



PATIENT PRESENTING CLINICAL SIGNS

Hobbs Hardin

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

4.01 kg

History: Hobbs is a 13-year-old male neutered silky terrier presenting to OSU- VTH for recent episodes of inappetence, ataxia, and confusion. He had a dental done by Dr. Russell at the beginning of January. His pre-op bloodwork indicated low hematocrit. Later that month he experienced his first episode where he seemed confused and refused to eat or take his meds. His owners then discontinued his omeprazole (1/4 tab BID) and fluoxetine (1/2 10 mg tab BID) at this time and tried feeding him some oatmeal and milk with his dry kibble. Then last Saturday 3/5/2023 he stopped eating again and didn't eat anything till Monday when his appetite returned and he is eating the oatmeal and 1/4 of his normal amount of kibble again. He has a grade 3/6 heart murmur, but has had no increase in respiration or other respiratory signs and is not currently on any heart meds. He was previously diagnosed with discoid lupus and prescribed 0.1% tacrolimus by Dr. Wheatcraft at OVS. His owners need a refill of the tacrolimus today. His owners also noticed a paravertebral muscle spasm when he would jump up on furniture so they purchased stairs/step stools, but he doesn't appear to use them. He had a small bout of diarrhea with his first episode after they fed him the oatmeal and milk, but has had normal urination and defecation since then. The owners provided a stool sample today which appeared as normal formed feces.

Abnormal PE/Chem/CBC/UA Results: Amylase 1132 IU/L Precision PSL 191 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine. There is a scant amount of suspended, but dependent echogenic debris.

The prostate measures appropriate for the 0.79 cm neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.84 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.0 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at (cranial pole 0.43 cm, caudal pole 0.44 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.37 cm caudal pole, 0.45 cm at the cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

There is an enormous, cavitated splenic mass that was arising from the tail of the spleen, which is difficult to accurately measure given its size. It measures up to 4.16 cm x 9.83 cm in one field. The mass

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Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Veterinary Medical Teaching Hospital/ Oklahoma State University

REFERRING VET

Dr. Sypiewski

INVOICE

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DATE

3/10/23



PATIENT

Hobbs Hardin

is complex with multiple, cavitations and both hyperechoic and hypoechoic regions. There is scant, anechoic fluid around the mass caudally.

SPECIES

Canine

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The liver is mildly hyperechoic. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

BREED

Silky Terrier

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. A moderate volume of dependent, echogenic debris was noted. The cystic and common bile ducts are normal/not visible.

SEX

Neutered male

Gastrointestinal Tract

AGE

13 years

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

WEIGHT

4.01 kg

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity revealed scant amount of effusion. However, there was no evidence of lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

1. Highly cavitated complex splenic mass.

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Secondary Findings

1. Moderate, dependent, echogenic gallbladder sludge.

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2. Mildly hyperechoic liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Arising from the tail of the spleen is an enormous cavitated, complex splenic mass. There is a scant amount of effusion surrounding the mass and the mass is cavitated so recurrent bleeds from this mass are suspected to be the cause of the reported clinical signs as well as the anemia. FNA is possible as the mass takes up a large portion of the abdomen, but may be low yield given how cavitated the mass is. Surgical removal is recommended. Hemangiosarcoma and hematoma/hemangioma are considered most likely, but other sarcomas and other benign masses such as complex, nodular hyperplasia or extramedullary hematopoiesis are also possible. Biopsy is necessary to distinguish these tumors from one another. Alternatively palliative care with Yunnan Baiyo can be considered to try and minimize bleeding episodes.

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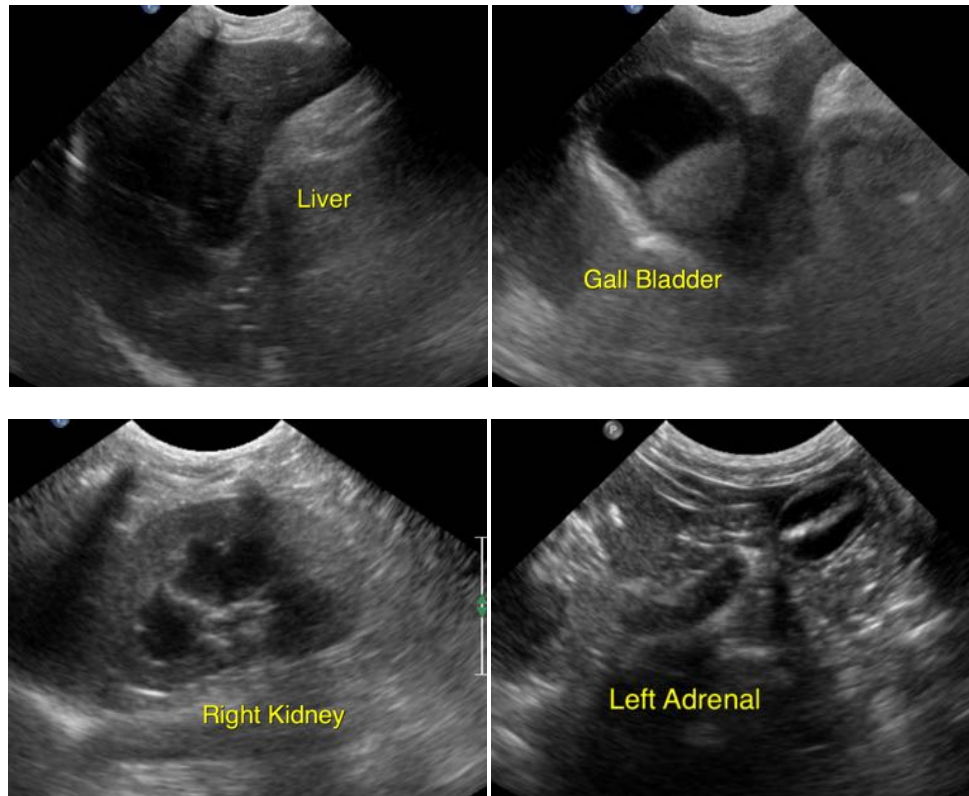
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PATIENT

