**PATIENT**

Cam Bell

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

99 Pounds

**INTERPRETED BY**
 Lisa Carioto, DVM,  
 DVSc, Diplomate  
 ACVIM
**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Doerscher

**INVOICE**

37211

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

10 days ago, P just not himself. Not eating on his normal routine, skipping or delaying meals over last 10 days. Is a dog to get into trash, but hasn't done so lately as far as O knows. Isn't defecating as much, hasn't defecated in 2-3 days. V bile twice this AM.

Abnormal PE/Chem/CBC/UA Results: Concerned re: non-regen anemia & dec plts. On PE, the only abnormality was a palpable abdominal mass effect in R cranial abdomen near ribs, I would estimate grapefruit-size.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass. A trivial amount of free fluid is present ventral to the urinary bladder.

**Prostate**

The prostate is homogenous and within normal limits for a neutered male.

**Kidneys**

The **left** kidney measures 6.23 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic. A trivial amount of anechoic free fluid is noted surrounding the kidney.

The **right** kidney measures 7.08 cm. Findings are similar to the left kidney. A small amount of free fluid is present surrounding the right kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.42 cm at the cranial pole, 0.49 cm at the caudal pole and 1.82 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland is not visualized, however, abnormalities are not observed in the region it is located, and the surrounding vasculature and mesentery are unremarkable.

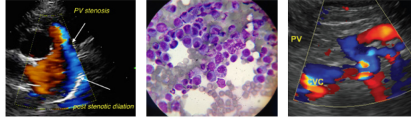
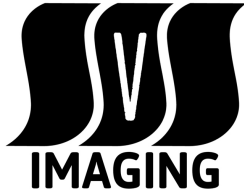
**Spleen**

Multiple well circumscribed hypoechoic nodules are observed within the spleen; 1.5 cm x 1.5 cm and 7.6 mm x 6.6 mm

Multiple splenic masses are noted throughout the spleen, along the head, body and tail. The integrity of the capsule is disrupted. One of the masses measures 5.1 cm in diameter x 5.5 cm in length. It is primarily homogeneous with two anechoic to hypoechoic regions. The surrounding mesentery is hyperechoic.

Another mass - Mid body: 2.65 cm

Another mass - Mid body: 1.67 cm in diameter x 2.43 cm in length

**PATIENT**

Free fluid is observed surrounding the spleen, in addition to a hyperechoic mesentery.

Cam Bell

**Liver****SPECIES**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.

Canine

**BREED**

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Lab

**Gastrointestinal****SEX**

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

Neutered Male

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

**AGE**

The colonic wall is not thickened and mural detail is considered normal.

7 Years

**Pancreas****WEIGHT**

An in-depth evaluation is not possible due to the splenic masses, however, no overt abnormalities are observed.

99 Pounds

**Other****Lymph nodes****INTERPRETED BY**

No abnormalities are observed

Lisa Carioto, DVM,  
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ACVIM

**Abdominal effusion**

A small amount of anechoic free fluid is noted in the cranial abdomen surrounding the left kidney, spleen, and surrounding the right kidney.

**IMAGING PERFORMED BY****Heart**

Sarah Pender, CVT

There is no evidence of pleural or pericardial effusion, or a mass in the cardiac chambers, including the right auricle.

**HOSPITAL NAME****ULTRASONOGRAPHIC FINDINGS**

SVS Imaging QC

- Heterogeneous splenic masses are present with abdominal effusion. The cause of the splenic masses is not known. Hemangiosarcoma is the main differential diagnosis, however, a malignancy is not definitive, and other causes may include multiple hematomas, hypersplenism, nodular hyperplasia and extramedullary hematopoiesis.
- There are no obvious signs of a hepatic malignancy.
- Renal changes are suggestive of age-related degeneration, as well as mineralization.
- An abnormal gas pattern is visualized in one view, however, it is not observed on other views. A radiograph or another abdominal ultrasound may be performed to exclude an intestinal foreign body.

