**PATIENT**

Obie Feamster

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

9yr

WEIGHT

51.8lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Mitten Animal
Hospital**INVOICE**

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DATE

1/11/2023

PRESENTING CLINICAL SIGNS

Patient originally presented on 12/17/2022 for annual PE and vaccines and that time was clinically doing well aside from beginning to favor left thoracic and markedly favoring left pelvic limb. We performed blood work in anticipation of starting an NSAID along with joint support. Radiographs of limbs were also obtained and supported right stifle joint capsular thickening or effusion and suspect fragmentation left medial coronoid process with associated mild to moderate degenerative changes. Based on blood work findings we obtained a urinalysis and thoracic and abdominal radiographs on 12/30/2022 that revealed an unremarkable thorax but suspect mass of the splenic tail and hepatomegaly. Around this time patient became mildly lethargic and appetite decreased though both seemed to improve after initial onset. On 01/09/2023 owner called that patient had developed marked generalized hives.

Abnormal PE/Chem/CBC/UA Results: Physical Exam on 12/17/2022: Alertness - BAR Pain Level (0-4): 0 Hydration - wnl, euhydrated MM=pk, moist CRT=<2sec EENT - E - clear OU, E - clean AU, N - nsf, T - nsf ORAL - 1/4 calc generalized. CV/RESP - nsf, no murmur auscultated, pulses wnl, lungs clear. GI/GU - nsf, no organomegaly. Soft, nonpainful abdomen. Integ - nsf, no fleas or flea dirt, no dander. Ms/Neuro - Ambulatory x 4. Mentation wnl. No apparent lameness at time of PE. Mild possible decreased muscle mass in left pelvic limb. LN - nsf, no enlargement. - Mildly decreased MCH - Moderate neutrophilic leukocytosis with left shift - Eosinopenia - Marked thrombocytopenia - r/o artifact, overconsumption, decreased production, other. ****Blood counts and platelet blood film estimate affected (falsely decreased) by presence of a clot or microclots in the submitted sample. **** Platelet clumps seen on slide. Platelet count and blood film estimate may be falsely decreased. Platelets appear moderately decreased on the blood film (50,000-100,000 per microliter). Fibrin strands noted. - Marked hyperglobulinemia - Moderate hypoalbuminemia - Mildly elevated AlkPhos Radiographic Conclusions from radiographs of limbs on 12/17/2022: 1. Good hip conformation. 2. Right stifle joint capsular thickening or effusion. Consider cranial cruciate ligament injury, meniscal injury, or an other arthropathy. 3. Unremarkable left stifle. 4. Unremarkable shoulders. 5. Suspect fragmentation left medial coronoid process with associated mild to moderate degenerative changes. 6. Unremarkable right elbow on limited assessment. UA from 12/30/2022: USG 1.034, pH 7.0, 500 proteinuria (active sediment), 29 WBC and 12 RBC / hpf with bacteriuria. Patient was started on Clavacillin 375mg PO BID x 14 days. Radiographic Conclusions from thoracic and abdominal radiographs on 12/30/2022: 1. Normal thorax. There is no evidence of cardiomegaly, pulmonary metastatic disease, or thoracic lymph node enlargement. 2. Suspected mass of the splenic tail. Differentials include hemangioma, hemangiosarcoma, or other sarcoma. Severe generalized enlargement secondary to extramedullary hematopoiesis is considered less likely. 3. Mild hepatomegaly. Differentials include vacuolar hepatopathy, hepatitis, or neoplasia. Correlate to hepatic enzyme evaluation. An abdominal ultrasound may be considered for further evaluation. Question you want answered with an ultrasound: We would like to confirm a splenic mass, screen for gross metastasis and screen for hemoabdomen. If the splenic mass is confirmed but all else is unremarkable the plan is to proceed immediately into surgery for a splenectomy with biopsy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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

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of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

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The area of the residual prostate appeared normal and free of pathology measured 1.2 cm in diameter.

Adrenal Glands**BREED**

Pitbull Mix

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.58 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 0.58 cm width at the caudal pole and 0.48 cm width at the cranial pole.

