



PATIENT PRESENTING CLINICAL SIGNS

Kaia Cutsogeorge

P presented for loss of appetite, lethargic and increased thirst. When scanning for cysto abnormal structure, when alerted DVM suspected splenic mass. Current Medications Gabapentin, Rovera, and Adequan Primary Question/Differential to Be Answered in This Exam Is there any found on US to explain these symptoms?

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Retriever Mix

Urinary System

SEX

FS

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

11yr

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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

62.9lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The right adrenal gland exhibited mild prominent size based on caudal pole width measurement. The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm and 0.79 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length and 0.89 cm width in the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh CVT

Spleen

The spleen exhibited generalized asymmetrical moderate to marked enlargement with multiple variably sized to variably echogenic coalescing masses, an example measuring 5.7 cm in diameter. Regional hyperechoic perisplenic omentum was noted. Omental adhesions to the spleen cannot be definitively excluded.

HOSPITAL NAME

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AH

Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Sullivan

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

DATE

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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.

SPECIES

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Pancreas

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.

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Free Abdomen

SEX

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No peritoneal effusion was present or evidence of secondary hemoabdomen.

AGE

11yr

Intermittent mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.8 cm x 1.0 cm. This finding was not overtly consistent with neoplastic criteria.

WEIGHT

62.9lb

Brief subjective sonographic assessment of the heart revealed no obvious evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked generalized asymmetrical splenomegaly exhibiting multiple masses-consistent with neoplastic criteria, primary suspicion for sarcoma vs round cell neoplasia
- Mild hepatic parenchyma remodeling
- Mild chronic renal changes
- Possible mildly enlarged irregular right adrenal gland-nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

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No overt evidence of hepatorenal metastasis and without evidence of splenic mass rupture although potential for non-sonographically evident micro metastasis given the extent of splenic pathology cannot be definitively excluded.

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A screening BP is advised to assess for evidence of hypertension which may allude to emerging right adrenal neoplastic criteria i.e. pheochromocytoma.

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Assuming no evidence of pathology on three view chest radiographs and without overt evidence of cardiac/abdominal metastasis, laparotomy with splenectomy, gross inspection of the perisplenic omentum, liver and right adrenal gland could be considered. A very guarded to unfavorable long term prognosis is likely indicated.