**REFERRING VET**

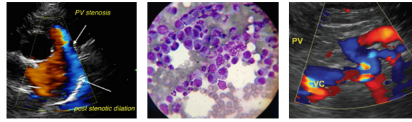
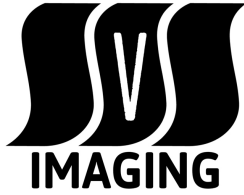
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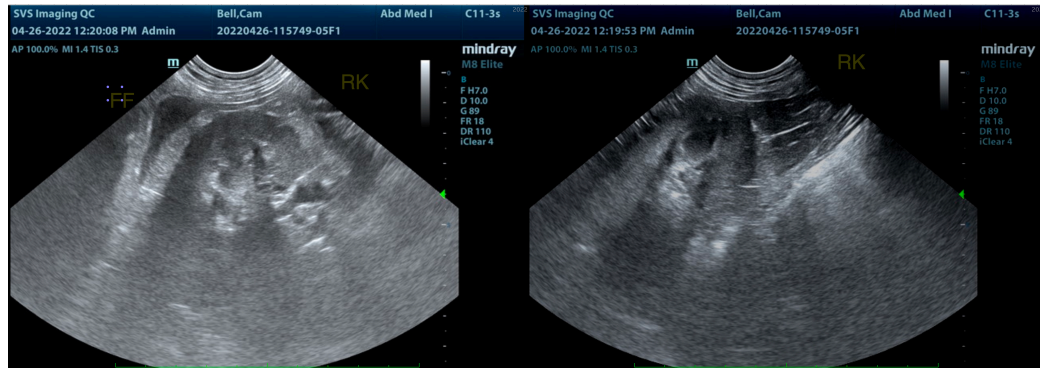
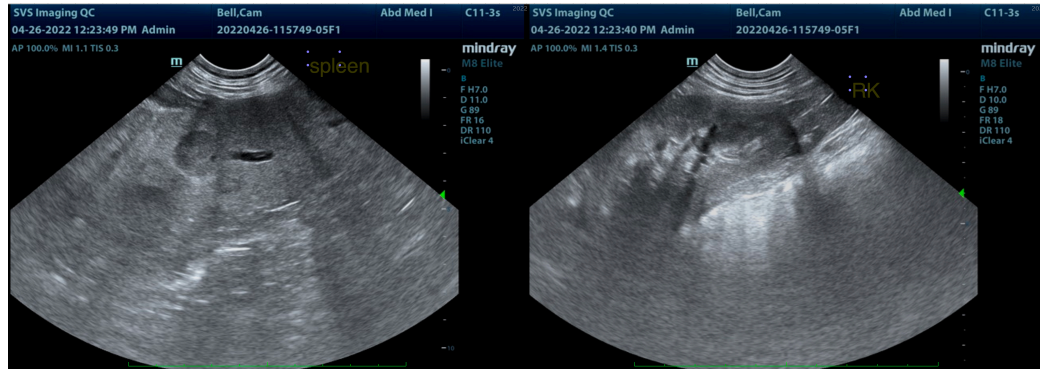
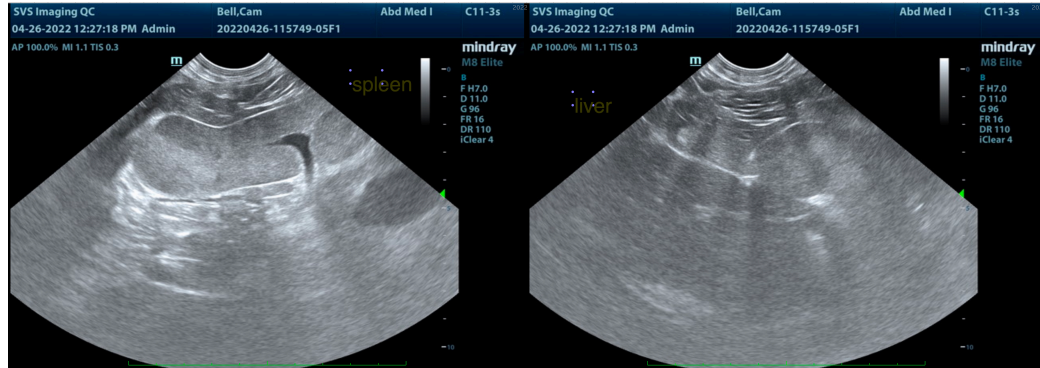
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A splenectomy and histopathology is required to obtain a definitive diagnosis. However, thoracic radiographs, three views, are recommended, to exclude pulmonary metastases prior to pursuing surgery.

An abnormal gas pattern is visualized in one view, however, it is not observed on other views. A radiograph or another abdominal ultrasound may be performed to exclude an intestinal foreign body.