SEX

MN

Spleen

A large expansive irregular non-homogenous hypoechoic splenic mass expanding into the area of the mid to cranial abdomen measuring ~ 12-13 cm in diameter was present. The spleen not involved with the mass exhibited maintained symmetrical capsule contour and normal parenchyma echogenicity with mild parenchyma heterogeneity. Mild hyperechoic splenic omentum present. Focal to mild volume peritoneal free fluid noted in the left lateral to caudal abdomen. No obvious evidence of perisplenic or peritoneal lymphadenopathy.

AGE

9yr

Liver/Gallbladder**WEIGHT**

51.8lb

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderate coarse echotexture and minor parenchymal remodeling. Focal discrete hyperechoic intraparenchymal nodules were present, an example measured 1.5 cm in diameter. 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.

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The gallbladder was non-distended in size with primarily anechoic luminal content and minor non-dependent echogenic sludge. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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Gastrointestinal**HOSPITAL NAME**

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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.

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.

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

Pancreas**INVOICE**

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen**DATE**

1/11/2023

Mild hyperechoic splenic omentum present. Focal to mild volume peritoneal free fluid noted in the left lateral to caudal abdomen. No obvious evidence of perisplenic or peritoneal lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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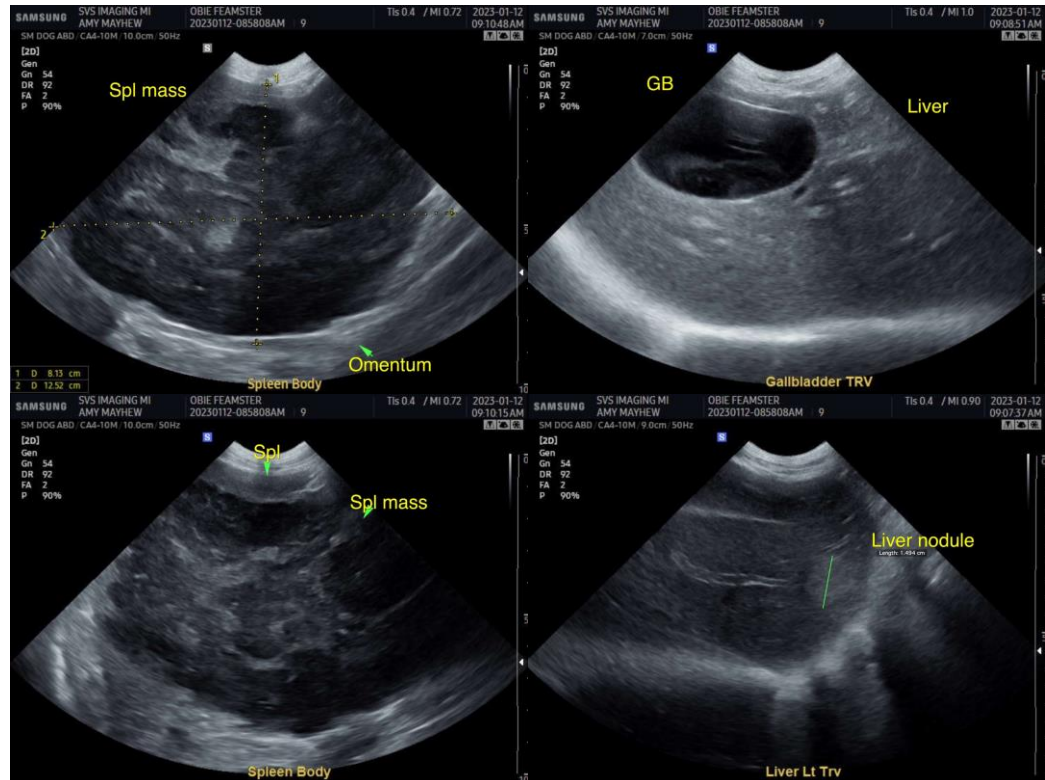
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- Large expansive splenic mass-sonographically consistent with neoplastic criteria i.e., sarcoma, round cell neoplasia, myeloma or other. Benign etiology is thought less likely
- Associated regional mild hyperechoic perisplenic omentum and focal to mild volume peritoneal free fluid
- Subjective vacuolar hepatopathy pattern with benign discrete intra parenchymal nodules-suggestive of nodular hyperplasia or lipogranulomas
- Minor gallbladder debris-not consistent with mucocele criteria
- Mild age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of major organ metastasis. Technically the possibility of early perisplenic omental seeding in this case cannot be definitively excluded. Without evidence of thoracic pathology or cardiomegaly splenectomy with gross inspection of the perisplenic omentum and hepatic biopsies is warranted. Clotting status may be considered prior to surgical considerations.



