



PATIENT

Oliver Boynton

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

6 Years

WEIGHT

9.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and
 Feline)

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

New England Animal
 Medical Center

REFERRING VET

Alberto Fernandez,
 DVM

INVOICE

49424

DATE

1-10-22

PRESENTING CLINICAL SIGNS

24 hour history lethargy, increased respiratory effort, inappetance and vomiting. Marked abdominal pain at presentation. HCT 30%; Glob 4.9. Treatment: IVF; metronidazole, cerenia, Sedated with dexdomitor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate mild cellular debris/protein crystalline debris or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.54 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 0.39 cm width at the cranial pole.

Spleen

The spleen revealed small to moderately sized mixed echogenic mass appearing to originate from the medial splenic parenchyma extending mildly towards the mid abdomen. The mass measured approximately 4.3 cm in diameter. Potential for cavitated to cystic fluid filled component of the mass possible. Subtle evidence of regional perisplenic free fluid as well as mildly nonuniform echogenic mesentery noted around the mass. This may indicate areas of perisplenic omental reactivity. Potential for possible omental adhesion associated with the splenic mass cannot be definitively excluded.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate congealed yet nonorganized nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of inflammatory criteria as well as no evidence of peripheral gallbladder inflammation.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact yet mildly prominent gastric walls were noted with mild to moderate retained primarily anechoic fluid. The gastric body wall measured 0.42 cm width.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. Minor segmental jejunal ileus present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.26 cm width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

A solitary mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum exhibiting normal width to length ratio less than 0.5 and not consistent with inflammatory, neoplastic, or metastatic criteria. The lymph node measured 1.0 x 0.33 cm.

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ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous to potentially cavitated splenic mass with associated regional perisplenic nonuniformly echogenic mesentery and scant free fluid.
- Gastroenteritis pattern exhibiting mild gastric and segmental jejunal stasis.
- Moderate congealed gallbladder debris (nonmucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass was nonspecific with considerations including hyperplasia, hematopoiesis, hemangioma, hematoma, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, or other). Neoplastic criteria favored, yet not definitive.

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Overt evidence of intraabdominal metastasis was not definitively evident yet the possibility of potential early regional perisplenic omental seeding, if neoplastic process is present, cannot be definitively excluded.

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Potential for non-sonographically evident or early gastrointestinal involvement associated with the splenic mass considered an unlikely differential diagnosis given the patient's gastrointestinal signs.

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Assuming no evidence of thoracic pathology or metastasis on three view chest radiographs and normal cardiopulmonary status, laparotomy with expectation towards splenectomy, gross inspection of the gastrointestinal tract, +/- gastrointestinal biopsies, and manual expression of the gallbladder could be considered.

