



PATIENT PRESENTING CLINICAL SIGNS

Annie Waske
SPECIES Canine
BREED Labrador
SEX Spayed Female
AGE 12 Years
WEIGHT 48.8 Lbs.

History: EENT: MM pink to pale, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. ORAL: Moderate tartar and gingivitis present. INTEGUMENT: No external parasites observed. No evidence of skin disease at this time. Mass on chest- firm, moveable, non painful, sc in origin LYMPH NODES: Lymph nodes are small and of normal texture CIRCULATORY: No murmur or arrhythmia ausculted. Femoral pulses are strong and synchronous. RESPIRATORY: Eupneic. Lungs clear bilaterally. No cough on tracheal palpation. DIGESTIVE: Abdomen tense and bloated. No masses palpated. GENITOURINARY: No significant findings. MUSCULOSKELETAL: Ambulatory x all 4. NEURO: No neurologic deficits noted at this time. OTHER:

Abnormal PE/Chem/CBC/UA Results: Emailing blood work: Anemia and low platelets Current Medications Cerenia 60mg tablets 1 tab SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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 5.9 cm in length. The right kidney measured 5.4 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 0.62 cm width at the caudal pole and 0.64 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 0.86 cm width at the caudal pole and 0.59 cm width at the cranial pole.

Spleen

A small to moderately sized, nonhomogeneous to cavitated mass was present, resulting in distortion of the adjacent hepatic capsule. The splenic parenchyma not associated with the mass exhibited generalized heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Subtle evidence of perisplenic reactive mesentery was present along with intermittent small pockets of very scant free fluid. The free fluid was primarily noted between the intestinal loops.

Liver

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 moderate hepatic

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Davies

INVOICE

13497

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PATIENT	parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent subtle nonhomogeneous nodules as well as small parenchymal cysts were present.
Annie Waske	
SPECIES	
Canine	The gallbladder was non distended in size with mild nonorganized gallbladder debris, primarily in the cranial lumen. The cystic duct and common bile ducts were normal without evidence of dilation.
BREED	<i>Gastrointestinal</i>
Labrador	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained gastric ingesta exhibiting atypical appearance consisting of elongated hypoechoic yet non-shadowing echoes.
SEX	
Spayed Female	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.
AGE	
12 Years	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	<i>Pancreas</i>
48.8 Lbs.	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.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A solitary focal, mildly prominent to enlarged mid abdominal mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.5 cm width.
IMAGING PERFORMED BY	<i>Other</i>
Sara Hansen	A rapid view of the heart revealed no evident pathology.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
The Ark VC	<ul style="list-style-type: none"> • Splenic mass • Non-homogeneous to intermittently nodular hepatic parenchyma • Minor gallbladder debris- incidental • Focal, subjectively benign/reactive mesenteric lymph node • Small pockets of very scant peritoneal free fluid
REFERRING VET	
Dr. Davies	
INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
13497	The study confirms the presence of a relatively small to moderately sized splenic mass with potential for scant intrabdominal bleeding as the potential cause of the patient's anemia and thrombocytopenia. Although histopathology is required for definitive diagnosis, the splenic mass is
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PATIENT

most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

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SPECIES

The hepatic parenchyma remodeling and subtle nodular changes are nonspecific and may indicate benign hepatic changes associated with age, hematopoiesis, areas of nodular to regenerative hyperplasia, small parenchymal cysts or similar. However, the possibility of potential hepatic or non-visualized/micrometastasis in these cases cannot be definitively excluded.

Canine

BREED

Assuming no evidence of thoracic metastasis on three-view chest radiographs, laparotomy with splenectomy, gross inspection of the liver and regional perisplenic omentum +/- hepatic biopsies would be warranted.

