



PATIENT

Gizmo Ullman

SPECIES

Canine

BREED

Boston Terrier X

SEX

MN

AGE

9 years

WEIGHT

8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Aspen AH

REFERRING VET

Dr. Ross

INVOICE

15860

DATE

1/17/23

PRESENTING CLINICAL SIGNS

Recurrent vomiting for last 1-2 months.

Labs normal aside from high normal sdma at 13.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 4.3 cm in length. The right kidney measured 4.8 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 0.49 cm width at the caudal pole and 0.29 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 0.35 cm width at the caudal pole.

Spleen

The spleen exhibited a large well-demarcated homogenous to hypoechoic cranial mass measuring approximately 6.0 cm in diameter. Concurrent subjective mild expansive to irregular hypoechoic mid-splenic mass measuring approximately 4.0 cm in diameter was also present. Separate non-disruptive or expansive, well-demarcated uniform hypoechoic splenic nodules were visualized. Normal splenic vascularity was present.

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 normal in appearance without signs of congestion. No overt or visualized hepatic intraabdominal masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact mildly prominent wall layering secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.51 cm width. A mild amount of retained gastric fluid with solitary, curvilinear, strongly shadowing gastric luminal echo measuring approximately 4.0 cm in diameter was present.

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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 mechanical / metabolic ileus, obstruction, or foreign material.

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

SEX

Pancreas

MN

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 were evident.

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Free Abdomen

WEIGHT

No overt omental lymphadenopathy or peritoneal effusion was present.

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Heart

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Rapid view of the heart revealed no overt evidence of pericardial effusion or tumors. Overtly normal cardiac structure and function in light of potential/suspected sedation.

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ULTRASONOGRAPHIC FINDINGS

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Dr. Sarah Barthelemy

- Infiltrative splenic neoplasia pattern with variably sized irregular to expansive splenic masses and concurrent parenchymal nodules
- Gastric foreign body with secondary mild gastritis pattern, sonographically normal small bowel
- Sonographically normal liver
- Subjective normal heart - no evidence of cardiac neoplastic or metastatic criteria
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA cytology of the spleen, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment. Primary concern for splenic neoplasia i.e., sarcoma, round cell neoplasia, or other vs. benign etiologies for splenic masses such as hyperplasia, hematopoiesis, or similar is warranted. No obvious evidence of intraabdominal or cardiac metastasis.

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Given the presence of a gastric foreign body, laparotomy with gastrotomy, splenectomy, gross inspection of the perisplenic omentum, and major organs (assuming no evidence of thoracic pathology on three view chest radiographs) may be considered. A guarded prognosis is indicated.



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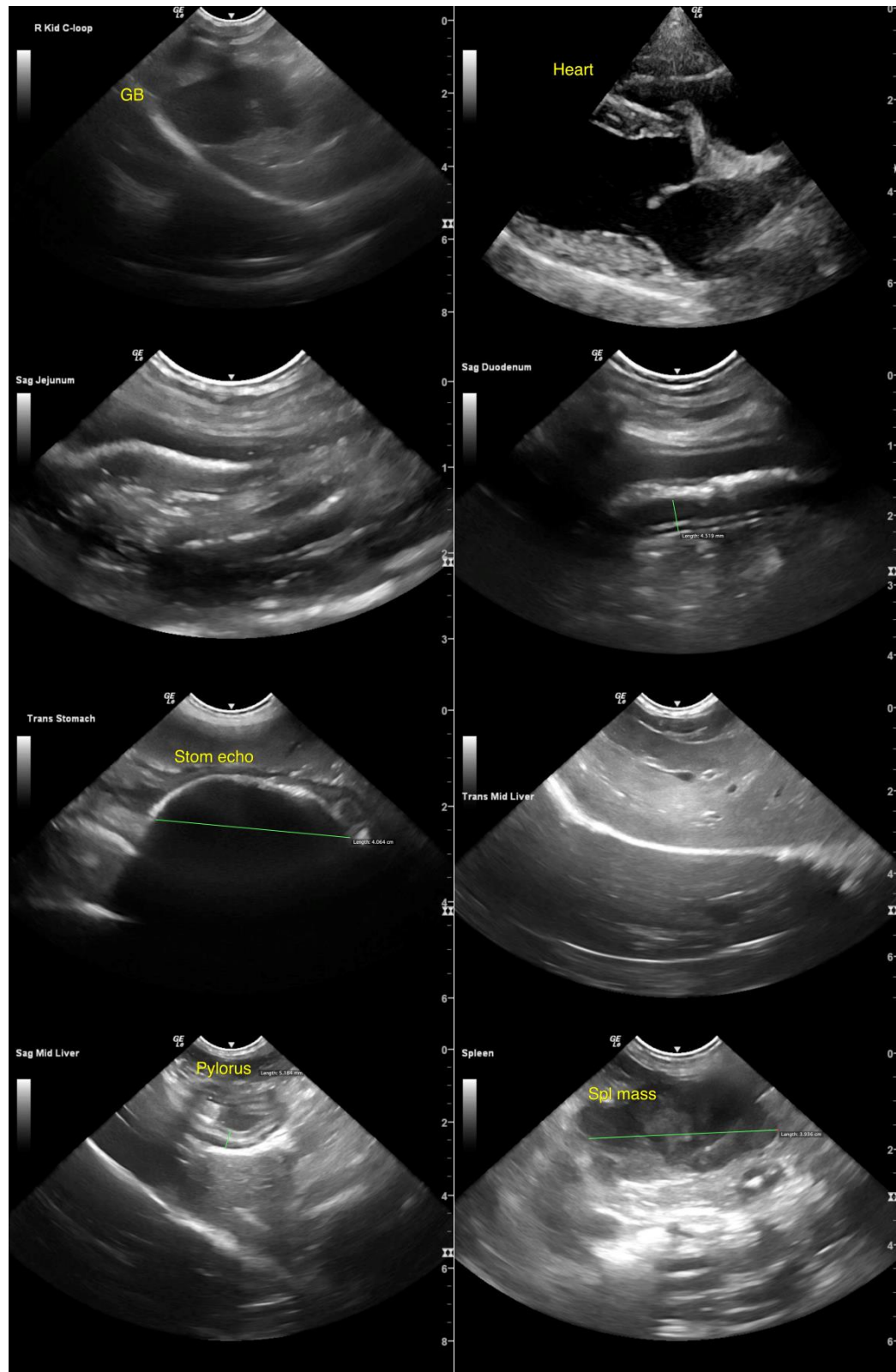
Dr. Ross