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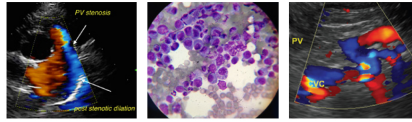
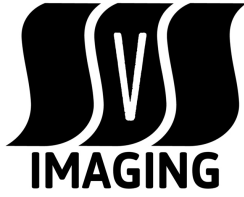
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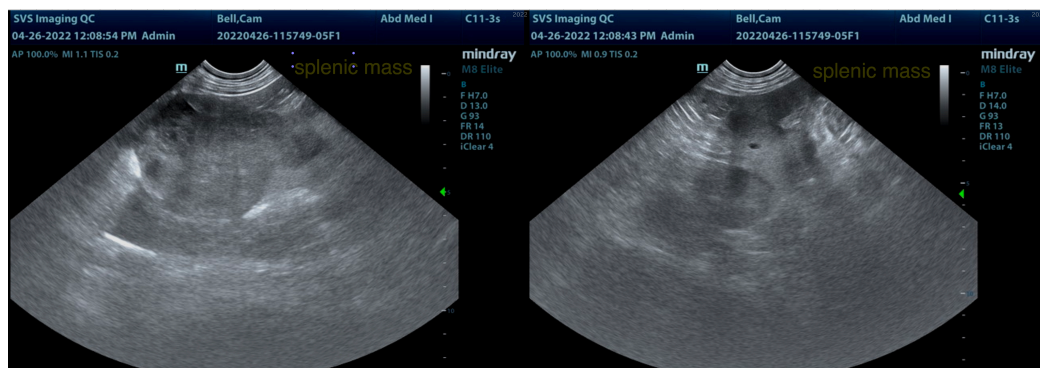
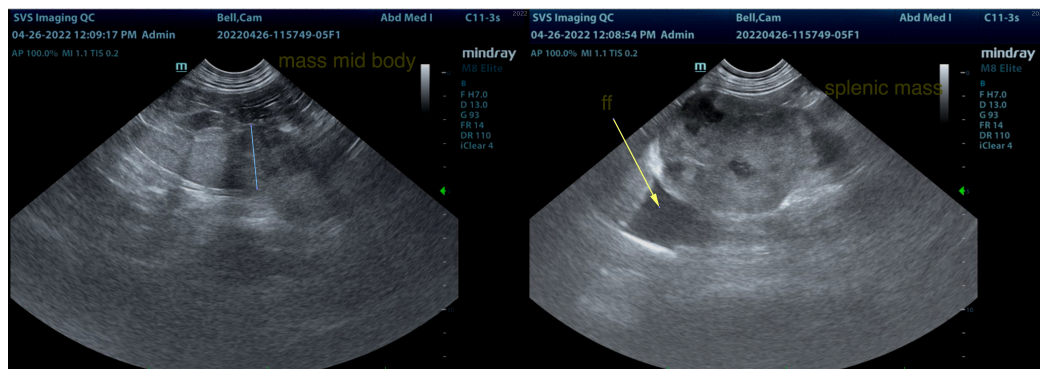
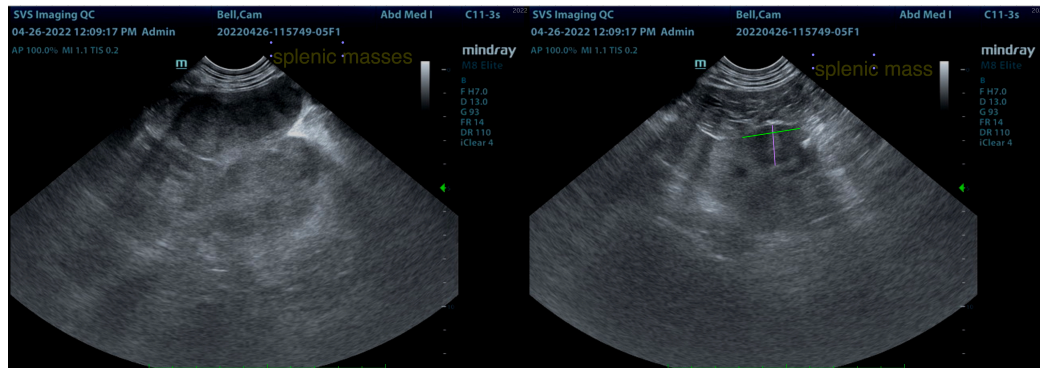
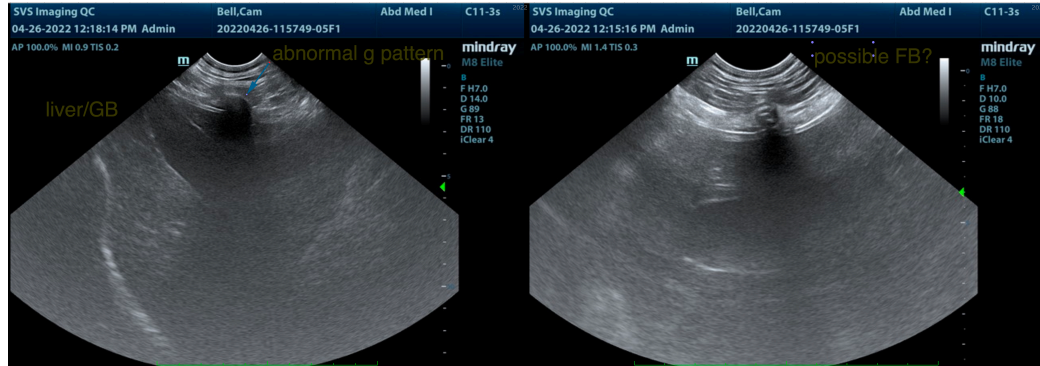
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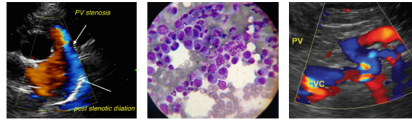
