



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Waldo Barker	inappetence for about a week now- in the morning lethargic in the morning , but P seems to perk up in the afternoon/evenings weight loss. Physical exam showed pale pink gums, potential mass in abdomen- but difficult to hospitalize.
<b>SPECIES</b>	
Canine	Medications: Pumpkin 3tbsp BID Glandex 3/4 tsp SID Nordic Naturals Omega-3 Oil 2 gel caps SID Cosequin DS 2 capsules SID Gabapentin 300mg - prn for anxiety when traveling
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: IH Bloodwork today showed: AMY 1675 HGB 8.6 HCT 26.93 MCV 49 MCH 15.4 MCHC 31.8 RDWc 22.1 LYM 0.52
Golden Retriever	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
MN	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.
<b>AGE</b>	
10yr	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. The left kidney measured 7.1 cm in length. The right kidney measured 6.6 cm in length.
<b>WEIGHT</b>	
63lb	The area of the aortic trifurcation was free of pathology.
<b>INTERPRETED BY</b>	The area of the residual prostate appeared normal and free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.68 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 0.55 cm width at the caudal pole.
Carly Pate	<b>Spleen</b>
<b>HOSPITAL NAME</b>	A mass involving the cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~13-14 cm in diameter. The mass extended to directly efface portions of the caudal liver. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
VCA McKenzie Animal Hospital	<b>Liver/Gallbladder</b>
<b>REFERRING VET</b>	
Dr. Wayland	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
12704ag	
<b>DATE</b>	
01/16/2023	



**PATIENT**

The stomach was indistinctly visualized owing the cranial splenic mass.

Waldo Barker

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.

**SPECIES**

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

Canine

**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.

**BREED**

Golden Retriever

**Free Abdomen**

**SEX**

No peritoneal effusion or hemoabdomen was present.

MN

Mild perisplenic hyperechoic omentum was present. Potential for omental adhesions to the splenic mass possible but not definitive.

**AGE**

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

10yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Large cavitated cranial splenic mass with mild associated peripheral hyperechoic mesentery
- Sonographically unremarkable liver/gallbladder
- Mild chronic renal changes
- Overtly normal visualized intestinal tract

63lb

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. No evidence of intra-abdominal or cardiac metastasis was visualized. Potential for micrometastasis in these cases cannot be definitively excluded. Primary concern is for hemangiosarcoma.

**IMAGING PERFORMED BY**

Assuming no evidence of pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and major organs could be considered. A guarded long term prognosis is indicated.

Carly Pate

**HOSPITAL NAME**

VCA McKenzie  
Animal Hospital

**REFERRING VET**

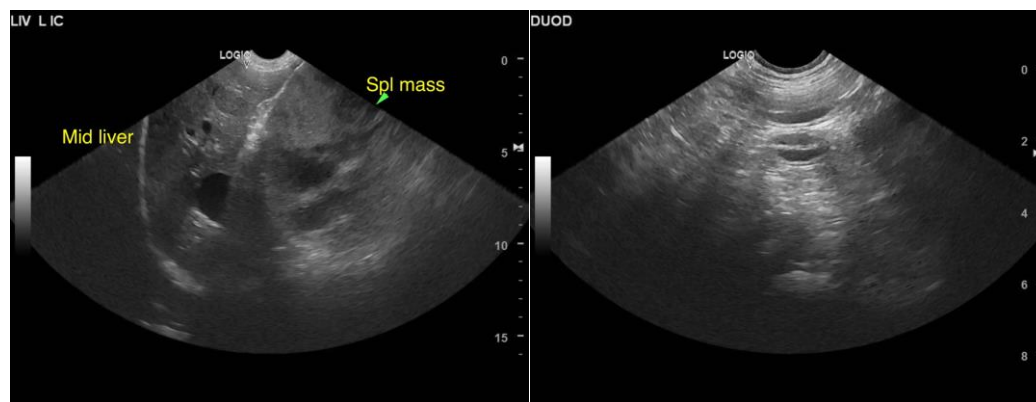
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Waldo Barker