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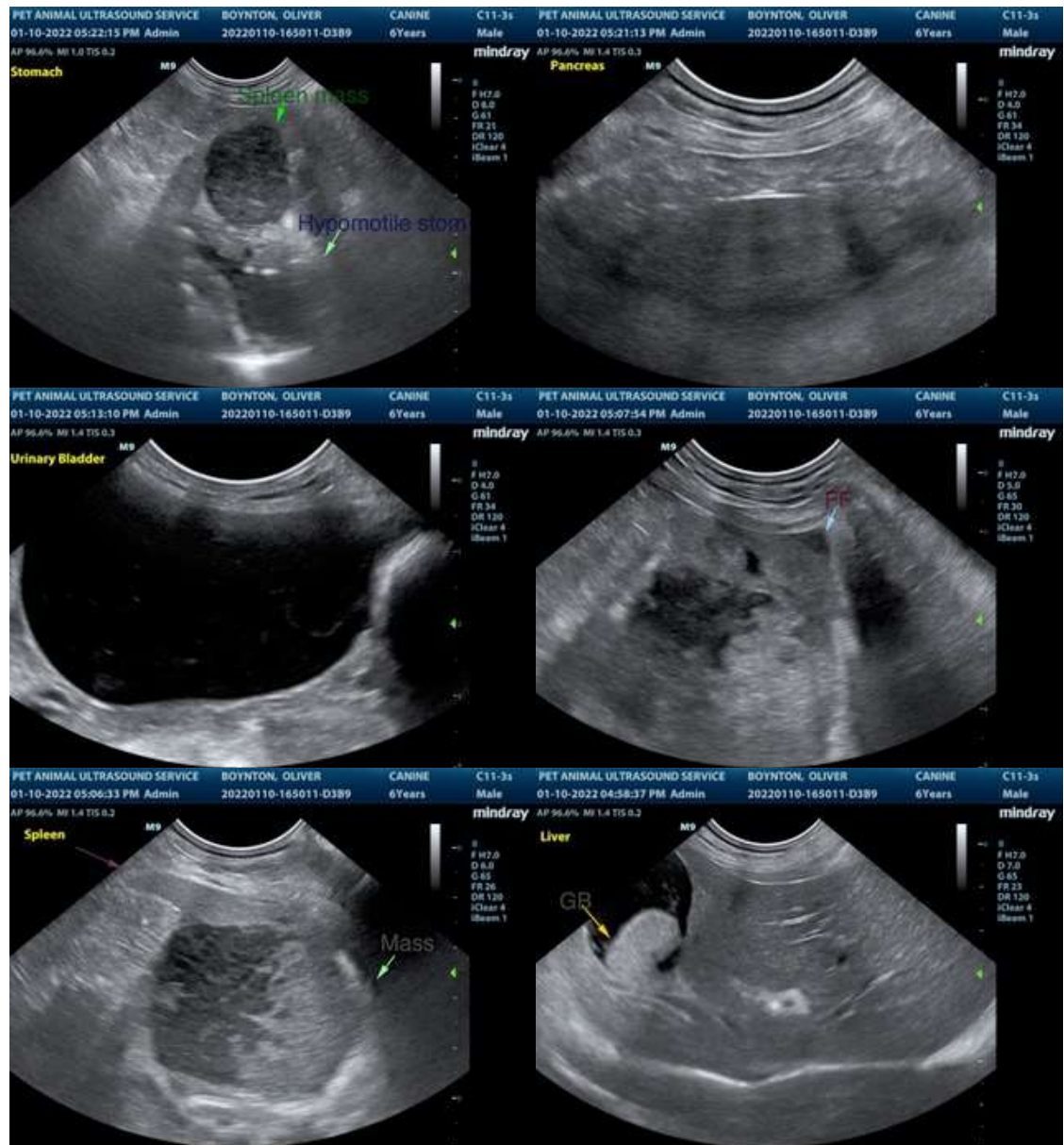
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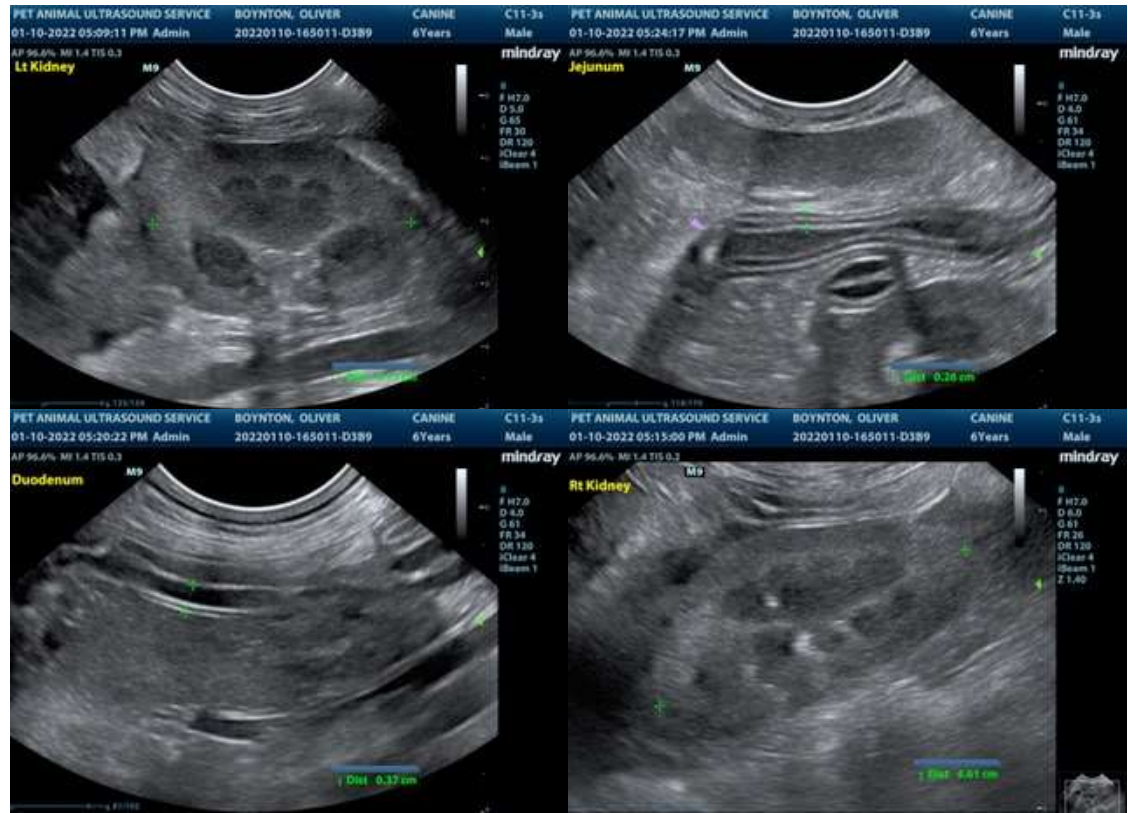
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
 info@SonoPath.com