



PATIENT

Chubby Richards

PRESENTING CLINICAL SIGNS

On whole body screening radiographs hepatomegally and mass in left cranial abdomen noted- suspected splenic mass. P has subcutaneous masses, cytology consistent with lipomas

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 10/9/22 labwork CBC - Wnl; Chemistry profile - Superchem: wnl except -ALP 145 (5-131) - Precision PSL 211 (24-140) Normal SDMA 6.6 (<14); Thyroid hormones - TT4 - 1.6 (0.8-3.5); Urinalysis - USG 1.024 pH 7 urine chems: trace pro urine sedi: nsf MA: 1.3 (<2.5); PT/PTT - Wnl/wnl; Accuplex - Heartworm (Antigen) NEGATIVE Borrelia burgdorferi NEGATIVE Ehrlichia canis NEGATIVE Anaplasma phagocytophilum NEGATIVE; Fecal Keyscreen PCR - All undetected.

BREED

Puggle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

12yr

Normal size and margination was 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 5.5 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT

37.8

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland exhibited mild caudal pole enlargement without evidence of parenchymal escape, vascular invasion or mineralization. The right adrenal gland was normal in size exhibiting parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the cranial pole and 0.88 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the cranial pole and 0.55 cm width in the caudal pole.

IMAGING PERFORMED BY

Carly Pate

Spleen

HOSPITAL NAME

VCA McKenzie
Animal Hospital

The spleen exhibited overall normal size and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. A mildly expansive irregular to non-homogenous macronodule to small mass was present in the caudal spleen measuring ~ 2.0 cm in diameter. A concurrent discrete nondisruptive hypoechoic nodule was present in the mid caudal spleen measuring 0.71 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Wayland

INVOICE

11863ag

Liver

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. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder

DATE

10/14/2022



PATIENT	was non-distended in size with primarily anechoic luminal content and mild echogenic luminal debris. The cystic and common bile ducts were normal.
Chubby Richards	
	<i>Gastrointestinal</i>
SPECIES	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non-shadowing mild ingesta/chyme with no signs of ileus, obstruction or foreign material.
Canine	
	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	
Puggle	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
SEX	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related pancreatic changes and considered incidental. No signs of active inflammation or neoplasia.
MN	
	<i>Free Abdomen</i>
AGE	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
12yr	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
37.8	<ul style="list-style-type: none"> • Mildly expansive non-homogeneous caudal splenic macronodule/small mass with concurrent separate discrete splenic nodule. The nodules are suggestive of areas of hyperplasia, hematopoiesis, small hematomas, granulomas, splenitis or emerging neoplasia i.e. sarcoma, round cell neoplasia or other • Vacuolar hepatopathy pattern-benign • Mild gallbladder debris (non-mucocele) • Mild age-related renal changes • Mildly enlarged caudal left adrenal gland, non-specific
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The mild caudal left adrenomegaly is not overtly consistent with neoplastic criteria with considerations including patient variant, minor benign hyperplasia or subtle adenomatous changes. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma.
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Carly Pate	
HOSPITAL NAME	Assuming normal clotting status and using a 25g needle, a splenic macronodule/small mass FNA for screening cytology could be considered. No evidence of intra-abdominal metastasis or additional neoplastic criteria was present.
VCA McKenzie Animal Hospital	
REFERRING VET	
Dr. Wayland	Sonographic monitoring of the splenic macronodule as well as the left adrenal gland for evidence of progressive changes would be reasonable. Prophylactic splenectomy assuming no evidence of pathology on three view chest radiographs along with sonographic monitoring of the left adrenal gland could be considered.
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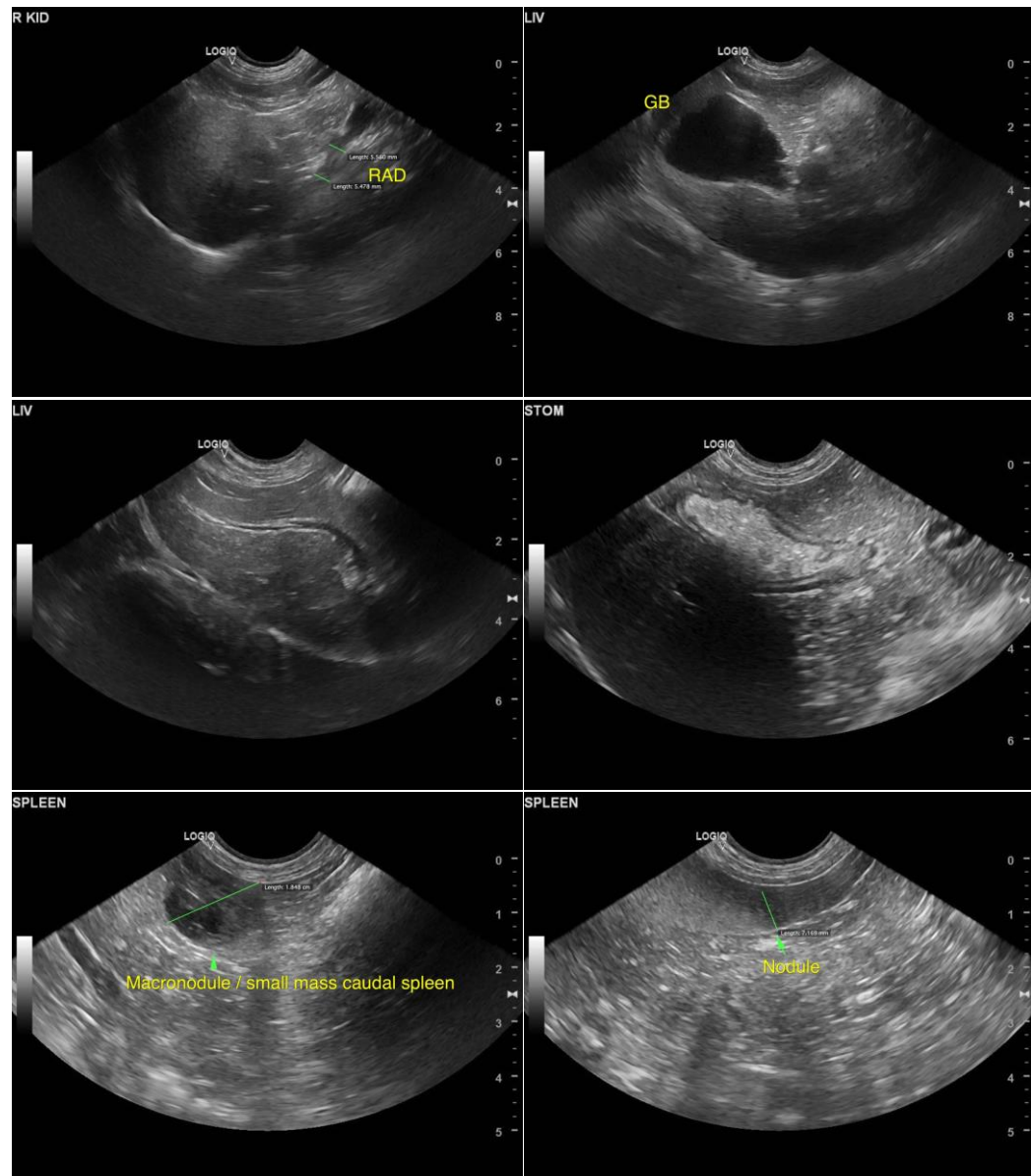
Dr. Wayland

