

PATIENT

Benson Miller

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

35.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing
ER

INVOICE

13135

DATE

01/14/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate an abdominal mass, vomiting, new onset seizure activity. Currently hospitalized in the ER. Hx: Vomiting off/on for a week but then seizure last night P was at camp and came home very tired, vomited on Monday and didn't want to eat. Today he vomited and then his eyes rolled back in head. He started rolling around on floor unable to get up and he was non-coherent. Episode lasted for about 3 mins and then another episode happened within a few mins. P has never had seizures before. ER tx: Phenobarbital, IV fluids, Cerenia

Abnormal PE/Chem/CBC/UA Results: PCV/TS: 48/8.2 CBC: mchc 32.4, wbc 17.48, monos 1.15, neut 15.04 Full chem w/ lytes: ALT 71, chol 335, glu 131, phosp 5.7, k 3.7, glob 4.1 Rads 3 views abdomen - round soft tissue opacity noted inside the abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild nonuniform left and right renal cortex and mild indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.9 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 0.60 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 0.48 cm width at the caudal pole.

Spleen

The spleen presented irregularly enlarged with irregular expansive nonhomogenous mid to cranial splenic mass to masses with one mass appearing to extend into the medial abdomen and attach to the spleen by a small segment of splenic tissue. The splenic mass measured 7.0 cm to 10.0 cm.

Concurrent mildly expansive to capsule deforming hypoechoic nonhomogenous mid to caudal splenic nodules were visualized with an example of nodules measuring 3.0 cm in diameter. Surrounding nonhomogenous hyperechoic potentially nodular perisplenic omentum and mild pockets of primarily perisplenic effusion.

Liver & Gallbladder

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



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normal in appearance without signs of congestion. No sonographically evident hepatic intraparenchymal nodules or masses.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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.

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

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.

Heart

Brief echocardiogram revealed normal left and right chamber dimension and adequate LV systolic function with no overt arrhythmia and normal cardiac volume. No evidence of pericardial effusion or cardiac tumors in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Infiltrative neoplastic splenic pattern with variably expansive to medial splenic masses and separate expansive nodules.
- Perisplenic nonhomogenous hypoechoic potentially nodular omentum and mild volume perisplenic to peritoneal effusion.
- Sonographically unremarkable normal volume liver.
- Subjective normal cardiac structure/function.
- Sonographically normal gastrointestinal tract.

Secondary Findings

- Age-related renal changes.
- Mild cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the spleen is consistent with diffuse splenic neoplastic criteria i.e. sarcoma, round cell neoplasia or other. Regional perisplenic peritonitis with potential for early perisplenic omental seeding and lymphadenopathy is possible. Definitive evidence of cardiac or intra-abdominal major organ macro metastasis was not obvious although in conjunction with potential early perisplenic omental seeding, micro metastasis cannot be excluded. Assuming no pathology on three view chest rotophographs and if patient is stable for anesthesia pending neurological assessment, laparotomy with expectation towards



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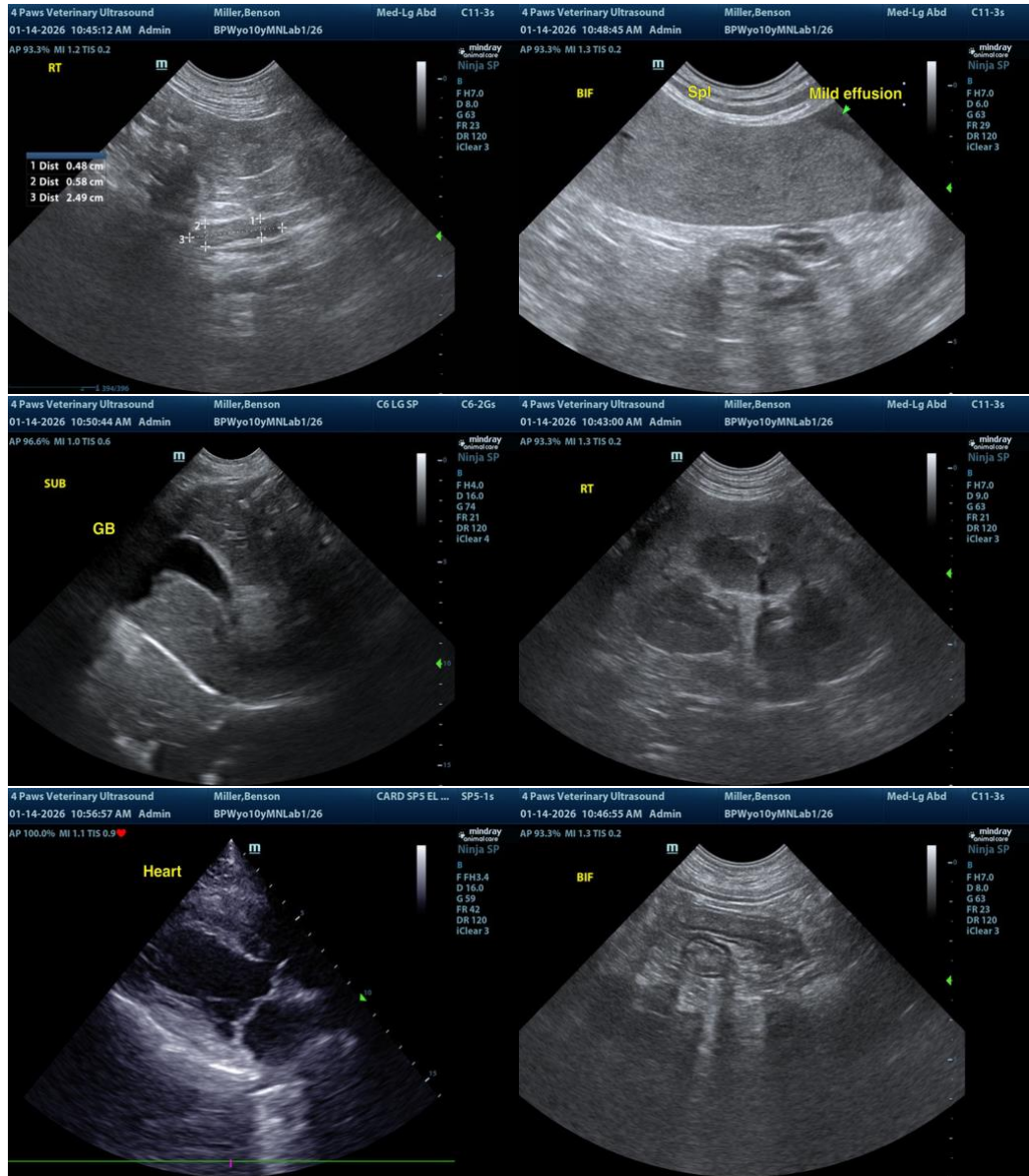
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splenectomy, gross inspection of the peritoneal cavity with potential for perisplenic omental resection could be considered.





