



PATIENT

Nefertiti Stewart

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

6 Years 5 Months

WEIGHT

121 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

**IMAGING
PERFORMED BY**

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

20738

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: 2-day history of less energy, seeming uncomfortable, rounded tummy, and off food and water.

Abnormal PE/Chem/CBC/UA Results: Pale sclera and gums with normal CRT. Rounded fluid filled abdomen. Tachycardia (150). CBC: RBC 3.57 M/uL, HCT 20.4%, Hgb 6.8 g/dL Chem: Trivial Changes: BUN 28 mg/dL, Na 143 mmol/L, Cl 103 mmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was moderately full of normal anechoic urine and thin bladder wall. The bladder serosa was outlined by a large amount of anechoic free peritoneal fluid. The cystourethral junction appeared normal. The ureters were not visible, which is normal. The pelvic urethra was not visualized.

Both **kidneys** were visualized and were of normal size and shape for breed. The capsule contour was smooth with no capsular expansion. The corticomedullary junction was normal. The pelvis was not dilated. There was no evidence of neoplastic pathology in either kidney. The left kidney measured 6.84 cm.

The **iliac trifurcation** was free of pathology with no evidence of a thrombus.

Adrenal Glands

The region of the left adrenal gland was unremarkable. The right adrenal gland was visualized and displayed normal size and shape for the breed. The right adrenal gland measured 2.8 cm in length, 1.03 cm at the caudal pole and 1.09 cm at the cranial pole.

Spleen

The **splenic hilus** was normal and the head and body of the spleen were of normal echogenicity and echotexture. However, a large, irregular, mixed echogenicity mass derived from the tail of the spleen and occupied the mid-abdomen. The mass was over 9 cm in diameter. There was reactive mesentery and free fluid surrounding the mass. It appeared to be a solitary mass without additional nodules in the spleen.

Liver

The **liver** was subjectively normal in size and shape with sharp edges to the liver lobes. The parenchyma was finely textured and with normal portal markings and vasculature. There were no visible nodules or masses within the liver. The liver was surrounded by anechoic free fluid between the liver lobes and the diaphragm. The gallbladder contained anechoic contents with thin walls.

Gastrointestinal

The **stomach** contained a moderate amount of ingesta. The stomach wall was normal in thickness and layering. The **small intestine** was normal in appearance and the walls were normal in thickness and layering. The **colon** wall was normal thickness and layering. Normal curvilinear patterns throughout the gastrointestinal tract, with no evidence of masses or other pathology.

Pancreas



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The visible **pancreas** was isoechoic to the surrounding mesentery, with smooth capsule contour and normal diameter pancreatic duct. There were no visible masses, inflammation or metastatic lesions.

Rapid view of the **heart** displayed normal contractility, no pericardial effusion and no evidence of a right auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenicity splenic mass
- Large volume free peritoneal fluid
- No visible abdominal pathology suggestive of metastasis in liver, lymph nodes or right auricle of heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs, blood transfusion and splenectomy are indicated. Liver biopsy during splenectomy is indicated. HSA is the primary differential for splenic masses that present with hemoabdomen (if the free peritoneal fluid is found to be blood). However, benign masses or other types of malignancies are also possible.