Labrador

SEX

Spayed Female

AGE

12 Years

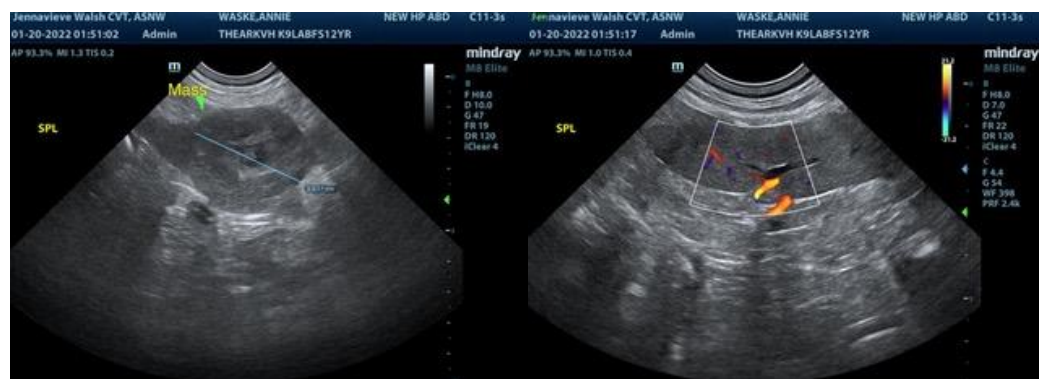
WEIGHT

48.8 Lbs.



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R. McKenzie Daniel,
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(Canine and Feline)



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Sara Hansen

HOSPITAL NAME

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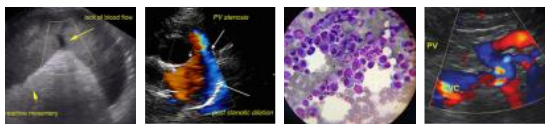
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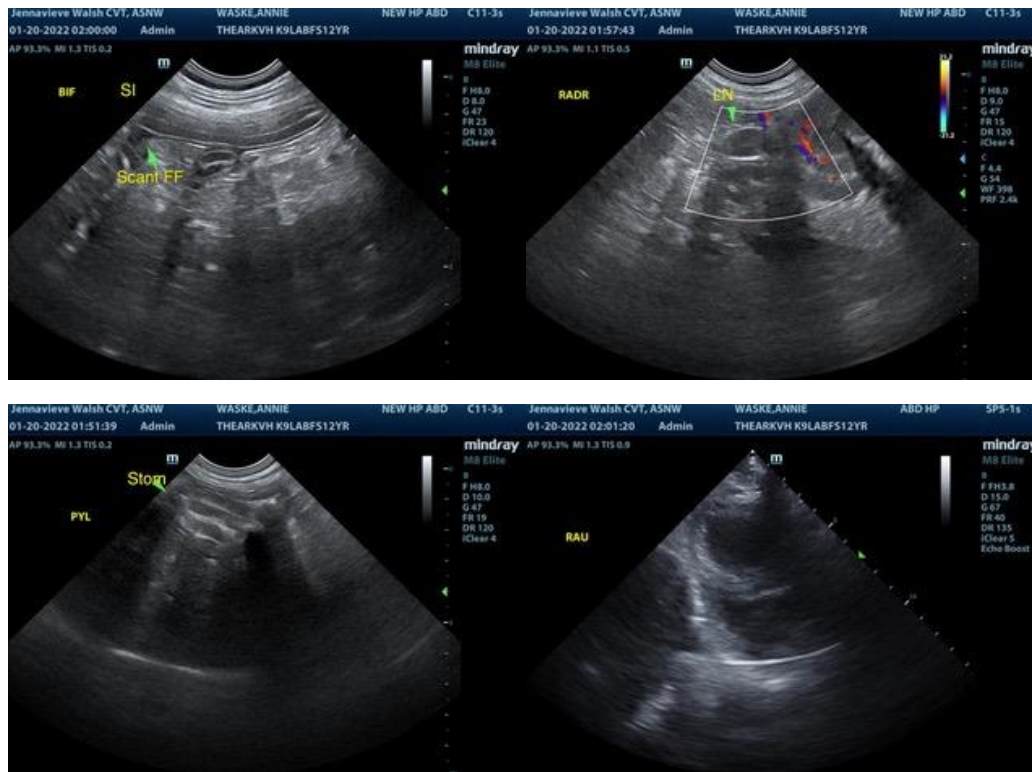
Dr. Davies

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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 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.

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 info@SonoPath.com