



PATIENT

Bell Butler

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

13yr

WEIGHT

66.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

Dr. Wayland

INVOICE

12076ag

DATE

10/31/2022

PRESENTING CLINICAL SIGNS

P had first seizure last week after play/activity, last 10-30seconds. P is on CBD oil PRN , 100mg 1/2 a dropper (~50mg) - Joint vitamins - Incurin daily (History of urinary incontinence) - Gabapentin PRN

Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with subtle capsule asymmetry. Non-homogenous nodular parenchyma was present. The left adrenal gland measured 0.99 cm width at the caudal pole and 1.3 cm width at the cranial pole. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

A large irregular mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 18 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 omental inflammation was present around the mass.

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. No hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor non-dependent echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material.



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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.

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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

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

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Large focally cavitated splenic mass
- Minor hepatic parenchymal remodeling
- Bilateral chronic renal changes
- Mildly enlarged nodular left adrenal gland-nonspecific, age related or mild adenomatous change suspected, early primary or metastatic neoplastic disease cannot be definitively excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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With the exception of the non-specific left adrenomegaly, no overt evidence of intra-abdominal or pericardial metastasis was observed. Screening BP to assess for evidence of hypertension which may allude to emerging adrenal pheochromocytoma is suggested. Assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver, perisplenic omentum and left adrenal gland could be considered.

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Unfavorable prognosis likely indicated given highly probable malignant splenic neoplasia and recent seizure activity.

