



PATIENT

Charlie Gregerson

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

11 Years

WEIGHT

67 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Sangl

INVOICE

13404

DATE

1/12/22

PRESENTING CLINICAL SIGNS

History: BAR Large abdominal mass palpated - R/O Spleen, bladder, other/open Several small masses- all have been stable for years and not bothering P. Lipoma, skin tag, and likely dermal cyst

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Aortic trifurcation was normal, including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Potential for minor non-obstructive medullary mineral present in the right kidney. The right kidney measured 7.1 cm in length. The left kidney measured 6.5 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 2.8 cm in length x 0.73 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm in length x 0.69 cm width at the caudal pole.

Spleen

A moderately sized ovoid, mildly nonhomogeneous mass, exhibiting multifocal cystic to cavitated component present in the area of and subjectively deriving from the caudal spleen. The mass measured approximately 8-9 cm in diameter. Subtle evidence of perisplenic omental reactivity noted around the splenic mass as well as mild volume perisplenic to peritoneal free fluid.

Liver

The liver exhibited potential for mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic masses or nodules noted.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Charlie Gregerson

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

SPECIES

Pancreas

Canine

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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Other

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A rapid view of the heart revealed no evident pathology.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Caudal splenic mass
- Associated mild regional perisplenic reactive mesentery and mild volume peritoneal free fluid
- Possible mild hepatomegaly- subjectively benign
- Minor gallbladder debris (non-mucocele)
- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

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Overt evidence of intra-abdominal metastasis was not noted. The possibility of non-sonographically evident metastasis/micrometastasis cannot be definitively excluded given mild regional perisplenic omental reactivity and concurrent free fluid. Three-view chest radiographs are recommended to assess for or rule out evidence of thoracic metastasis as well as assess cardiopulmonary status. If no evidence of thoracic metastasis, laparotomy with expectations towards splenectomy and gross inspection of the liver and perisplenic omentum would be warranted.

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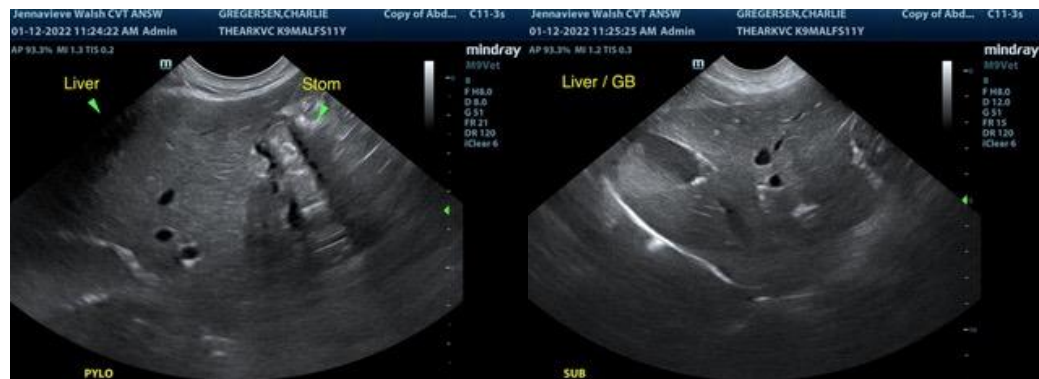
Dr. Sangl

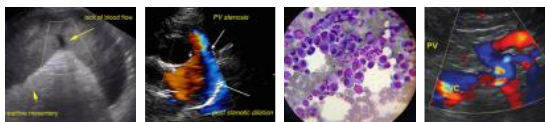
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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