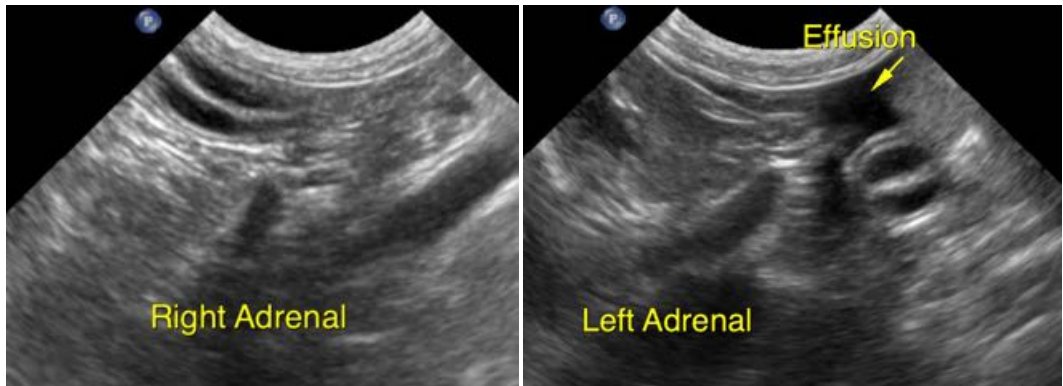
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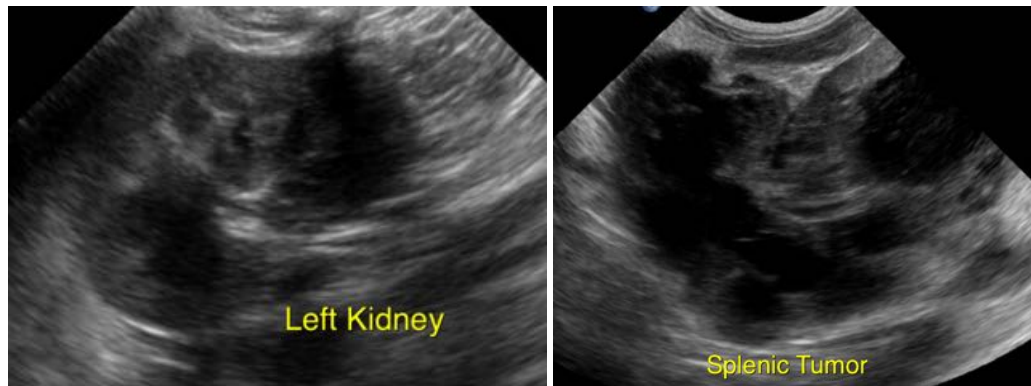
Neutered male

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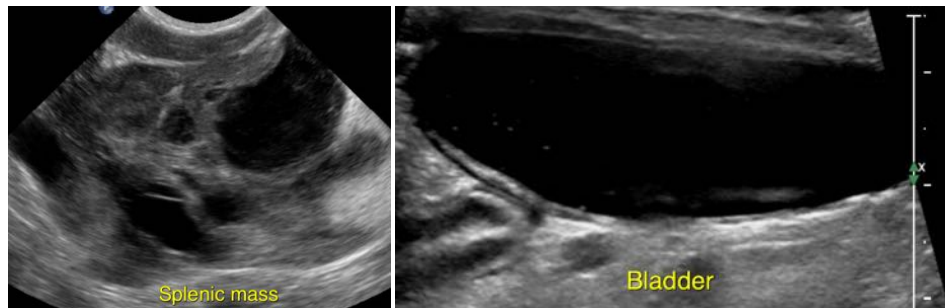
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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