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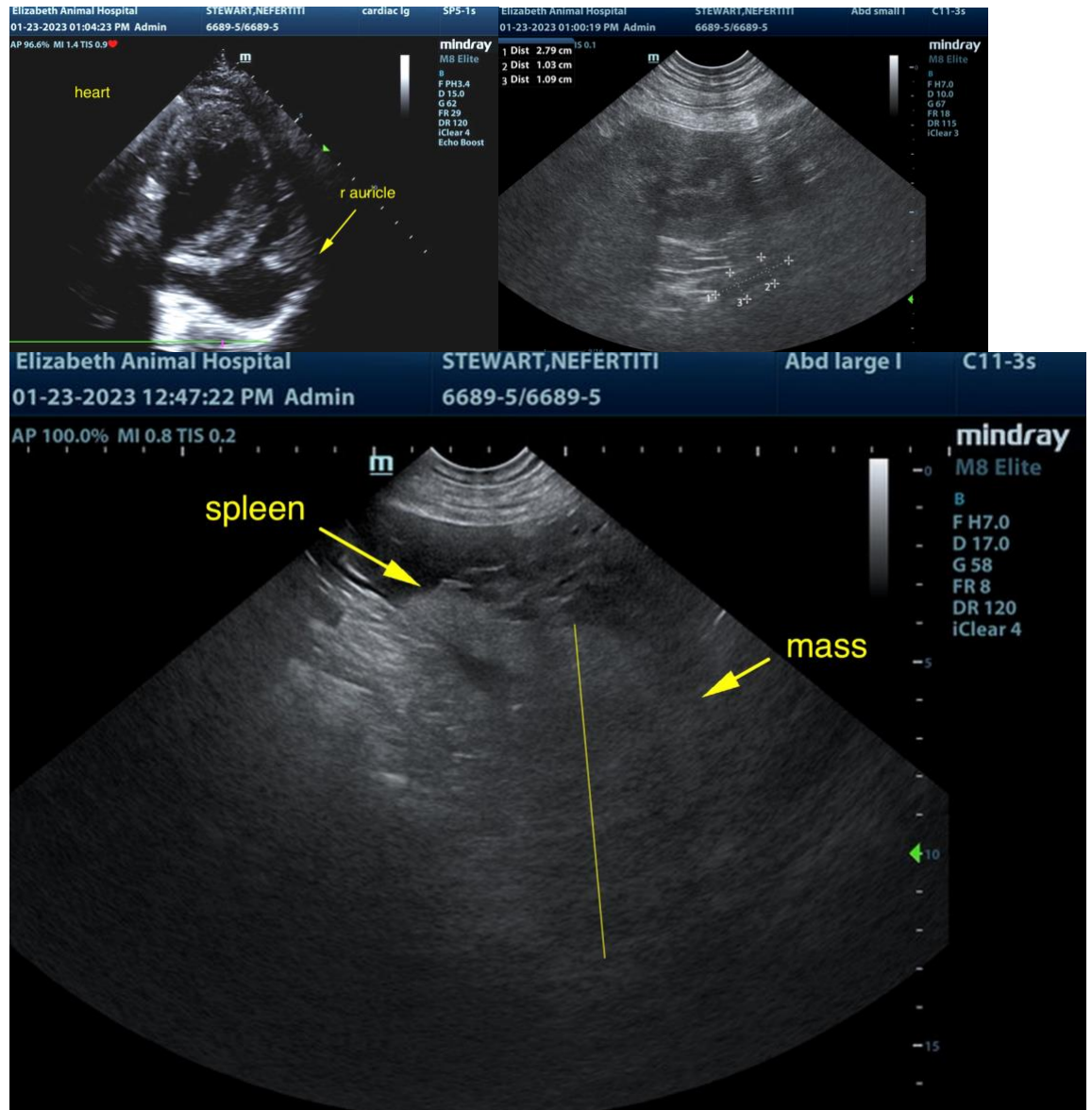
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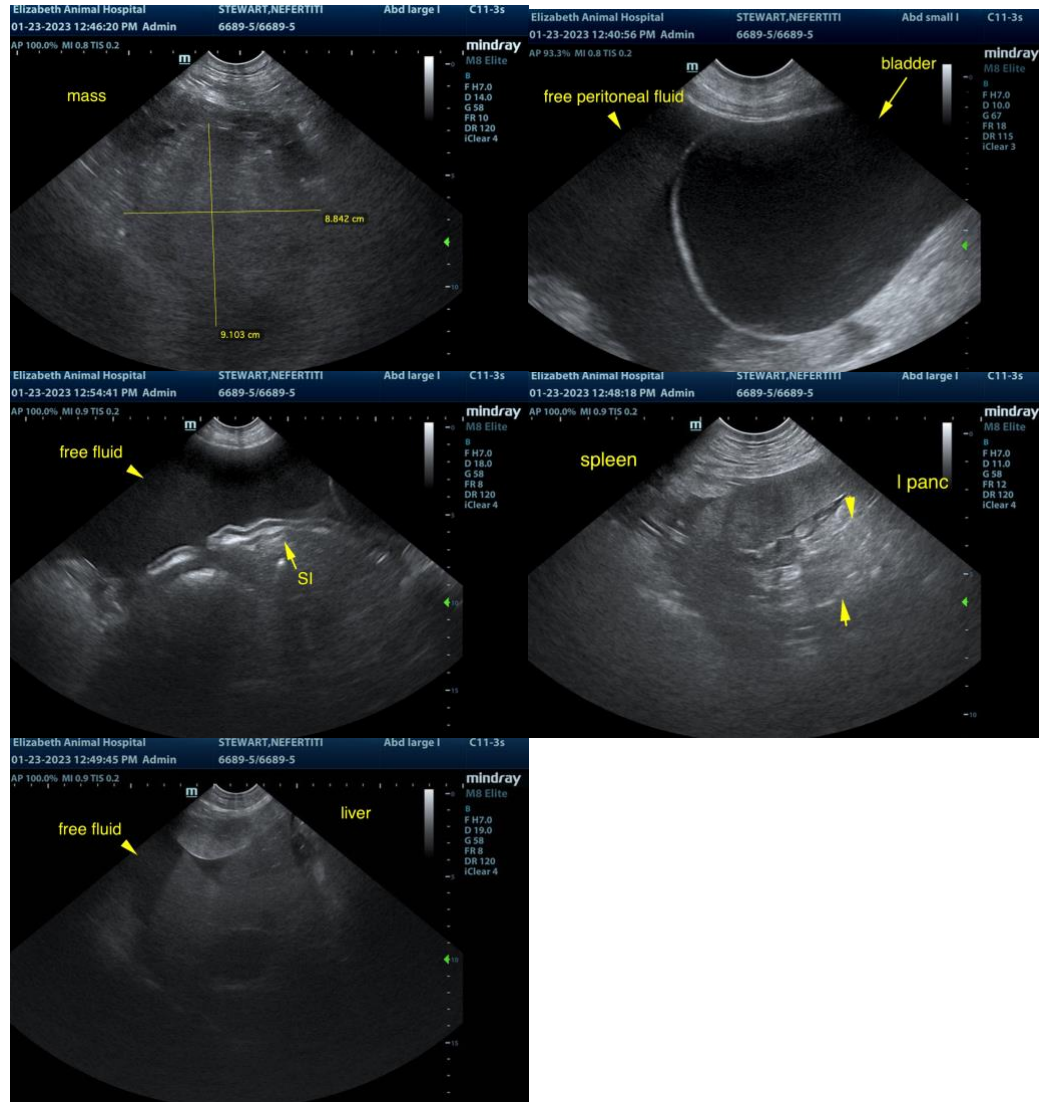
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com