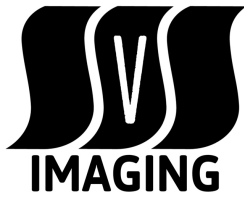
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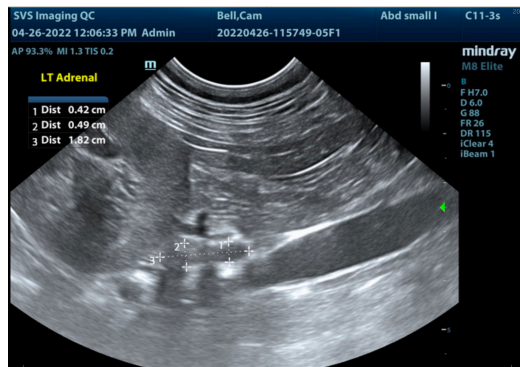
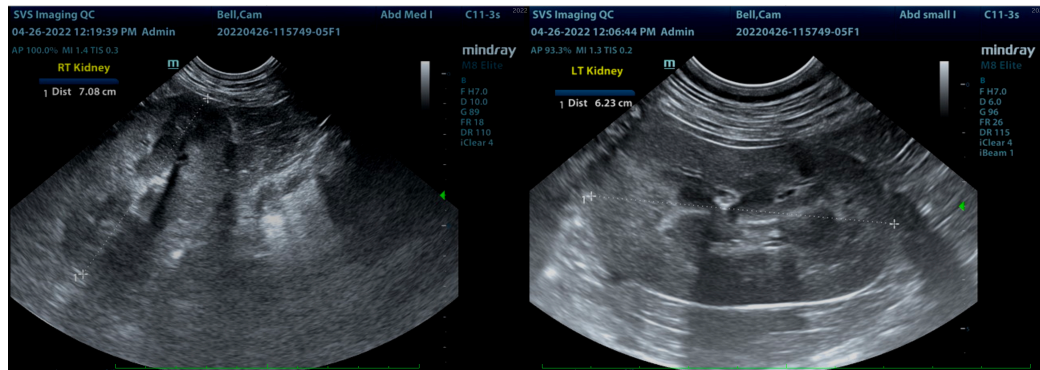
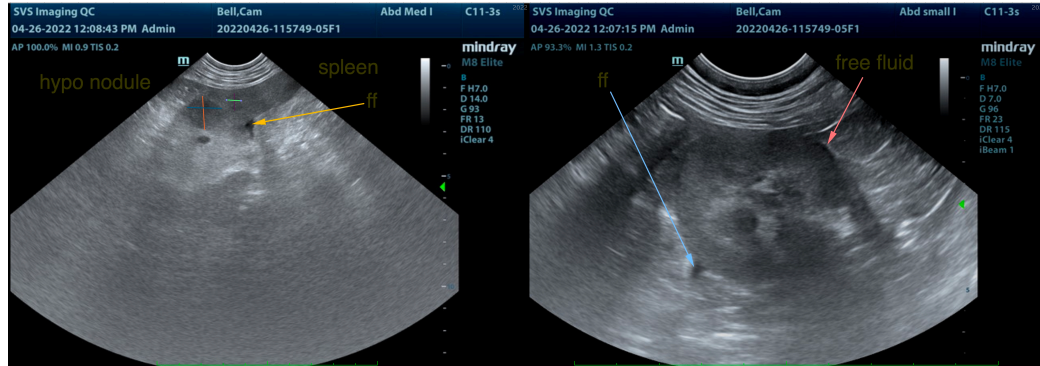
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Lisa Carioto, DVM, DVSc, Diplomate ACVIM**

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)