



PATIENT

Magnum Solderitch

PRESENTING CLINICAL SIGNS

History: Possible abdominal bleed, anemia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

BREED

Australian Shepherd

No overt pathology was noted in the area of the residual prostate.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

10 years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.4 cm in length.

WEIGHT

75 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.50 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 7.5 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional, nonuniform, perisplenic omentum with potential for adhesions is suspected.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

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.

REFERRING VET

Dr. Thayer

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric ingesta / chyme.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

BREED

Australian Shepherd

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Neutered Male

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 were evident.

AGE

10 years

Free Abdomen

Associated, mild to moderate peritoneal free fluid, suggestive of hemoabdomen, was noted. No overt lymphadenopathy, although a potential for mild perisplenic lymphadenopathy not visualized owing to nonuniform omental echogenicity and increased omental artifact may be possible.

WEIGHT

75 Pounds

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cavitated splenic mass with regional perisplenic nonuniform mesentery and suspected adhesions
- Heterogenous liver with parenchymal remodeling
- Mild to moderate peritoneal free fluid - consistent with hemoabdomen

IMAGING PERFORMED BY

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Secondary Findings

- Bilateral mild chronic renal changes

HOSPITAL NAME

Mill Pond VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Thayer

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. Minor potential for unspecified omental mass impinging upon the spleen, considered unlikely. Overt evidence of metastasis was not noted. However, concern for possible regional perisplenic omental seeding or non-visualized or micrometastasis potentially within the liver cannot be definitively excluded in these cases.

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Assuming no evidence of thoracic metastasis on three view chest radiographs, laparotomy with expectation towards splenectomy with gross inspection of the perisplenic omentum and liver may be considered. However, a very guarded long-term prognosis is warranted.

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SEX

Neutered Male

AGE

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WEIGHT

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IMAGING PERFORMED BY

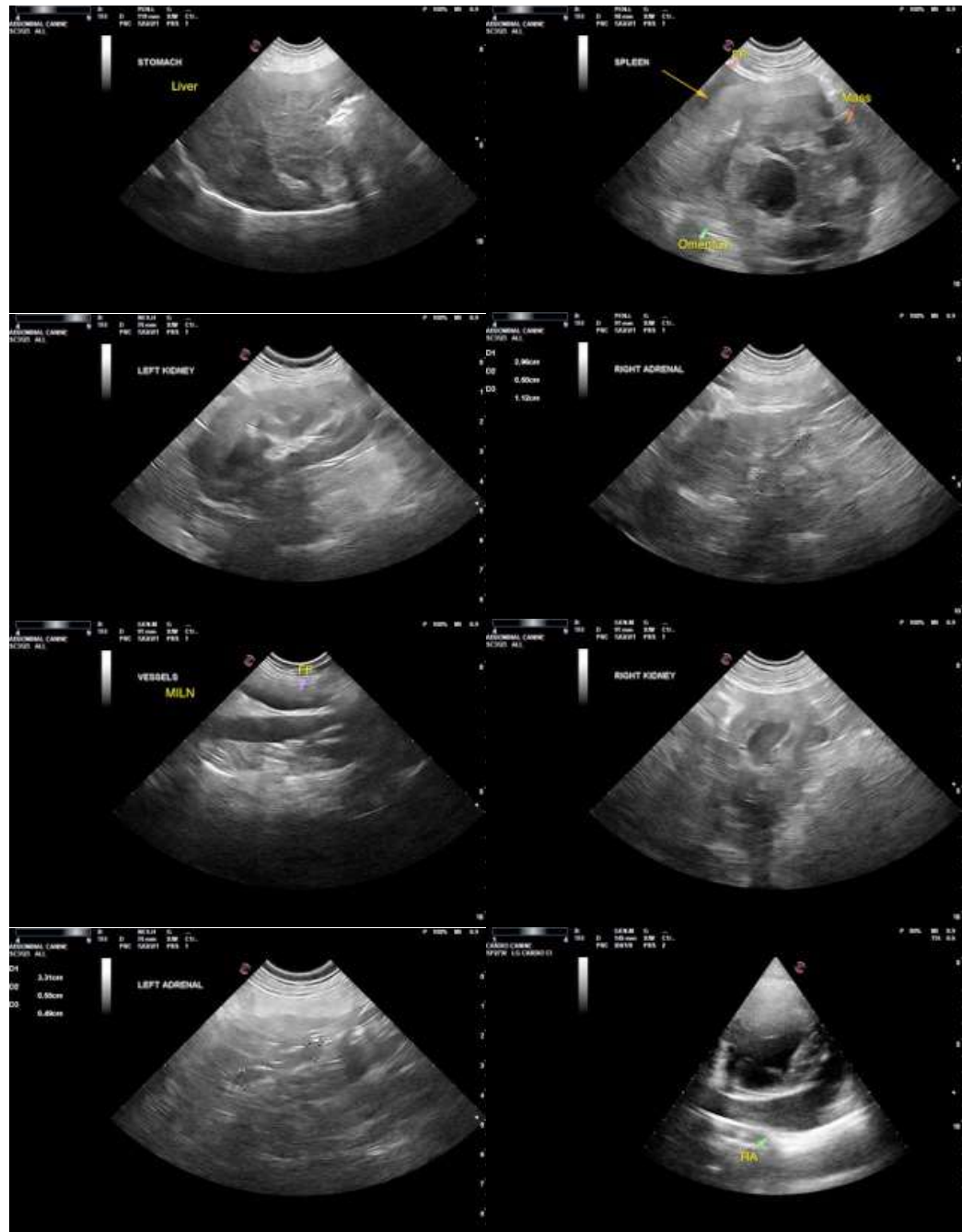
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WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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