



PATIENT

Pixel Taylor

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

9yr

WEIGHT

28.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Brenda King
Veterinary Services

REFERRING VET

Dr. King

INVOICE

12703ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Patient presents for history of lethargy and possible splenic mass. Was seen at ER facility on 1/10/23 and diagnosed with likely splenic mass and hemangiosarcoma. Radiographic evidence of mid-abdominal mass in the area of the spleen/left kidney on 1/12/23.

Current meds: Gabapentin 100mgs 1 BID, Yunnan Baiyao 1 BID.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 17.6, NRBC 2, platelet count 112, neutrophils 14080, monocytes 1056. Chem: WNL. T4: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Potential discrete dystrophic mineral was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and free of pathology measuring 0.8 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 1.6 cm length. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited normal size and generalized parenchyma heterogeneity. No overt splenic masses/nodules noted. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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

Gastrointestinal



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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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The duodenum exhibited intact mildly prominent wall layering with minor retained duodenal fluid. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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

Pancreas

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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 large irregular mixed echogenic mass was present in the left retroperitoneal space with suspect mild medial displacement of the left kidney measuring ~ 10-11 cm in diameter. The cranial aspect of the mass appeared to focally efface the caudal aspect of the spleen without overt or definitive connection to the spleen.

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Moderate volume peritoneal effusion exhibiting mild echogenic changes suggestive of cellularity was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Probable left retroperitoneal mass-sonographically suggestive of neoplastic criteria with sarcoma considered likely
- Intact bilateral kidneys exhibiting mild to moderate chronic changes
- Minor hepatic parenchymal remodeling
- Moderate volume peritoneal effusion-consistent with reported hemoabdomen
- Overtly intact spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed mass appears to be primarily involving the left retroperitoneal space with suspected invasion into the peritoneal cavity. Definitive connection to the spleen was not evident. The mass is consistent with neoplastic criteria with sarcoma considered most likely. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

If surgical options are a possibility in this case abdominal CT for further assessment of the mass and potential non obvious metastasis and surgical planning would be ideal.