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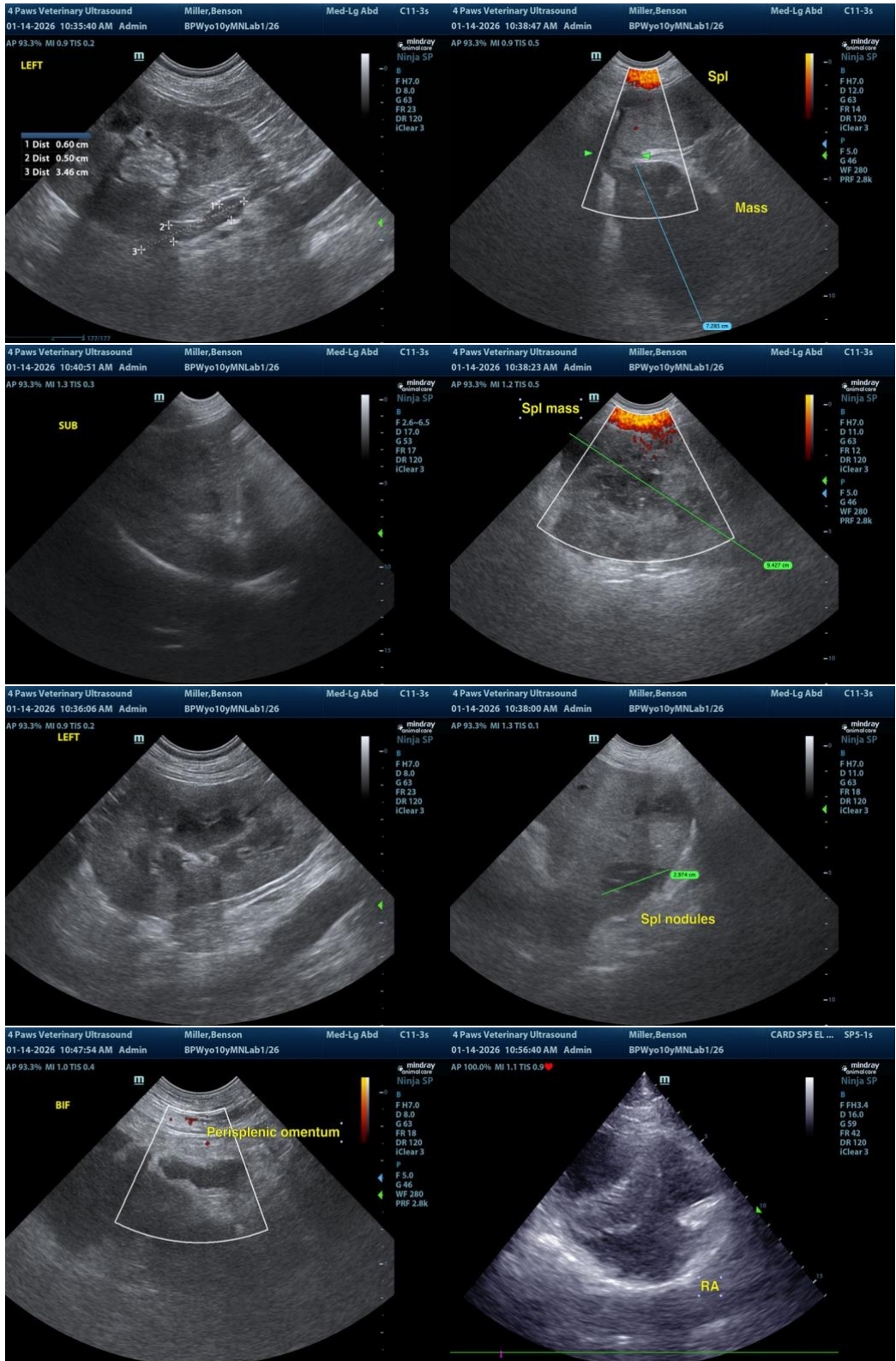
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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