



**PATIENT PRESENTING CLINICAL SIGNS**

Harley Stefanski 12/29 presented for anorexia, vomiting, not acting himself. On PE - soft 20cm round SubQ moveable mass just caudal to the L shoulder on the chest\ BCS 8/9

**SPECIES Current Medications Clavaseptinv**

Canine Abnormal PE/Chem/CBC/UA Results: PHOS 0.63, MCH 19.9, MCV 56.4, WBC 18.3, NEUT 15.1 rads: There is a mid abdominal soft tissue mass which is most likely arising from the spleen. There is a suspected smaller splenic tail nodule. Neoplasia such as hemangiosarcoma is considered most likely. A benign process such as a hematoma or a hyperplastic lesion cannot be ruled out. The possibility that the mass is arising from the intestinal tract or mesenteric lymph nodes also cannot be excluded, but is considered less likely. The gastrointestinal tract is unremarkable, with no evidence of obstruction or foreign material. No evidence of pulmonary metastasis is identified in the limited evaluation of the thorax.

**BREED**

Mastiff Mix

**SEX**

MN

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

10yr

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

**WEIGHT**

70kg

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 9.0 cm in length. The right kidney measured 9.5 cm in length

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**IMAGING PERFORMED BY**

Kelly Reschny

The left adrenal gland was indistinctly visualized owing to patient size and confirmation. The left adrenal gland subjectively measured 0.73 cm width at the caudal pole. The right adrenal gland was not overtly visualized.

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

**Spleen**

**REFERRING VET**

Dr. Baskin

A moderately sized mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present in the mid to caudal spleen measuring ~ 7 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited generalized parenchyma heterogeneity with likely mildly expansive well demarcated uniform cranial splenic nodule measuring 2.7 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

**INVOICE**

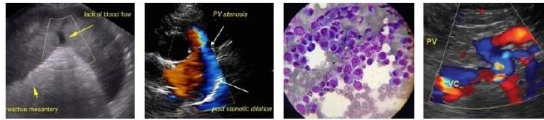
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**Liver/Gallbladder**

**DATE**

01/09/2023

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent discrete non-disruptive intra parenchymal nodules were present, an example measuring 1.8 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance



**PATIENT**

Harley Stefanski

without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

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.

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.

**BREED**

Mastiff Mix

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

**Pancreas**

**SEX**

MN

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**

**AGE**

10yr

No omental masses, overt lymphadenopathy or evidence of splenic mass rupture with secondary peritoneal effusion/hemoabdomen was present. The perisplenic to generalized omentum exhibited uniform appearance.

**WEIGHT**

70kg

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular to non-homogenous splenic mass with concurrent probable cranial splenic nodule
- Heterogenous mildly irregular to discretely nodular liver
- Minor gallbladder debris (non-mucocele)
- Mild age related renal changes

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

**PERFORMED BY**

Kelly Reschny

The splenic mass and potential concurrent splenic nodule are suggestive of neoplastic criteria i.e. hemangiosarcoma, round cell neoplasia or other. Potential for benign etiologies for the splenic mass and nodules thought less likely. The hepatic parenchymal changes were non-specific and may indicate age related remodeling, hematopoiesis, hyperplasia, or small granulomas while the potential for early hepatic metastasis secondary to the splenic mass cannot be definitively excluded.

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

Assuming no evidence of pathology on three view radiographs, splenectomy with gross inspection of the liver +/- hepatic biopsies assuming normal clotting status could be considered.

**REFERRING VET**

Dr. Baskin

A guarded prognosis is indicated pending splenic mass histopathology.