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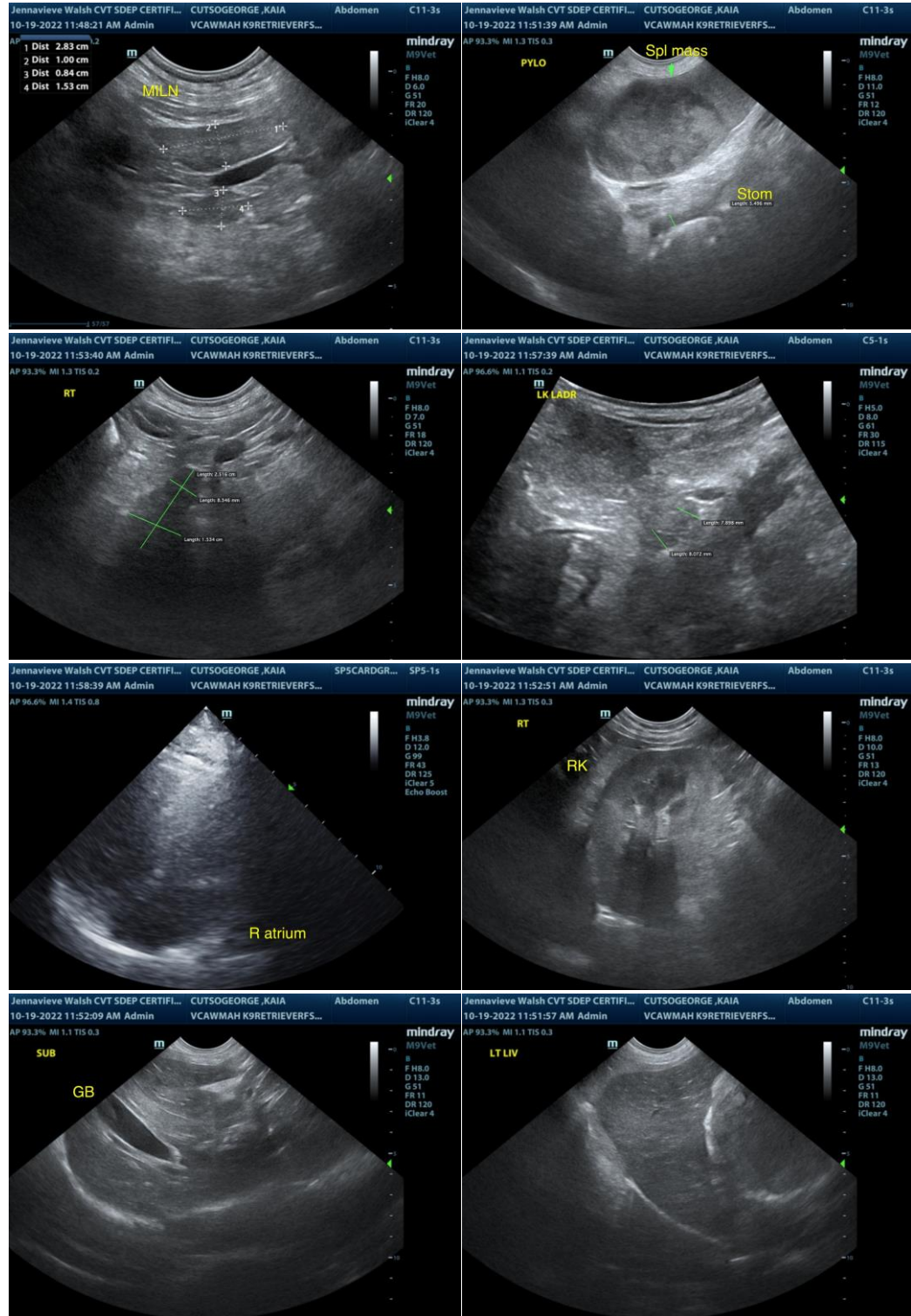
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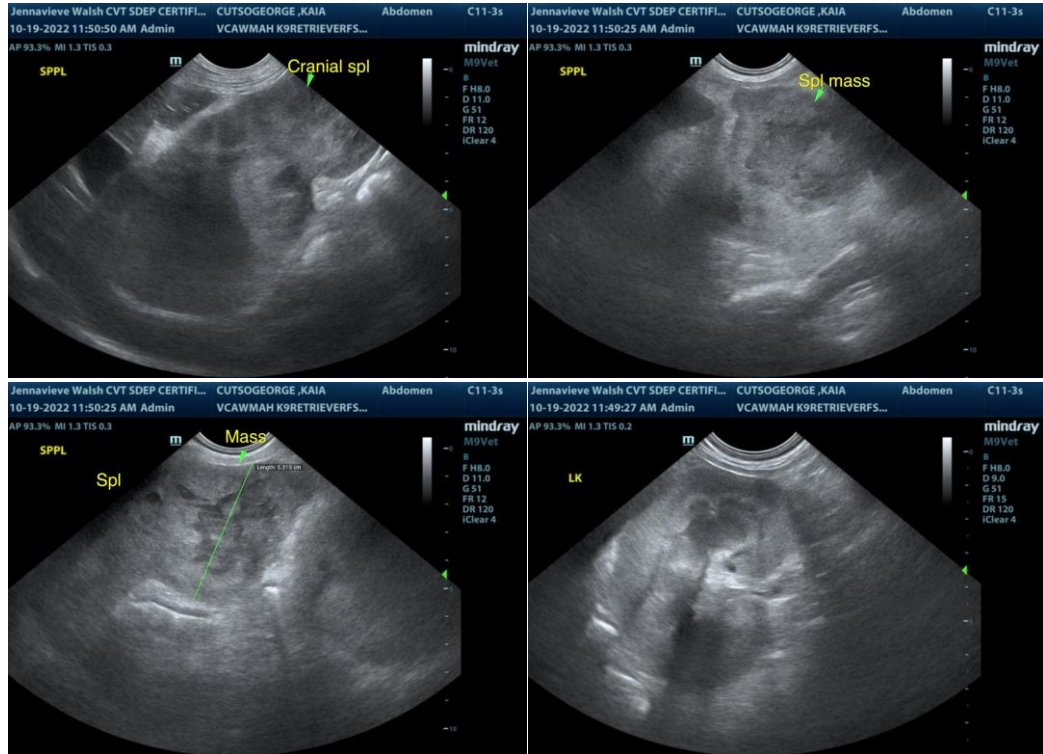
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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