**PATIENT**

Charlie Johnson

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

12 years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Kimball AH

**INVOICE**

15182

**DATE**

10/11/22

**PRESENTING CLINICAL SIGNS**

Owner observed that pet has been sleeping more lately.

Abnormal PE/Chem/CBC/UA Results: Pet's belly was extended and our doctor was able to palpate an abdominal mass. Please see attached record and labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

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 6.9 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged in size yet without evidence of neoplastic criteria, measuring 0.96 cm width at the caudal pole and 0.97 cm in the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.79 cm width at the caudal pole and 0.94 cm width at the cranial pole.

**Spleen**

A moderately sized to expansive mass in the mid to cranial spleen exhibiting mild asymmetrical margination with distortion of the associated splenic capsule was present and measured 11.0-12.0 cm in diameter. No evidence of parenchymal escape or evidence of splenic mass rupture with secondary peritoneal free fluid / hemoabdomen was noted. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited maintained symmetrical capsule contour and finely textured to mild heterogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/ Gallbladder**

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. No distinct hepatic masses or nodules were noted. The gallbladder was non-distended in size with minor nondependent mildly echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes with benign remodeling.

***Free Abdomen***

A solitary, nonspecific, subjectively benign or reactive gastric or pancreaticoduodenal lymph node was noted adjacent to the pylorus in the area of the pancreas base measuring 1.5 cm in diameter. No evidence of additional perisplenic or intraabdominal lymphadenopathy was noted. The omentum exhibited uniform echogenicity.

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

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Mild hepatic parenchymal remodeling - subjectively benign
- Focal nonspecific yet subjective benign gastric / pancreaticoduodenal lymph node
- Mild chronic renal changes
- Minor pancreatic remodeling - benign

**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). Neoplastic criteria is favored, although not definitive.

No obvious evidence of intrabdominal or cardiac metastasis was noted. However, given primary concern for splenic mass neoplastic criteria, the possibility of very early metastasis / micrometastasis in these cases cannot be definitively excluded. Assuming no evidence of pathology on three-view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver, area of the probable gastric / pancreaticoduodenal lymph node, and splenic histopathology for a definitive diagnosis may be considered.



