



PATIENT

Charlie Aleksiev

SPECIES

Canine

BREED

Golden Retriever

SEX

MI

AGE

10yr

WEIGHT

29.10kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Black

INVOICE

12215ag

DATE

11/21/2022

PRESENTING CLINICAL SIGNS

Owner said P is acting very strange eating and drinking and doesn't want to take a walk - O said P was fine yesterday and went for a walk but this morning everything changed. - No vomiting, diarrhea, coughing nor sneezing; straining to pee. - Only up to date with rabies. - Owner mentioned that while she was living in Pickering a few weeks ago there were lots of ticks in her area and she normally removed many from the pet. Pet was not on tick and flea prevention

Abnormal PE/Chem/CBC/UA Results: Procyte Dx (Nov 20, 2022, @13:07) RBC 3.43 x10¹²/L HCT 21.7 % HGB 8.0 g/dL RETIC 110.8 K/μL EOS 0.04 x10⁹/L BASO 0.28 x10⁹/L PLT * 91 K/μL MPV 17.8 fL Catalyst Dx (Nov. 20, 2022, @ 13:25) UREA 13.7 mmol/L ALKP < 10 U/L Na 143 mmol/L Cl 106 mmol/L TT4 9 nmol/L SNAP Pro (Nov. 20, 2022, @ 13:52) Lyme Positive cPL Abnormal

Current medications: Gaba 10mg/kg, Doxycycline 6.8mg/kg, Cerenia 2mg/kg, Mirtazapine 0.5mg/kg, Vit B12 1000mg/ml (34mg/kg)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 6.5 cm in length

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.6 cm in diameter.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. The left adrenal gland measured 0.56 cm x 0.42 cm. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited mild generalized enlargement with generalized parenchyma heterogeneity including a mildly expansive non-homogeneous non-cavitated cranial mass measuring ~ 5.0 cm in diameter. Regional perisplenic mild non-uniform hyperechoic mesentery was noted. No overt or visualized omental lymphadenopathy was present.

Liver



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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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.

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

Pancreas

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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.

Free Abdomen

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No omental masses or overt lymphadenopathy was present.

Mild to moderate volume peritoneal free fluid with mild echogenic changes suggestive of fluid cellularity was present.

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ULTRASONOGRAPHIC FINDINGS

- Generalized heterogenous spleen with cranial mass
- Hepatic parenchymal remodeling
- Benign prostatic hyperplasia, minor potential for prostatitis-no evidence of neoplastic criteria
- Mild to moderate peritoneal free fluid-concern for hemoabdomen

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Secondary

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and parenchyma heterogeneity is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored. No overt evidence of intra-abdominal metastasis was observed, although the possibility of non-sonographically evident metastasis/micro metastasis cannot be definitively excluded.

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Three view chest radiographs and brief sonographic assessment of the heart are recommended if not done to assess for occult thoracic pathology. Abdominocentesis for effusion analysis +/- C/S to confirm hemoabdomen could be considered. If no evidence of thoracic or cardiac metastatic criteria, laparotomy with splenectomy, gross inspection of the liver and perisplenic omentum could be considered.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Coagulation profile is recommended prior to surgery or if hemoabdomen is confirmed.

