



PATIENT

Abby Cundiff

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

37 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Vet Select AH of
Dearborn

INVOICE

17931

DATE

11/10/22

PRESENTING CLINICAL SIGNS

History: Patient presented for routine care. Routine blood testing was performed. There are no symptoms of disease.

Abnormal PE/Chem/CBC/UA Results: Routine lab work found borderline anemia - the Hct is at the low end of normal and the RBC / Hgb parameters are mildly decreased. There was a mild elevation in alk phos as well. Please see attached rads and BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.0 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

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 0.44 cm width in the cranial pole and 0.49 cm width in the caudal pole.

The right adrenal gland exhibited mild enlargement based on caudal pole measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.80 cm width in the caudal pole. No evidence of right adrenal tumors. Suspect mild right adrenal adenomatous change.

Spleen

Regional splenomegaly, subjectively involving the mid to cranial spleen, primarily secondary to nonhomogeneous to mixed echogenic focally cavitated splenic mass, measuring approximately 8.0 cm in diameter. The mass distorted the regional splenic capsule with secondary asymmetrical capsule margination yet without evidence of parenchymal escape. The spleen not involved with the mass exhibited maintained symmetrical contour and finely textured homogeneous parenchyma. Intermittent separate discrete nonhomogeneous splenic nodules were noted that did not distort the splenic capsule. Splenic vascularity was normal.

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.