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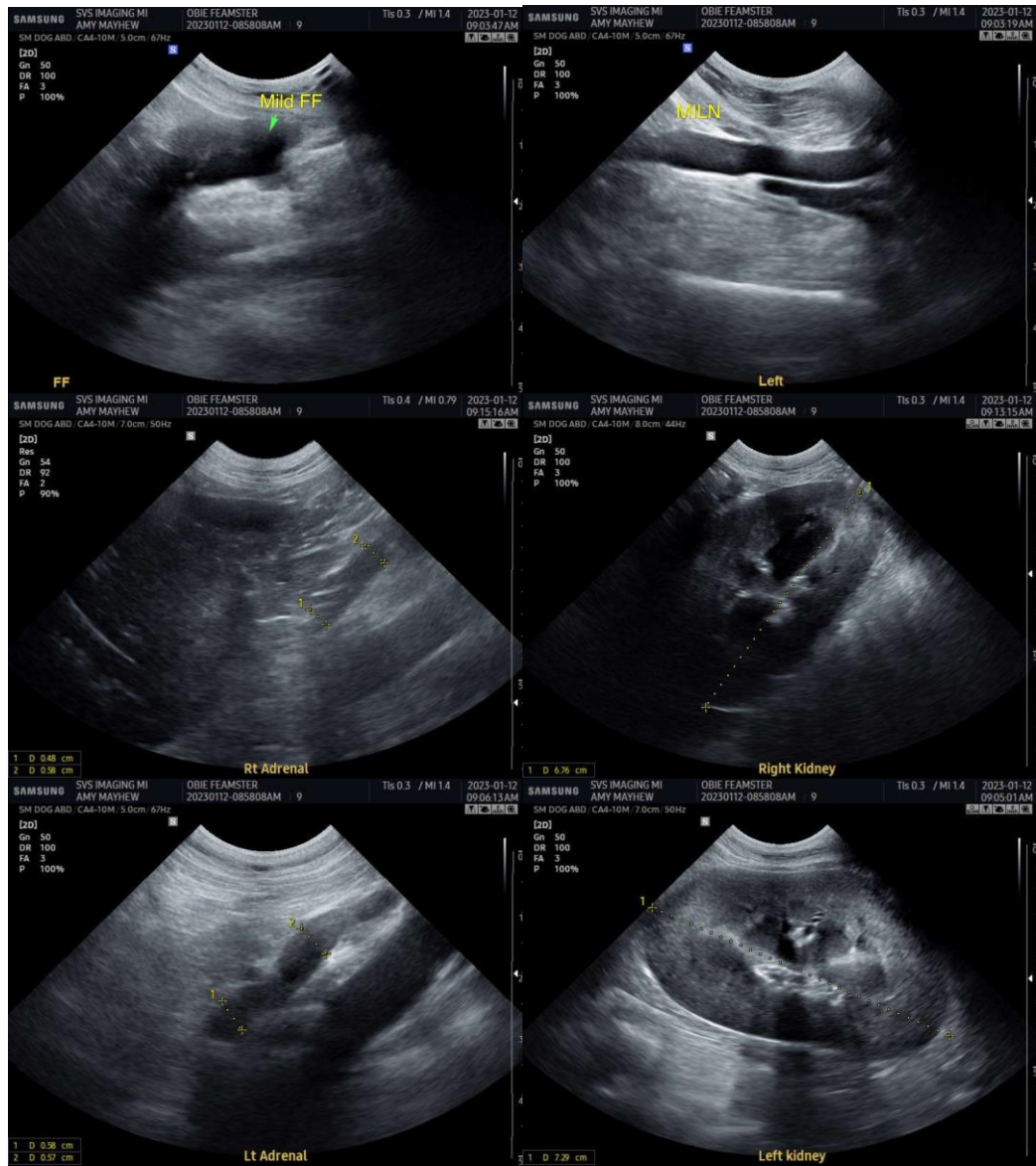
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com