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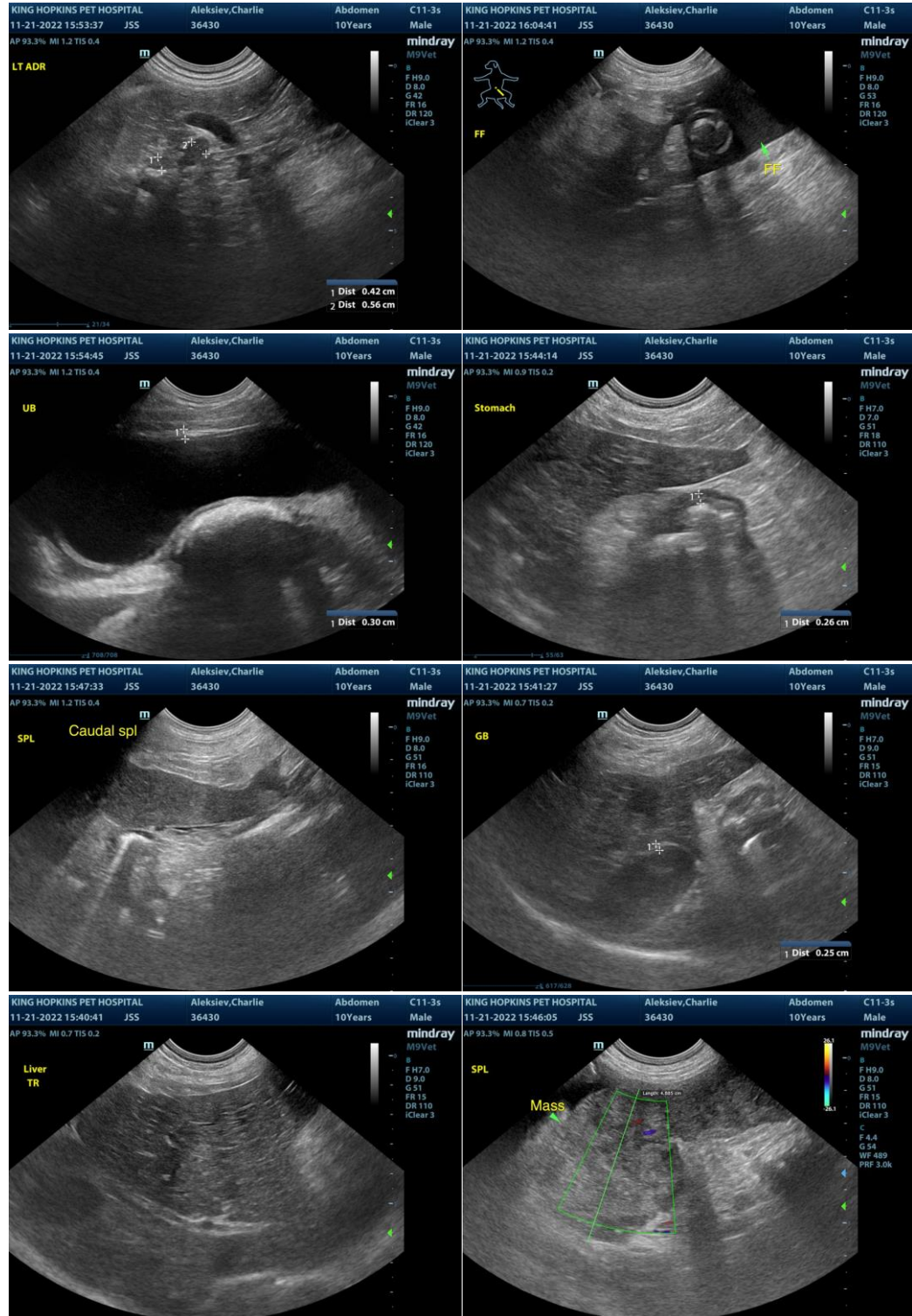
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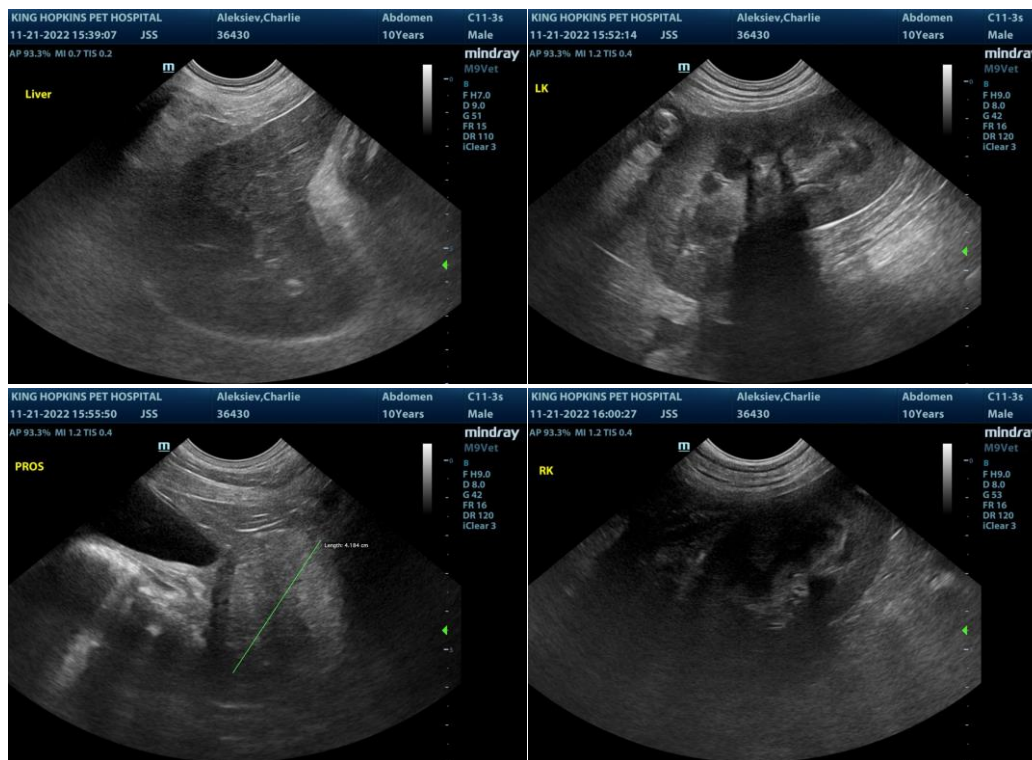
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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