PATIENT	The gallbladder was non distended in size with mild particulate to mildly echogenic nonorganized debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.
Abby Cundiff	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
BREED	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.
Wheaton Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Spayed Female	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.
AGE	<i>Free Abdomen</i>
12 Years	Normal perisplenic to generalized omental echogenicity. No evidence of peritoneal free fluid or overt lymphadenopathy.
WEIGHT	<i>Other</i>
37 Pounds	A rapid view of the heart revealed no evident pathology.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Regional splenomegaly, secondary to expansive, nonhomogeneous focally cavitated mass, concurrent separate discrete nondisruptive splenic nodules • Mild hepatic parenchymal remodeling- subjectively benign • Minor gallbladder debris (non-mucocele) • Mild age-related renal changes • Mild nonhomogeneous to prominent right adrenal gland- suspect benign
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Amy Mayhew, LVT	The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No overt evidence of perisplenic intraabdominal or overt cardiac metastasis.
HOSPITAL NAME	Suspect mild age related or adenomatous right adrenal changes without evidence of right adrenal neoplastic or metastatic criteria without overt evidence of right adrenal neoplastic.
SVS Imaging MI	Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the liver, as well as a right adrenal gland could be considered. Screening blood pressure is advised prior to anesthetic considerations. Pending gross inspection of the right adrenal gland at the time of surgery, sonographic monitoring of the right adrenal gland, for evidence of progressive changes, is likely ideal.
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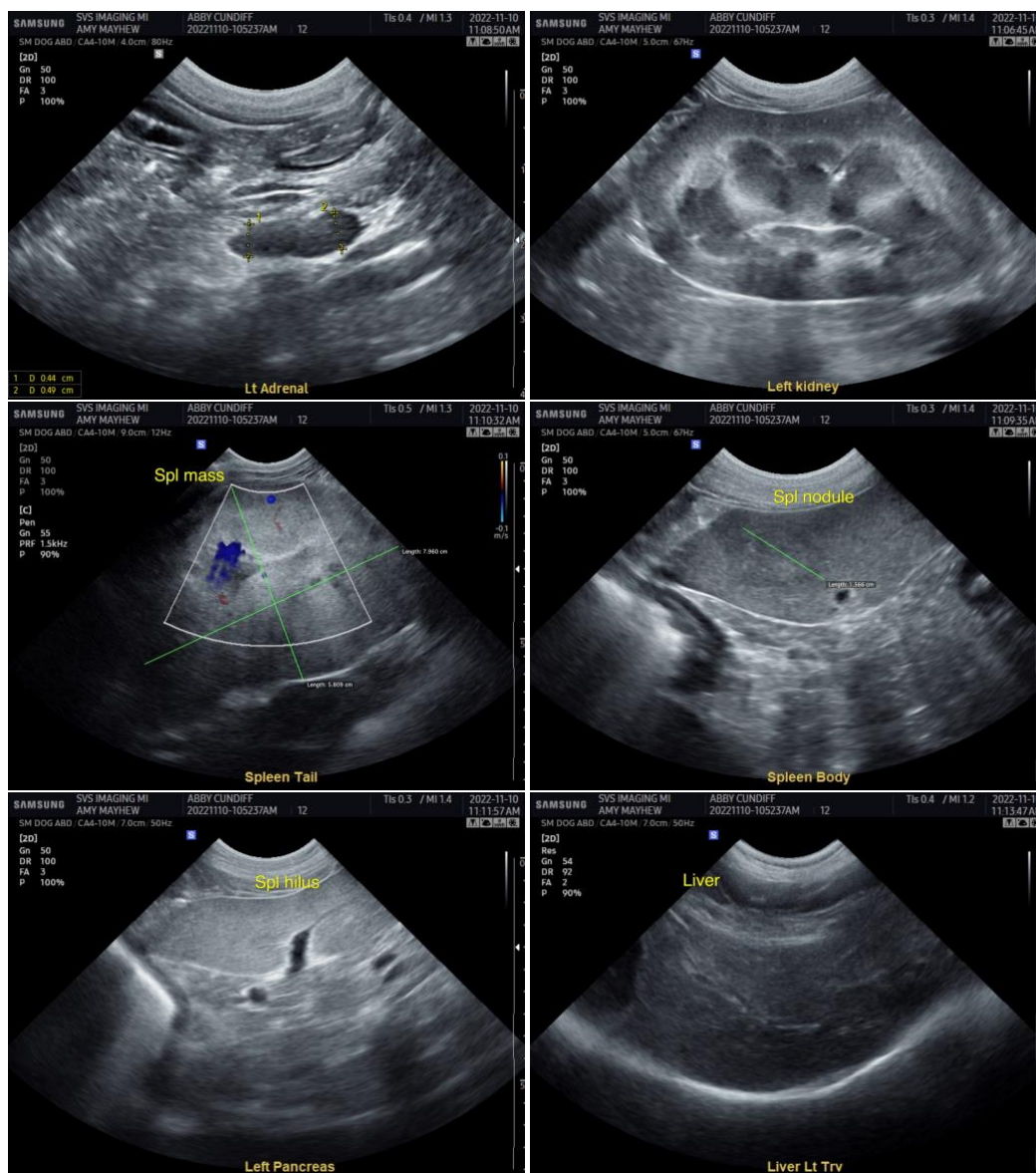
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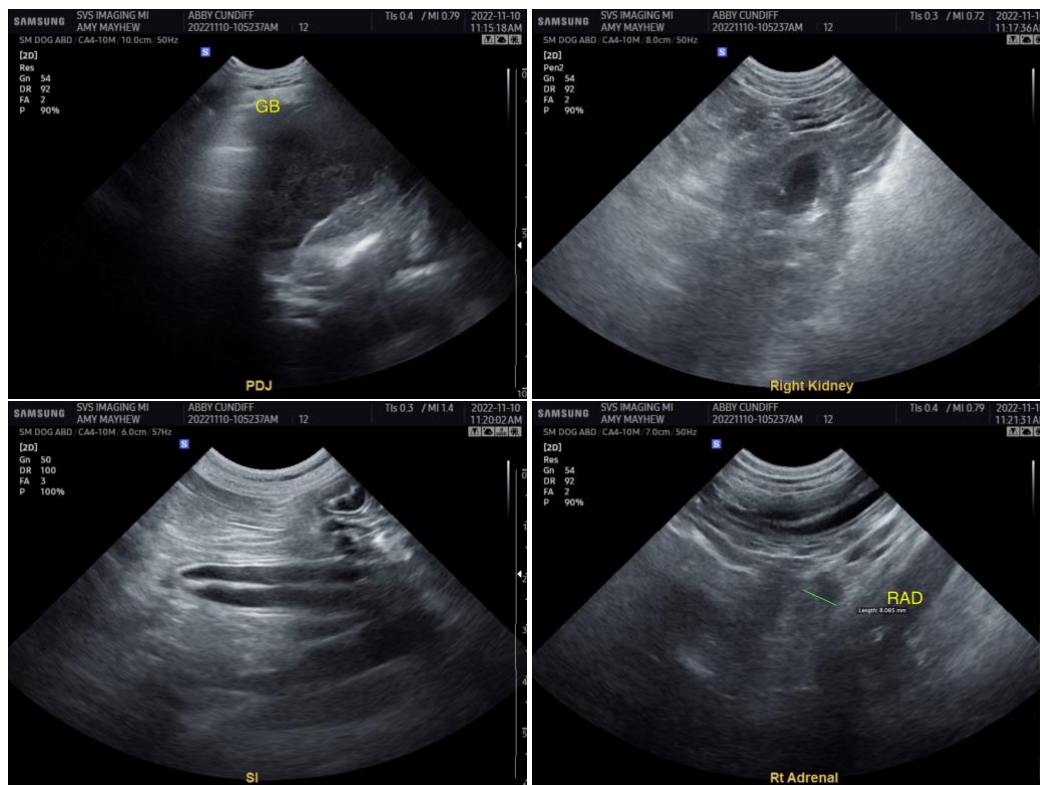
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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