



PATIENT

Bella Epperson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

45.8 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jasmine Palacios, SDEP
Attendee

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

13533

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: Cutaneous mast cell tumors that were removed last year. HX of UTIs. PU/PD for a few months. Defecating frequently, consistency varies. Abdominal mass palpated on exam today. Currently on Bravecto and Cosequin

Abnormal PE/Chem/CBC/UA Results: See attached labwork: Dilute urine (SG = 1.011), inactive sediment. Chemistry and CBC unremarkable. Radiographic findings: large splenic mass, LS spondylosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted. Aortic trifurcation was normal without evidence of sublumbar or medial iliac lymphadenopathy.

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 5.6 cm in length. The right kidney measured 5.9 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 0.64 cm width at the caudal pole and 0.51 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 0.65 cm width at the caudal pole and 0.85 cm width at the cranial pole.

Spleen

A large mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 13.0 cm in diameter but potentially mildly larger with similar echogenicity and echotexture as discernable spleen. The parenchyma of the mass was heterogeneous to mixed echogenic without 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. The omentum around the spleen exhibited normal echogenicity without evidence of reactivity, inflammation or adhesions. No evidence of perisplenic or peritoneal effusion and no evidence of secondary hemoabdomen owing to splenic mass rupture was present.

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 subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, nondependent, nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Other

A rapid view of the heart revealed no evident pathology. No overt evidence of pericardial effusion or tumor/metastasis.

ULTRASONOGRAPHIC FINDINGS

- Large homogeneous splenic mass
- Mild hepatic parenchyma remodeling- subjectively benign, no overt hepatic metastasis
- Mild gallbladder debris (non-mucocele)
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Overt evidence of intraabdominal or pericardial metastasis was not definitively evident, however, in these cases the possibility of non-visualized or micrometastasis cannot be definitively excluded. Given the patients history of cutaneous mast cell tumors, ultrasound guided FNA of the splenic mass, using a 25-gauge needle and assuming normal clotting status could be considered for further clarification. If no evidence of thoracic metastasis on three-view chest radiographs, laparotomy with expectations toward splenectomy as well as gross inspection of the regional omentum and organs would be warranted.



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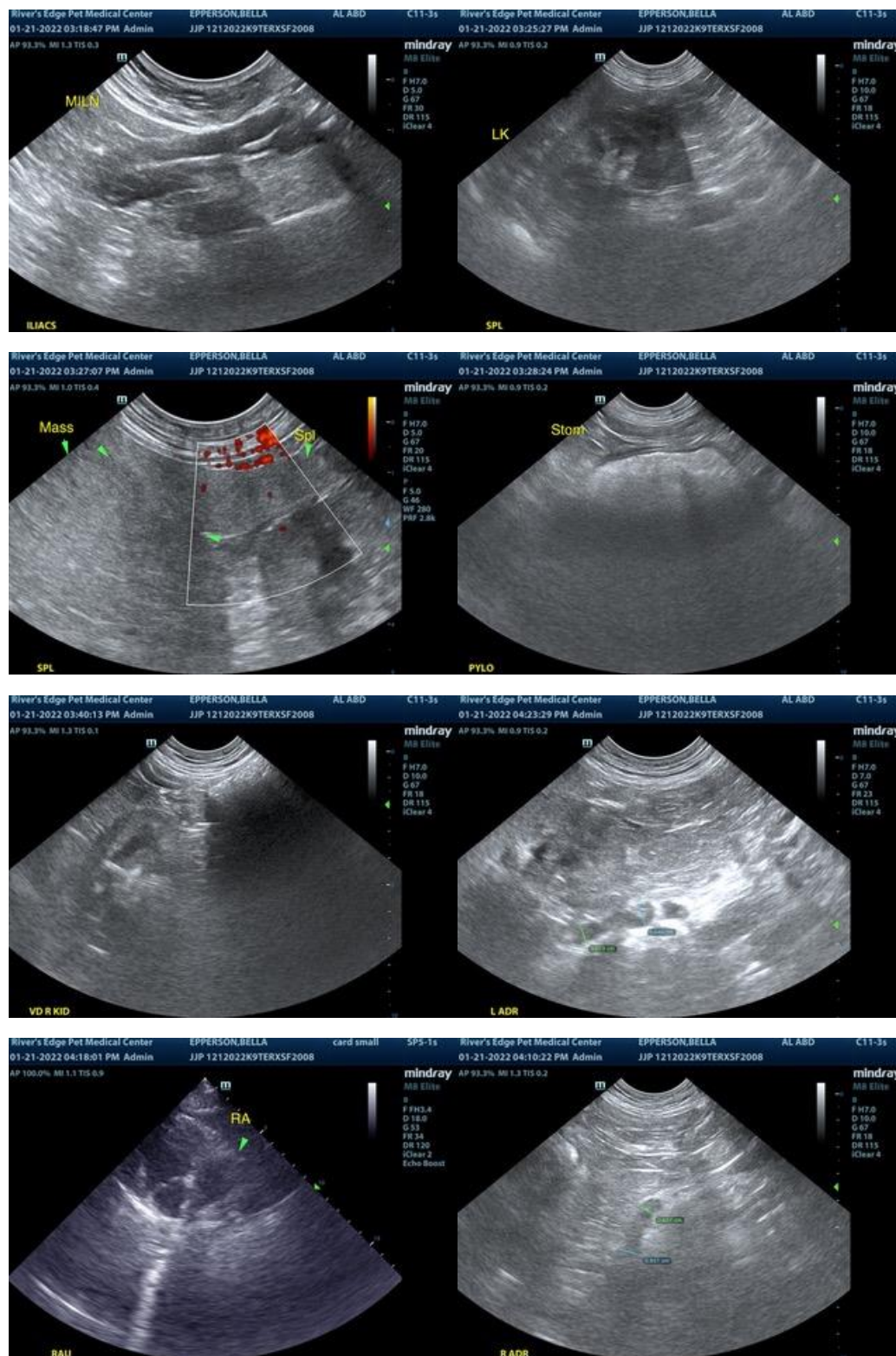
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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