



PATIENT

Meggie Brassington

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

13 years

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

15236

DATE

10/14/22

PRESENTING CLINICAL SIGNS

Meggie is a thirteen year old, FS, Australian Shepherd who presented to our local ER on 9/25/22 for possible seizure activity. Idiopathic vestibular or otitis was suspected and cerenia, meclizine, cephalixin and ear medication was prescribed. The ear ointment was finished on 10/5/22 and there was a break in the meclizine from 10/2/22-10/8/22. Meggie has had "stumbling" episodes since her ER visits on 9/25, but these have been intermittent. Meggie has had a chronic grade III/VI systolic heart murmur and screening at a cardiac clinic in June showed LA:Ao = 1.4 but no other measurements or complete notes available. On exam on 10/11/22, I did not find any neuro signs such as nystagmus, ataxia, head tilt or abnormal reflexes present. After watching a video of Meggie's intermittent stumbling episodes, I am concerned that these may be cardiac or weakness episodes. Bloodwork showed regenerative anemia (HCT=30%, and in June HCT=47%), albumin mildly decreased at 2.6. Blood pressure on exam on 117/80, 111/84, 111/65. Meggie was also mildly tender on abdominal palpation.

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 iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 cm in length. No evidence of left or right kidney neoplastic criteria.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to regional periadrenal omental artifact.

Spleen

The spleen exhibited a moderately sized, irregular, mixed echogenic mass measuring approximately 8.0 cm in diameter. The spleen not involved with the mass exhibited overall normal size with areas of mild capsule asymmetry and mild parenchyma heterogeneity.

Liver/ Gallbladder

The liver presented subjective mild 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.