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SPECIES

Canine

BREED

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SEX

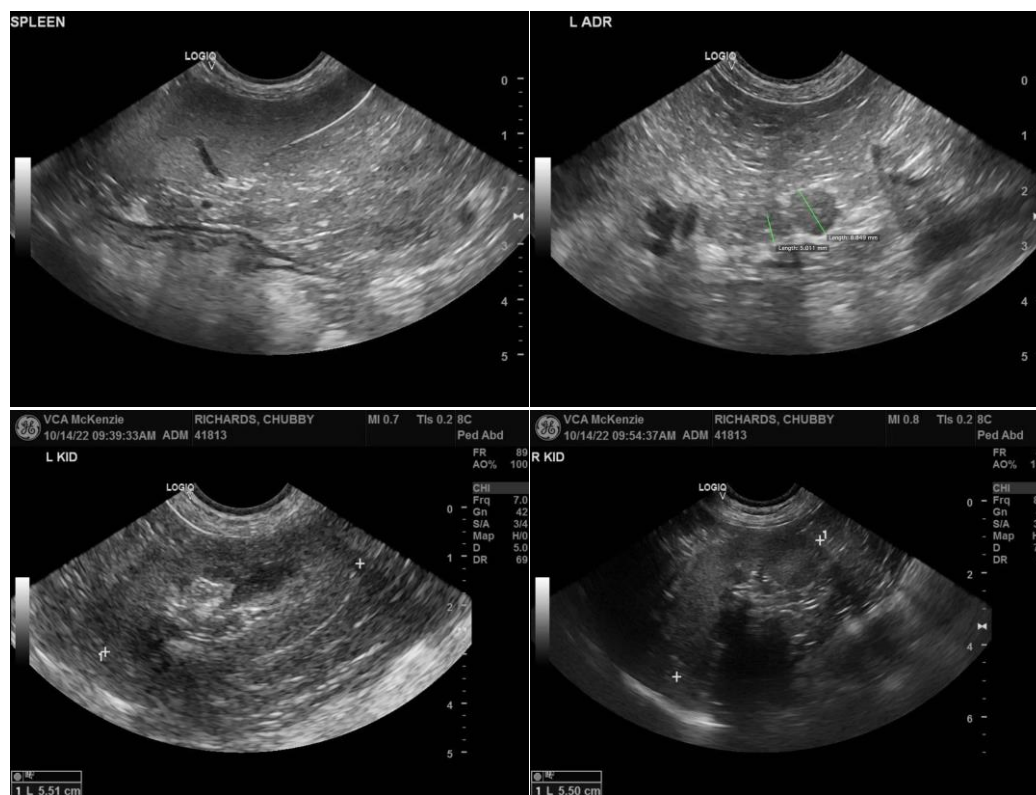
MN

AGE

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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.

INTERPRETED BY

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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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Carly Pate

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