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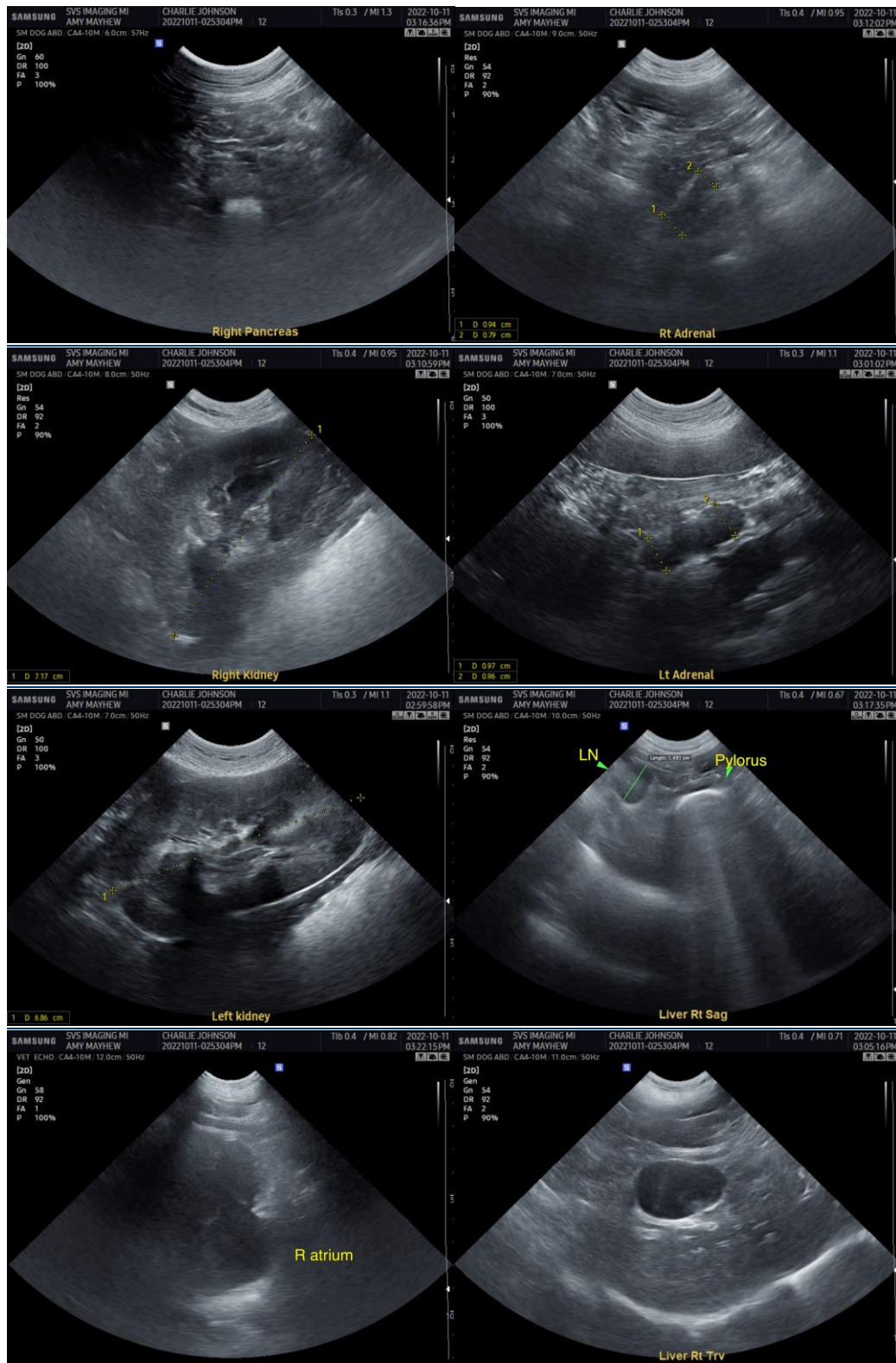
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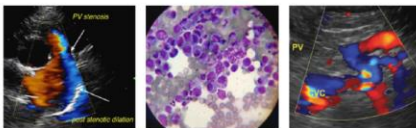
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**IMAGING PERFORMED BY**

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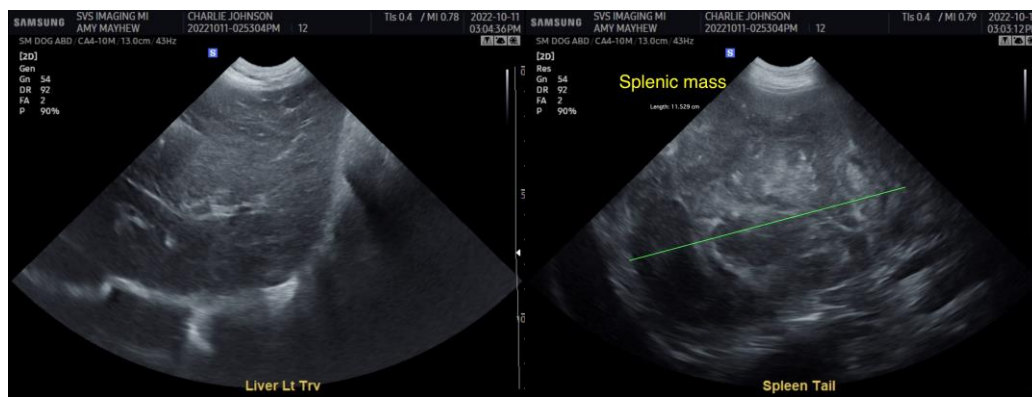
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com