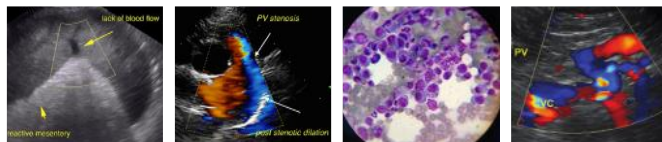
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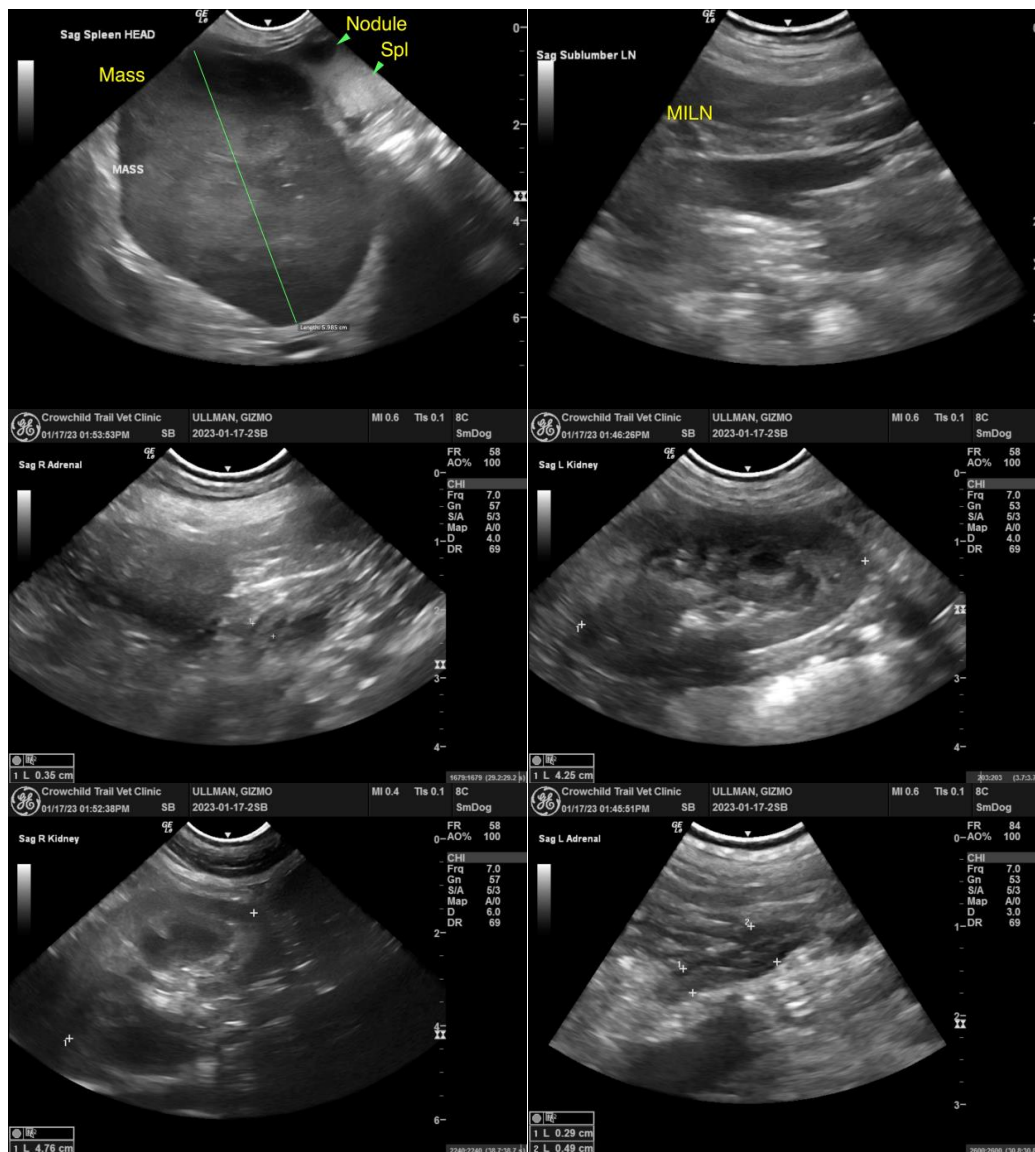
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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