



PATIENT

PRESENTING CLINICAL SIGNS

Rubi Prieto

Presented for abdominal ultrasound on referral . Patient has history of skin mass. Radiographs were taken on 09-07-22, abdominal mass was noticed. Referring Vet wants to rule out Hemangiosarcoma met spleen.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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.

SEX

F

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

AGE

16yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

21.6

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.32 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited subjective mild enlargement, areas of mild capsule asymmetry with generalized mild parenchyma heterogeneity. A large expansive irregular to non-homogeneous mass was present in the mid cranial abdomen in the area of the spleen measuring ~ 12 cm in diameter. Evidence of mild associated regional hyperechoic mesentery and scant perisplenic free fluid was noted.

IMAGING PERFORMED BY

Julissa Diaz

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.

HOSPITAL NAME

Centro Veterinario
del Norte

REFERRING VET

Dr. Trinidad

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

INVOICE

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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.

DATE

10/20/2022

Pancreas



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

SPECIES

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

- Large non-homogeneous mass in the area of the spleen
- Mild hepatic parenchyma remodeling-subjectively benign
- Possible mild gastritis/gastroduodenitis
- Regional hyperechoic mesentery and intermittent small pocket of scant free fluid primarily around the splenic mass and cranial abdomen

SEX

F

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16yr

This study confirms the presence of a large non-homogeneous mass most likely of splenic origin and suggestive of neoplastic criteria i.e. sarcoma or other. No overt evidence of intra-abdominal metastasis although given likelihood of malignant splenic neoplasia, potential for sonographically evident micro metastasis cannot be definitively excluded. Ideally brief sonograph assessment of the heart to rule out evidence of pericardial effusion or tumors is recommended. If not evidence of pericardial or thoracic pathology, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver could be considered. A guarded to potential unfavorable prognosis is likely indicated.