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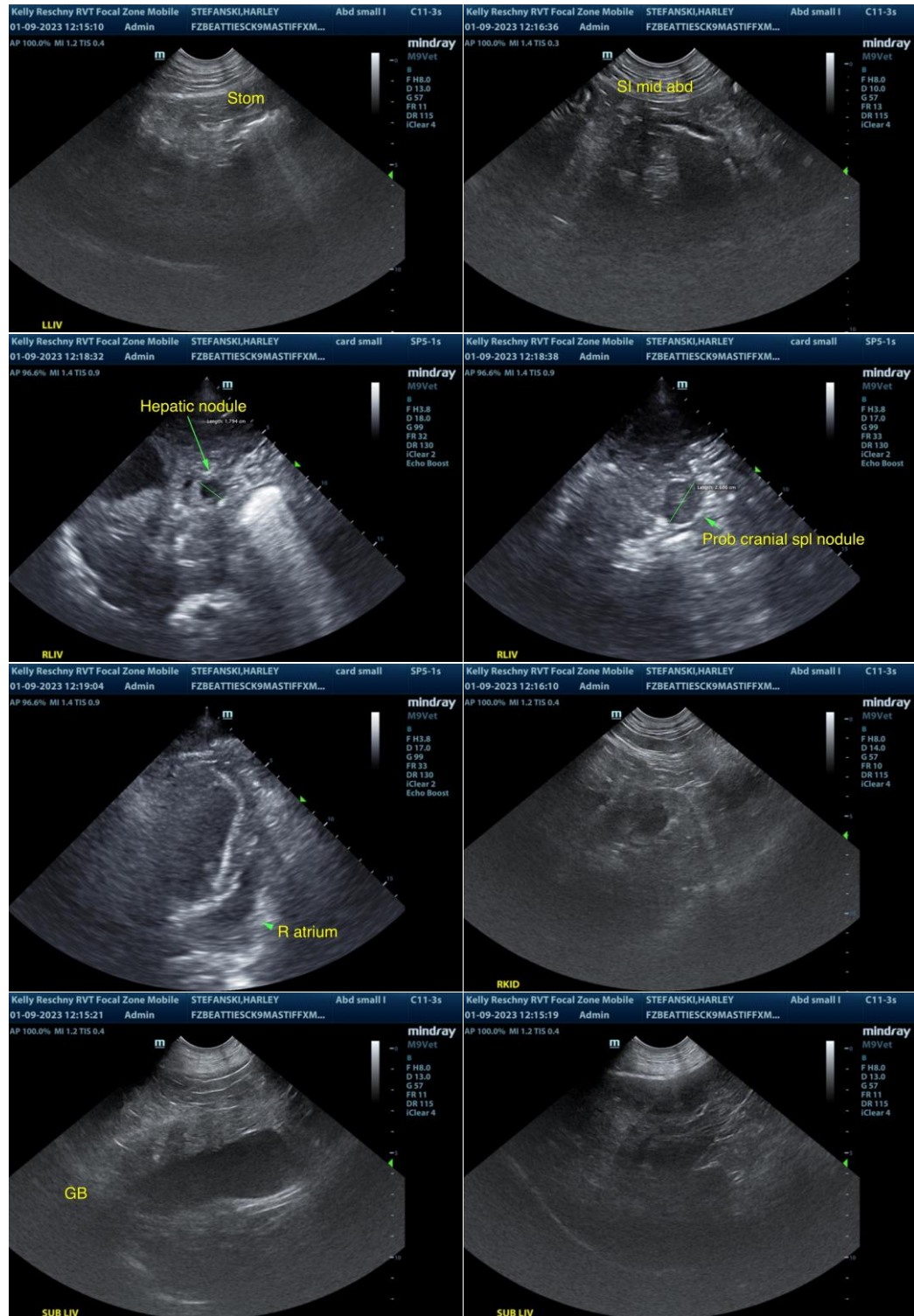
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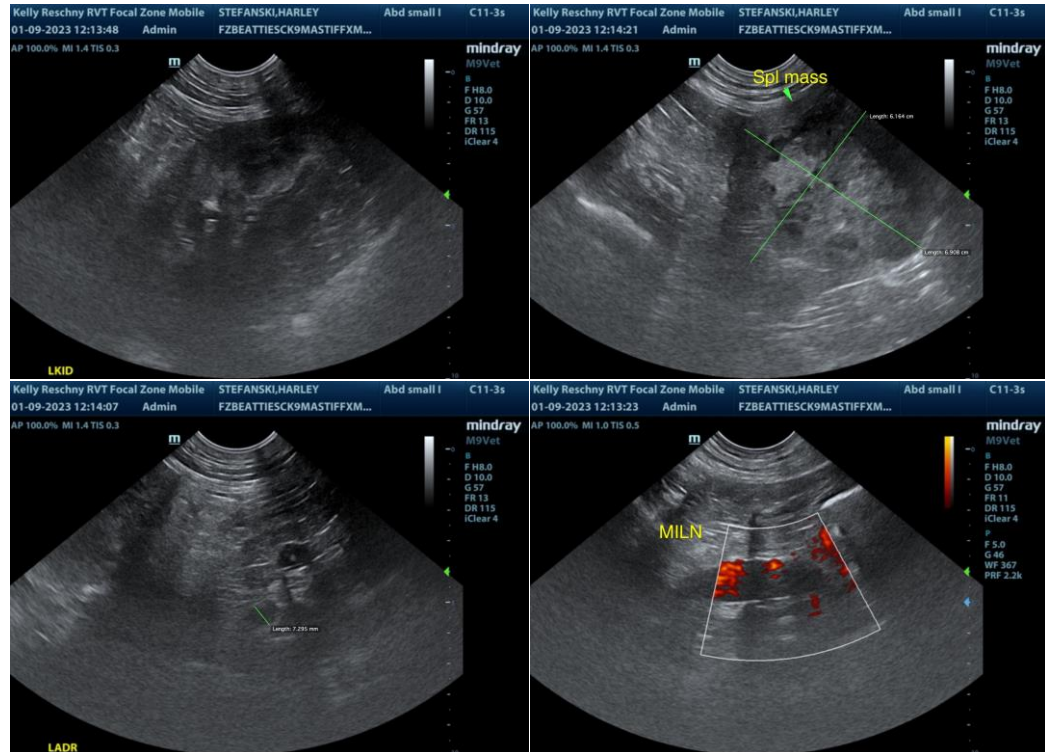
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**AGE**

10yr

**WEIGHT**

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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.

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info@SonoPath.com

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