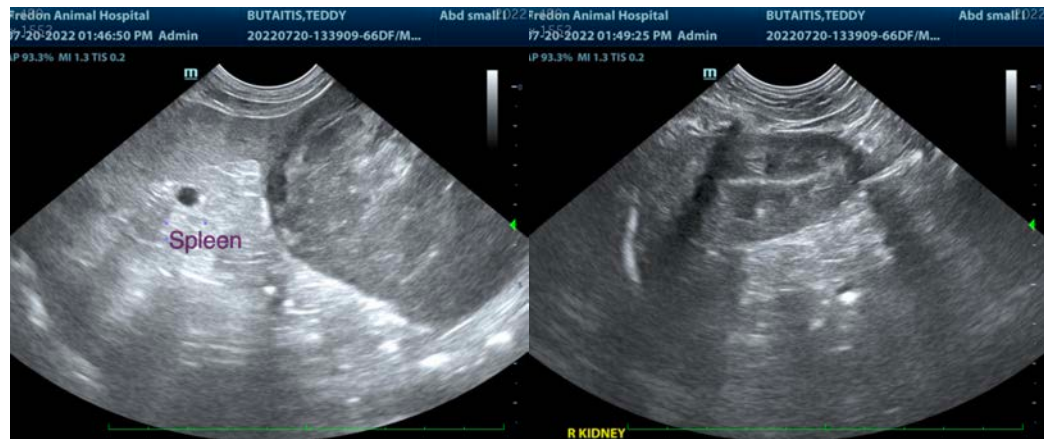
Dr. Linda Grau

**INVOICE**

39707

**DATE**

7/20/22



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