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10yr

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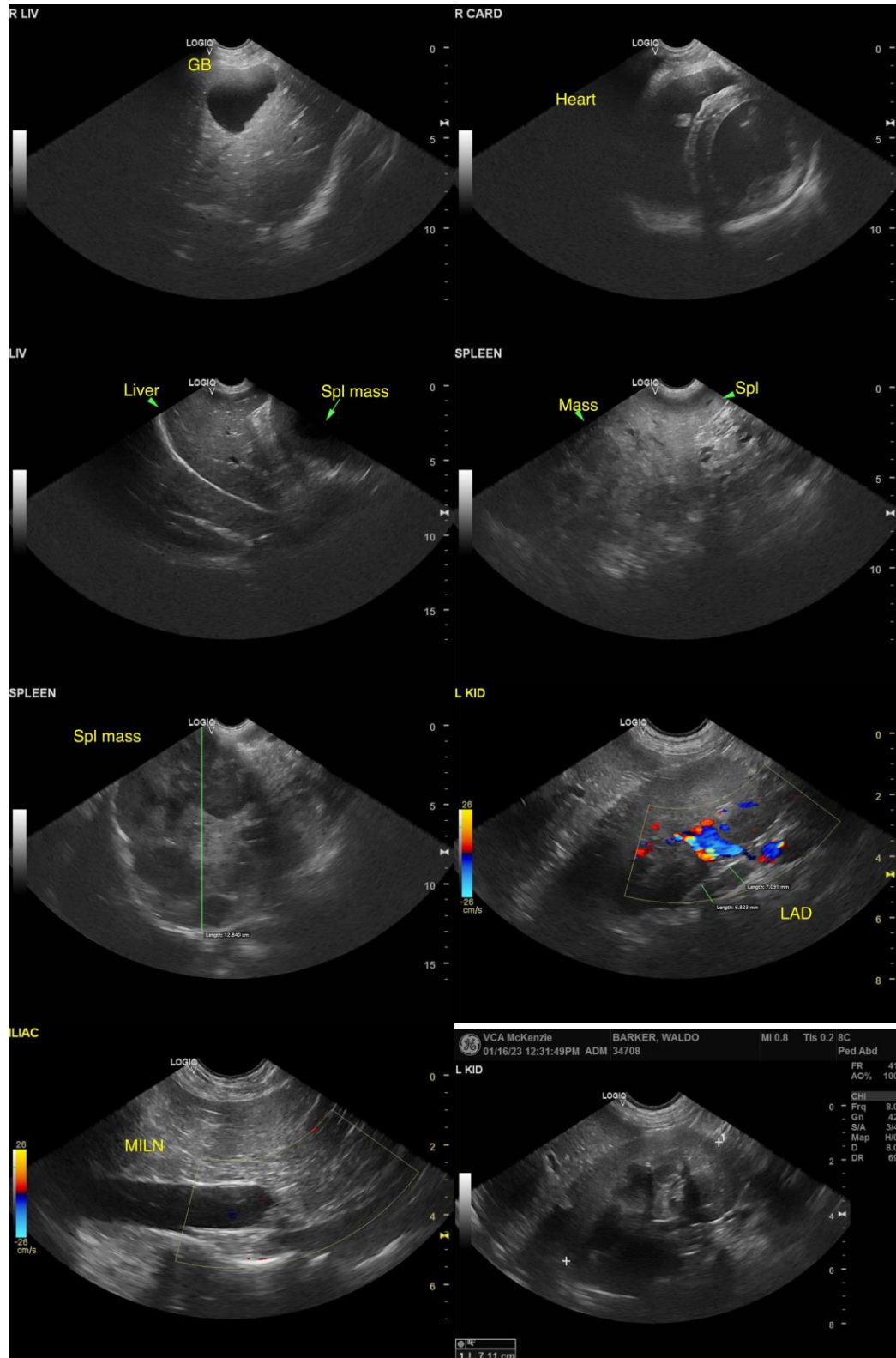
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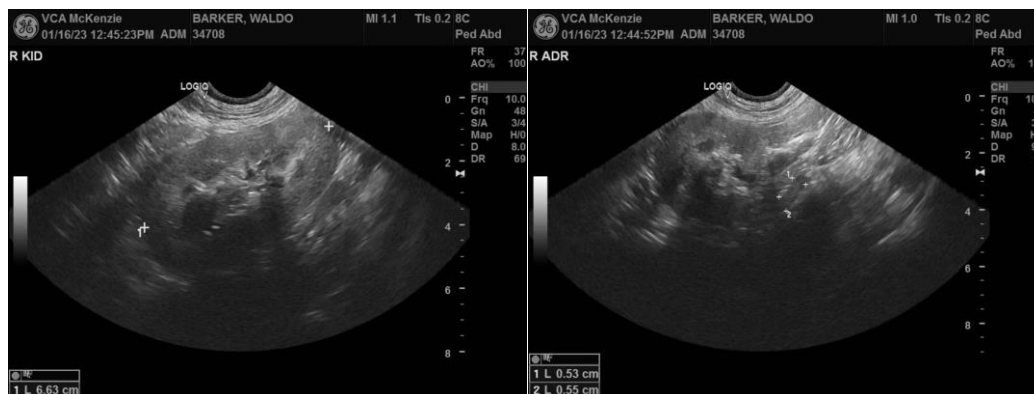
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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