PATIENT	No hepatic masses, nodules or evidence of primary vs. metastatic neoplastic hepatic criteria. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Meggie Brassington	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented mildly prominent wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. A mild amount of retained fluid was present.
BREED	
Australian Shepherd	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<i>Pancreas</i>
AGE	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.
13 years	
WEIGHT	<i>Free Abdomen</i>
39 lbs.	Regional, primarily perisplenic, nonuniform hyperechoic mesentery with mild volume perisplenic to peritoneal free fluid was present. No overt lymphadenopathy was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Irregular to nonuniform splenic mass - consistent with neoplastic criteria, sarcoma likely, potential for round cell neoplasia or other, benign pathology such as hyperplasia, hematopoiesis, hematoma, splenitis, etc., possible yet considered less likely • Regional primarily perisplenic nonuniform mesentery and mild volume peritoneal free fluid - potential for omental adhesions to the splenic mass • Subjective mild vacuolar hepatopathy pattern - no obvious evidence of hepatic metastatic or neoplastic criteria • Mild chronic renal changes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Jennifer Todd	Pending echocardiographic assessment, no obvious evidence of major organ primary vs. metastatic neoplastic criteria. However, the possibility of regional perisplenic omental seeding secondary to the splenic mass, as well as omental adhesions, cannot be definitively excluded. Mild volume hemoabdomen is likely, given the anemia.
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DATE	Pending echocardiogram and assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum, as well as the liver may be considered. A guarded to possible very guarded prognosis pending splenic histopathology.
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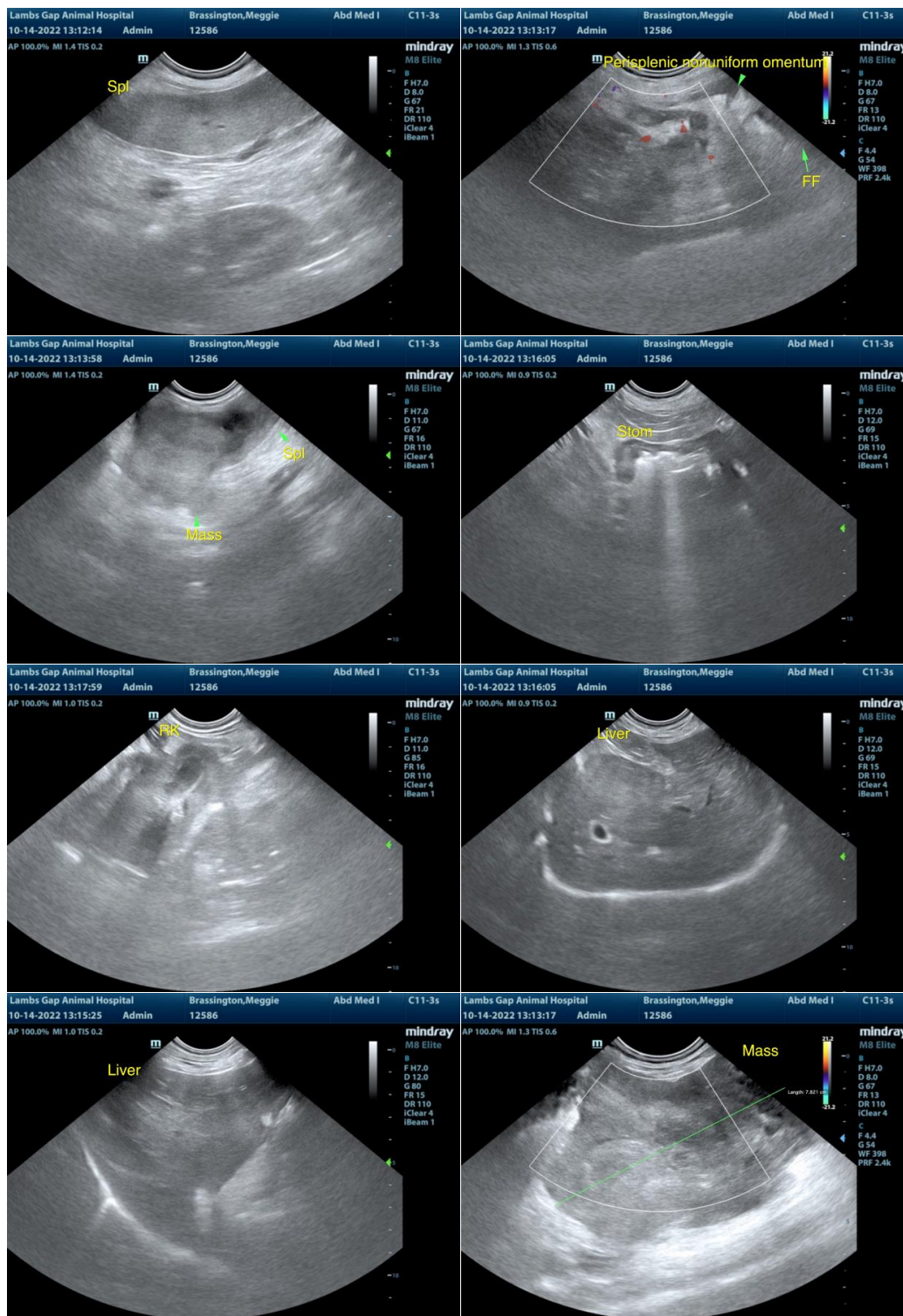
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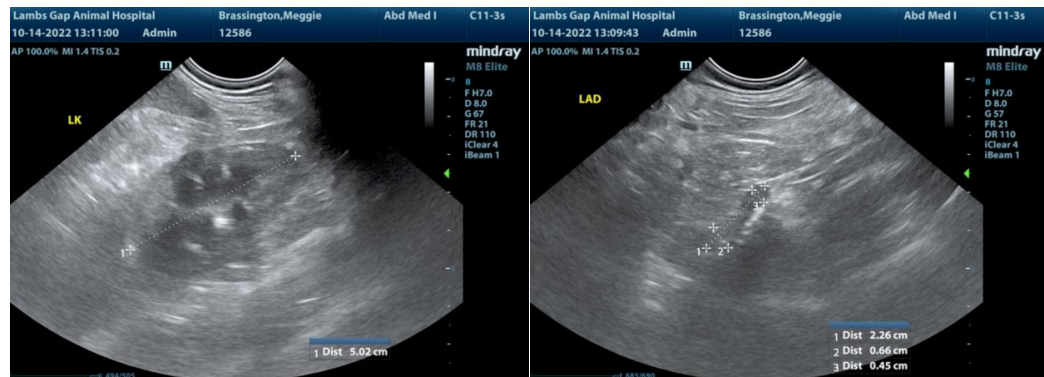
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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