



**PATIENT**

Dillanger Maldonado

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Intact male

**AGE**

12 years

**WEIGHT**

60

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Elmhurst Animal  
Emergency Hospital

**REFERRING VET**

Dr. Suci

**INVOICE**

13192

**DATE**

1/27/22

**PRESENTING CLINICAL SIGNS**

Hx of chronic skin DZ, July 20/2021 AUS splenic mass 5 cm diameter, no typical BPH irregular hyperechoic with anechoic cystic changed, small to moderate abdominal effusion, presented today for severe abdominal distension, mild SC edema, ventral aspect.

Abnormal PE/Chem/CBC/UA Results: Presented today for severe abdominal distension, mild SC edema, ventral aspect. Abdominocentesis performed, 6000 ml of sanguineous fluids. Fluid analysis pending BW Declined Chronic generalized dermatitis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic with suspected area of parenchymal mineralization. The prostate measured approximately 5.0 cm in diameter.

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 6.1 cm in length. The right kidney measured 6.3 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 0.52 cm width at the caudal pole and 0.45 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 0.51 cm width at the caudal pole.

**Spleen**

Spherical, nonhomogeneous mass involving the caudal spleen with secondary capsule expansion and disruption was present and measured approximately 5.5 cm in diameter. 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.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement with subjective potential for vascular congestion. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. No overt hepatic masses or nodules were



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noted. 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**

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.

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The visualized small intestine presented intact wall layering and a 1:3 muscularis/mucosa ratio. No overt evidence of gastrointestinal pathology was evident.

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

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**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 were evident.

**WEIGHT**

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**Free Abdomen**

No overt lymphadenopathy was present. Moderate volume peritoneal free fluid was present. The free fluid appeared to be primarily anechoic with potential for mild cellular component. The omentum exhibited subjective uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Prostatomegaly exhibiting nonuniform to suspect focally mineralized parenchyma - benign prostatic hyperplasia, chronic prostatitis, or neoplasia possible
- Splenic mass
- Hepatomegaly exhibiting parenchymal remodeling and subjective potential for vascular congestion
- Moderate volume peritoneal free fluid

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**Secondary Findings**

- Bilateral mild chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Pending fluid analysis, cytospin cytology, +/- C/S if evidence of inflammatory cells is warranted.

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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Given the presence of a splenic mass, as well as potential for mild subjective hepatic congestion, concern for possible pericardial disease (masses, effusion, etc.), is warranted. Three view chest radiographs are recommended to assess for thoracic pathology and cardiopulmonary status. Ideally, an echocardiographic assessment of the heart to assess for or rule out pericardial effusion or masses, given the splenic mass, is recommended. If no evidence of thoracic or cardiac / pericardial pathology and assuming no subnormal albumin levels, laparotomy

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with expectation toward splenectomy, as well as hepatic biopsy could be considered. Alternatively, ultrasound guided FNA of the liver for screening cytology prior to any potential surgical considerations would be appropriate.

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Prostatic cytology and / or prostatic wash for cytology +/- C/S would be required for further prostatic clarification.

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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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