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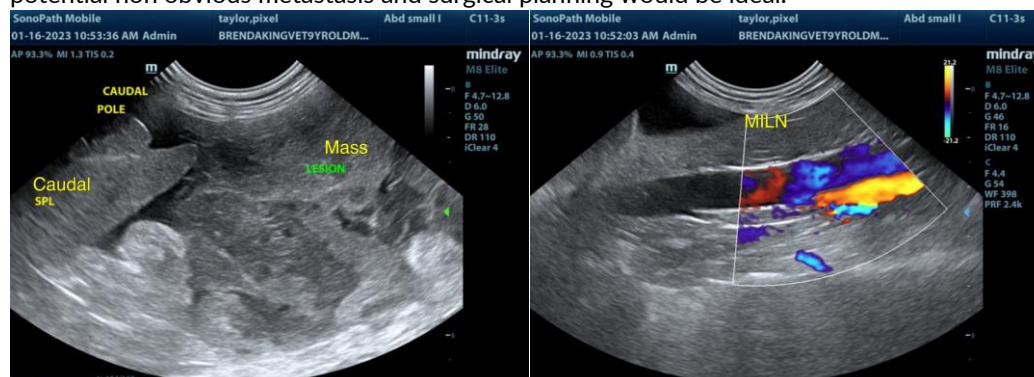
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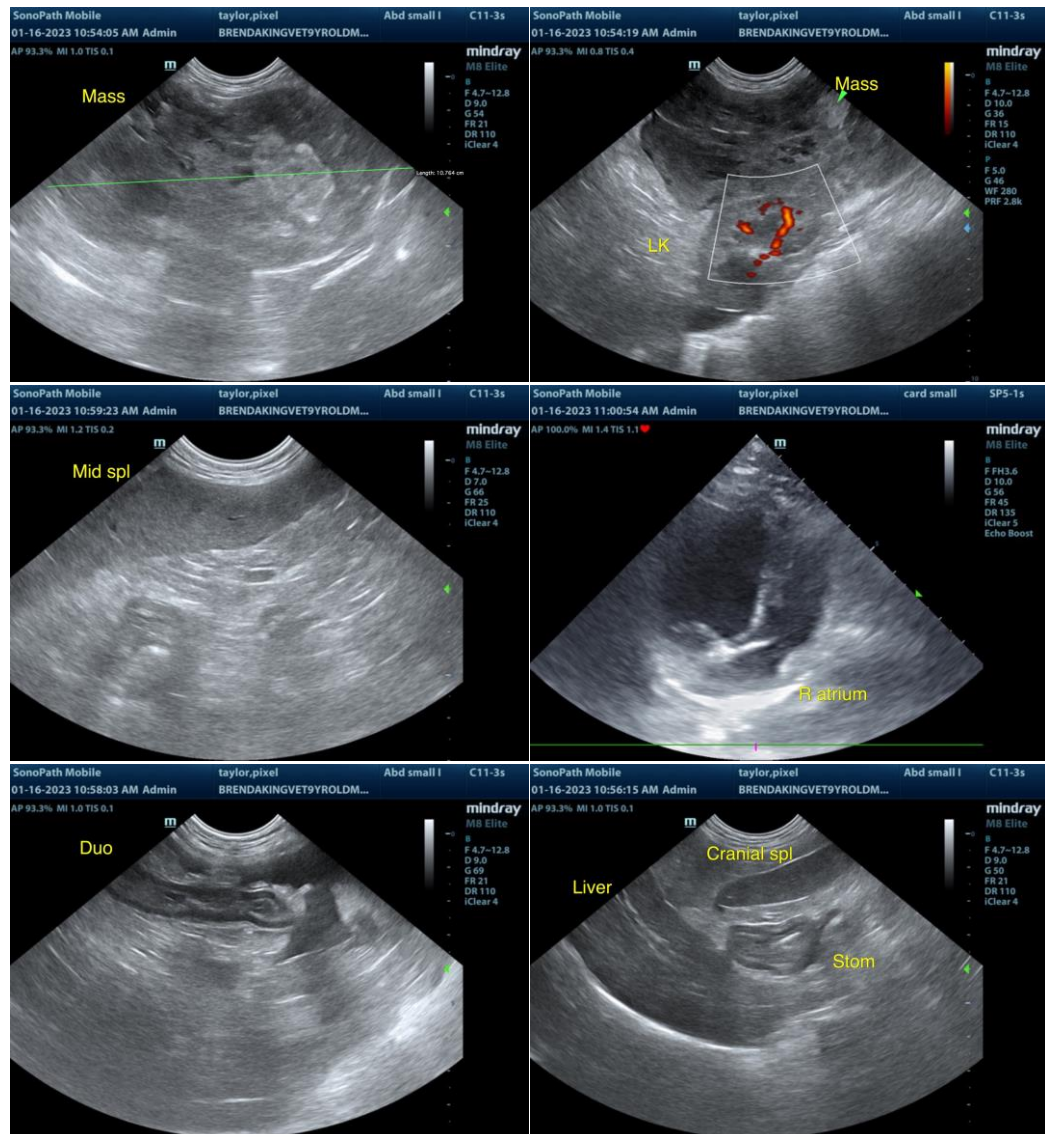
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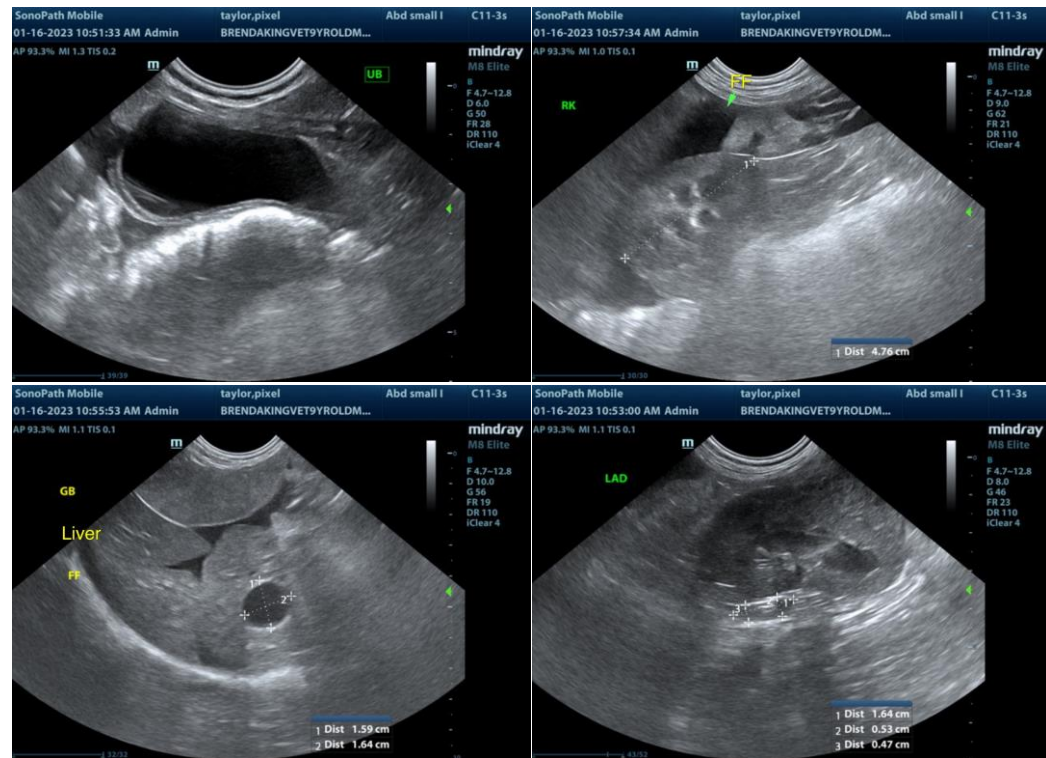
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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