



**PATIENT**

Brusier Theiller

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

MN

**AGE**

13 years

**WEIGHT**

73 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jeanine French

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

13095

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

Periods of disorientation. Abdominal radiographs revealed splenomegaly. Surgical?  
Abnormal PE/Chem/CBC/UA Results: Distended abdomen RBC: 5.01 Retic: 115 Alb: 2.3

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the residual prostate was free of overt 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 7.1 cm in length. The right kidney measured 6.8 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

A large mass involving the spleen with secondary capsule expansion and disruption was present and measured 12.0-13.0 cm in diameter. The mass exhibited nonhomogeneous parenchyma of similar echogenicity compared to adjacent spleen without areas of cavitation. No overt evidence of adhesions or mass rupture was noted. 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.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild congealed gallbladder debris primarily in the cranial lumen was present. The gallbladder was otherwise normal. 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.



<b>PATIENT</b>	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.
Brusier Theiller	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b><i>Pancreas</i></b>
Canine	
<b>BREED</b>	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.
Pitbull	
<b>SEX</b>	<b><i>Free Abdomen</i></b>
	A small pocket of scant free fluid was noted around the caudal aspect of the splenic mass with subtle regional reactive mesentery. Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
MN	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13 years	<b><i>Primary Findings</i></b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Large, mildly nonhomogeneous splenic mass</li> <li>• Focal perisplenic free fluid and mild associated reactive mesentery</li> <li>• Hepatic parenchymal remodeling</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Bilateral mild chronic renal changes</li> </ul>
73 lbs.	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).
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Fredon AH	
<b>REFERRING VET</b>	Assuming evidence of pathology on three view chest radiographs, laparotomy with expectation toward splenectomy along with gross inspection of the liver and perisplenic omentum could be considered.
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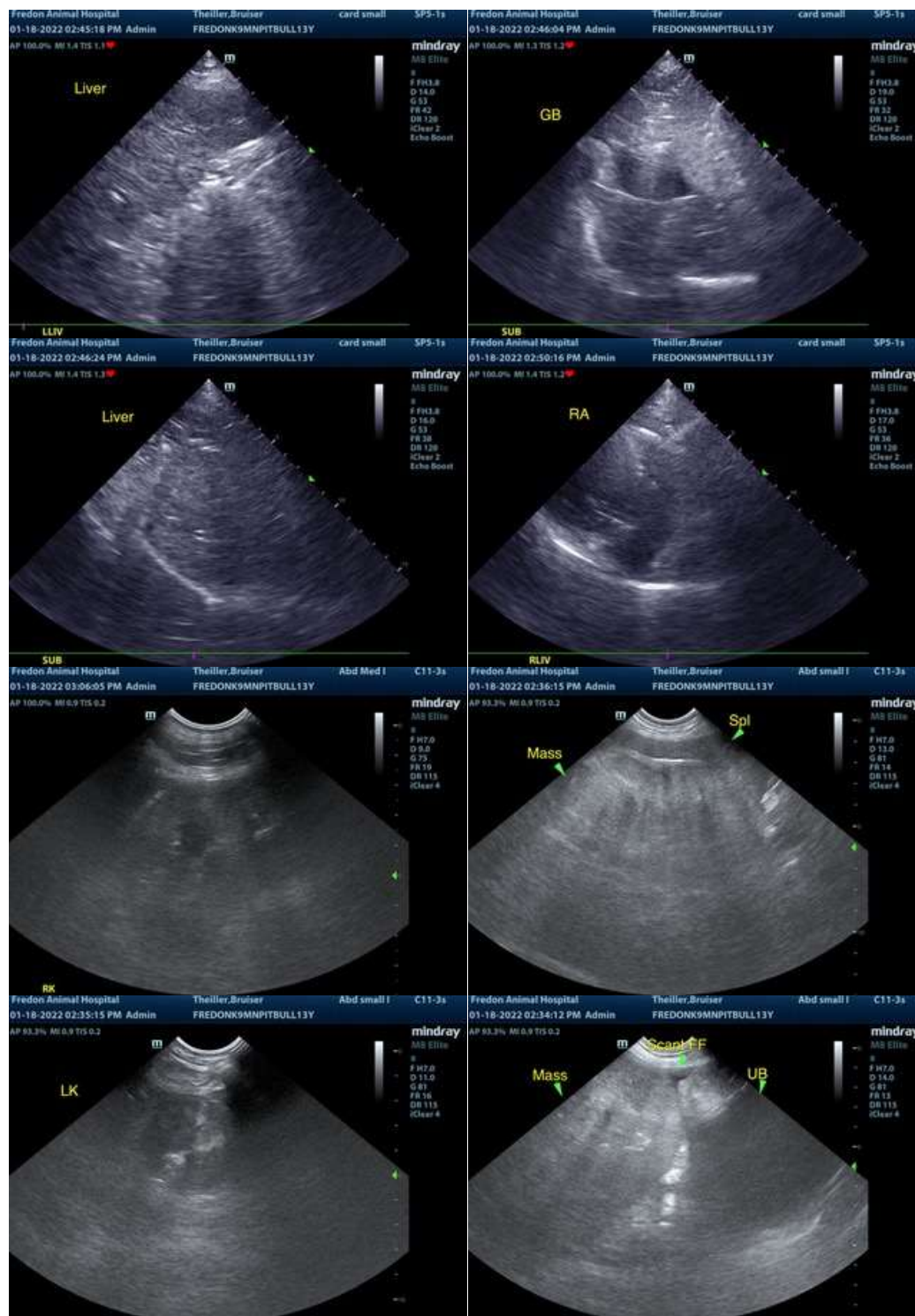
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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**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**