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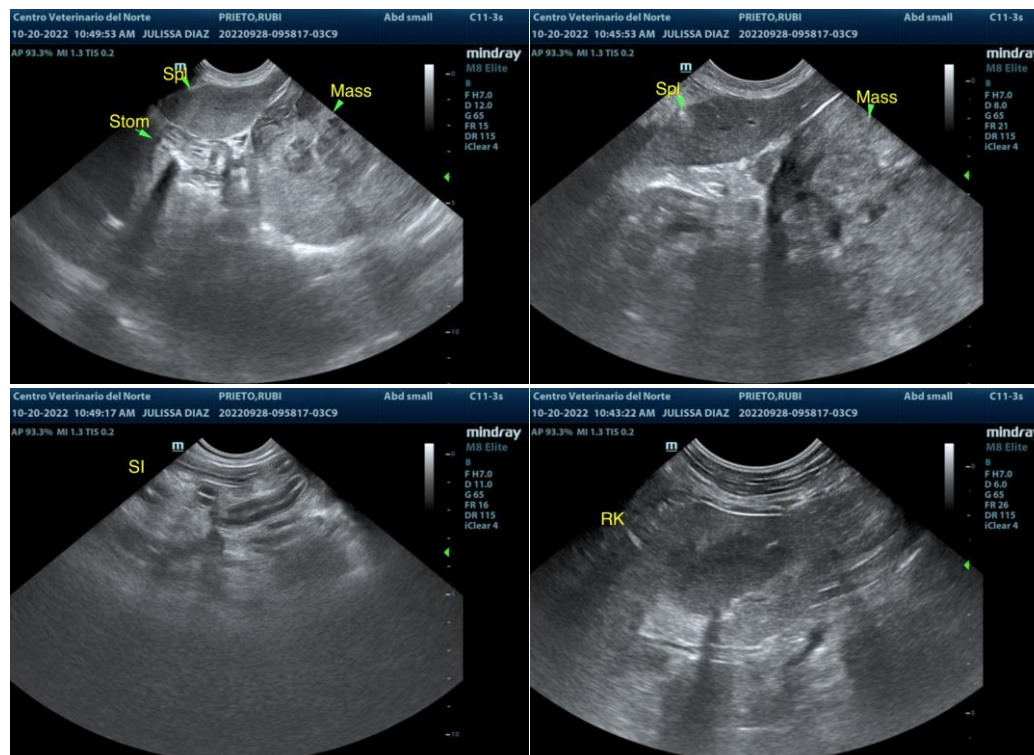
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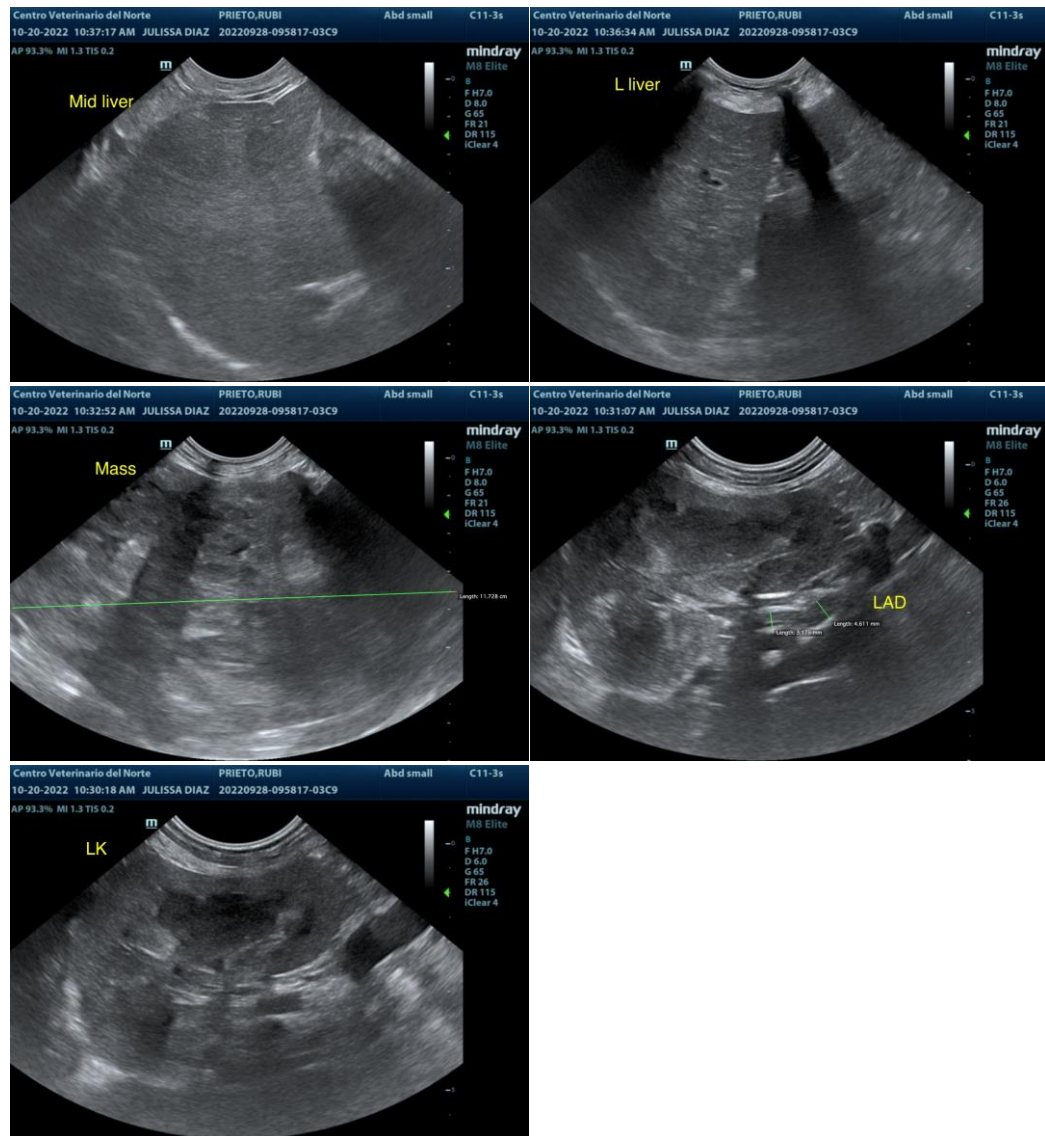
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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