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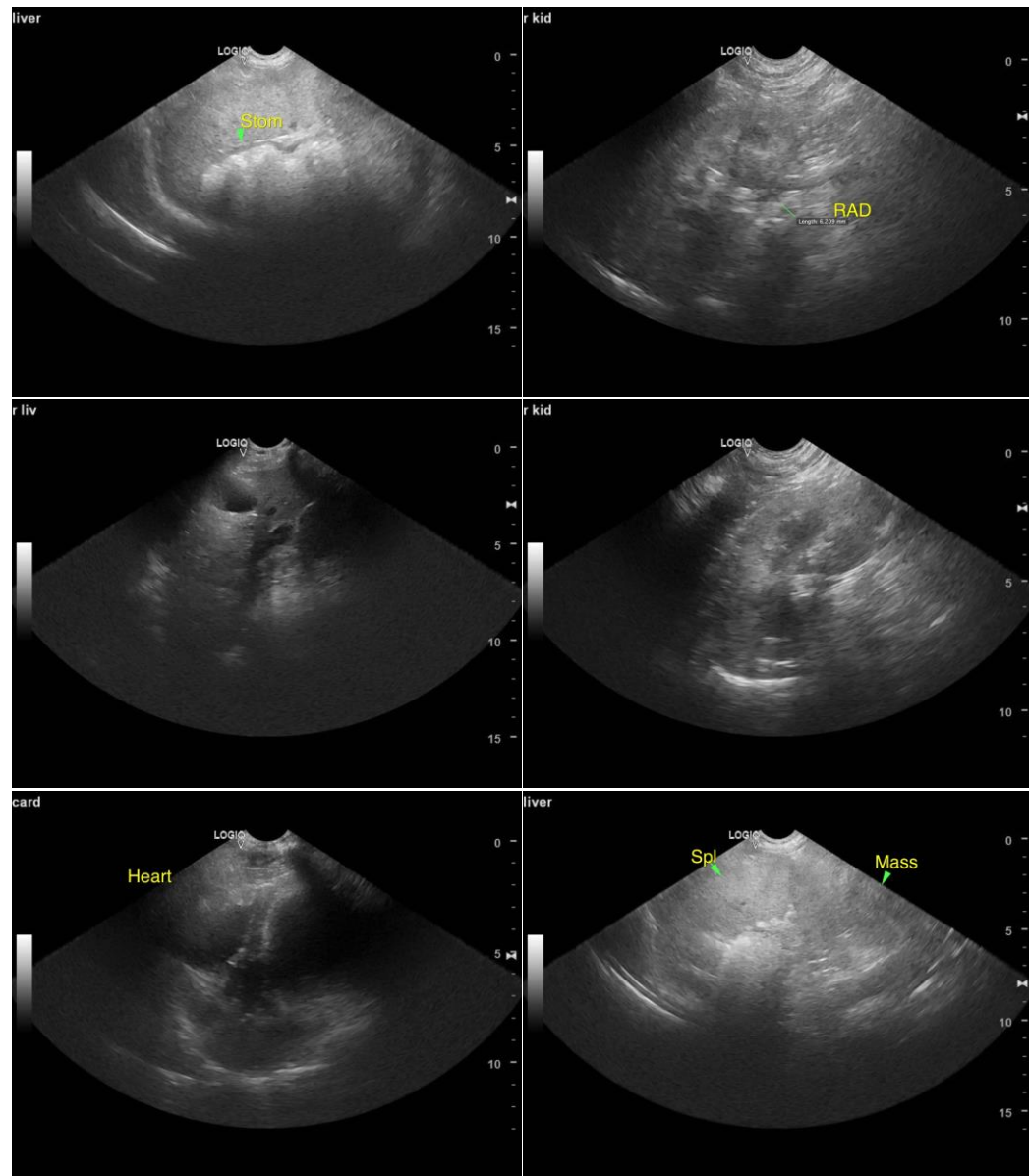
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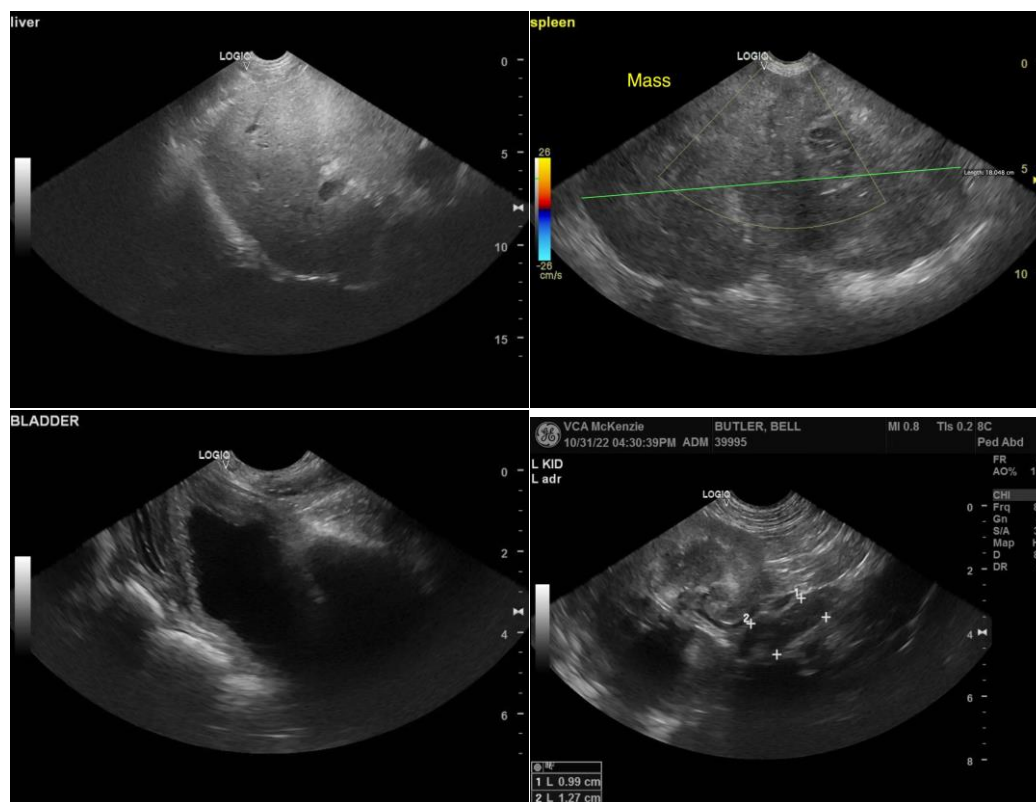
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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