



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zoey Hansen	PU/PD, suspect mid abd mass on rads.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b><i>Urinary System</i></b>
<b>BREED</b>	The urinary bladder was subnormal in size owing to lack of urine distention. Sonographic assessment of the urinary bladder walls was limited owing to lack of urine distention. No overt evidence of neoplastic criteria, although potential for cystitis pattern in the bladder cannot be excluded. Correlation with clinical history recommended. Apical urinary bladder wall measured 1.1 cm in diameter. The urethra was normal in structure and tone to a depth of 3.0 cm.
Lab Retriever X	
<b>SEX</b>	<b><i>Adrenal Glands</i></b>
Spayed Female	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.57 cm at the caudal pole. The right adrenal gland measured 3.4 cm length x 0.77 cm at the caudal pole.
<b>AGE</b>	<b><i>Spleen</i></b>
10 Years	The spleen revealed a moderately expansive hypoechoic mass in the subjective mid to caudal spleen, measuring approximately 6-7 cm in diameter. Concurrent mildly expansive hypoechoic nodule present in the cranial spleen measuring approximately 2.0 cm in diameter.
<b>WEIGHT</b>	<b><i>Liver</i></b>
74 Pounds	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, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>INTERPRETED BY</b>	<b><i>Gastrointestinal</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b><i>Pancreas</i></b>
Shari Reffi, CVT	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.
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
34020	
<b>DATE</b>	
1/6/22	



**PATIENT**

Zoey Hansen

**Free Abdomen**

**SPECIES**

Canine

Focal, mildly prominent to enlarged medial iliac lymph node was present measuring 0.50 cm width. 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 was not overtly consistent with neoplastic or inflammatory criteria.

**BREED**

Lab Retriever X

No evidence of peritoneal free fluid secondary to splenic mass rupture. The omentum exhibited uniform echogenicity. No overt lymphadenopathy.

**Heart**

**SEX**

Spayed Female

Brief sonographic assessment of the heart revealed no overt evidence of pericardial masses or definitive effusion.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Mid to caudal splenic mass with concurrent cranial nodule
- Minor hepatic parenchymal remodeling – subjectively benign
- Mild gallbladder debris – likely incidental
- Mild age related kidneys
- Potential cystitis

**WEIGHT**

74 Pounds

**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). Round cell neoplasia suspected, although not definitive. Overt evidence of intraabdominal or pericardial metastasis was not definitively evident. Assuming no evidence of thoracic metastasis on 3-view chest radiographs, laparotomy with splenectomy and gross inspection of the liver is warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt evidence of adrenal hyperplasia or neoplastic criteria.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

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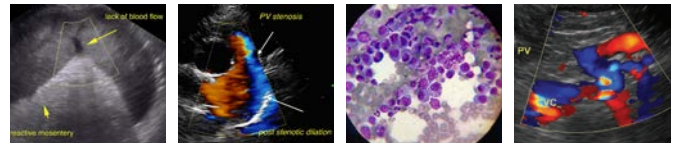
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**PATIENT**

Zoey Hansen

**SPECIES**

Canine

**BREED**

Lab Retriever X

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

74 Pounds

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DVM, DABVP  
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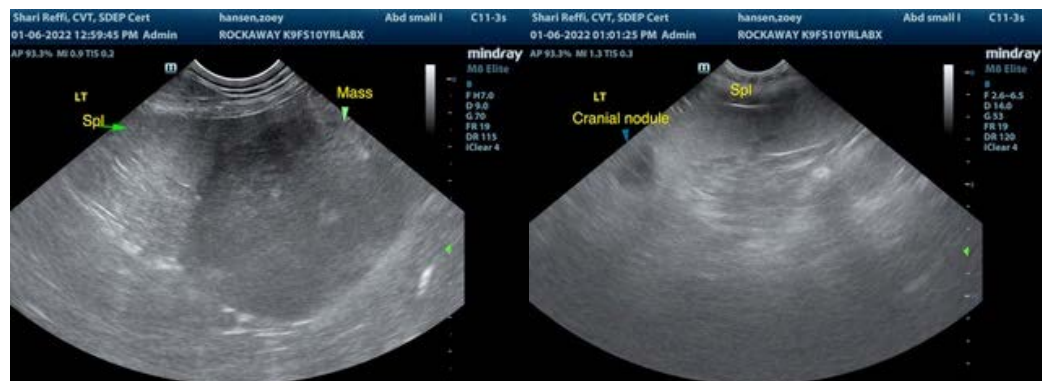
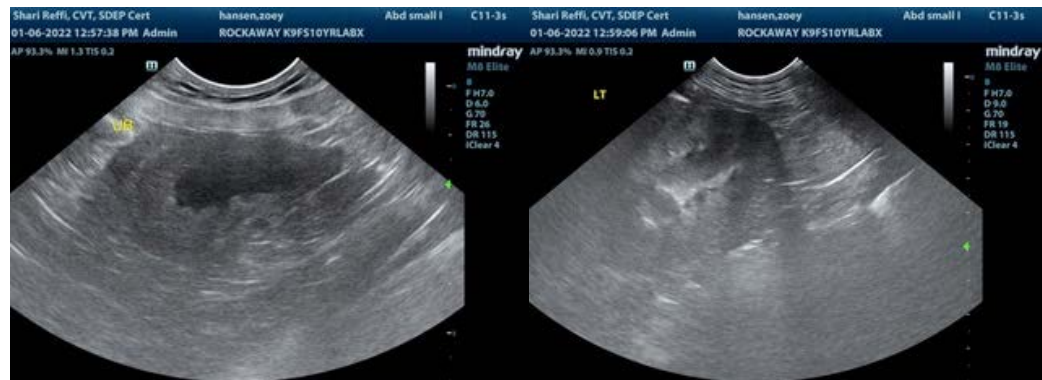
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**PATIENT**

Zoey Hansen

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.

**SPECIES**

Canine

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.

**BREED**

Lab Retriever X

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

74 Pounds

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING  
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