

**PATIENT**

Thor Rybarczyk

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

11.5

WEIGHT

94

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Kottke

INVOICE

12221ag

DATE

11/21/2022

PRESENTING CLINICAL SIGNS

Lethargy, reduced appetite, seems restless at night, increased abdomen size, seems uncomfortable.

Abnormal PE/Chem/CBC/UA Results: Xrays confirmed effusion- no large masses seen.
Regenerative anemia (mild) Possible hematochezia.**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent mineral. 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some mild 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 9.0 cm in length.

The right kidney was not definitively visualized.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

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

Adrenal Glands

The bilateral adrenal glands were not definitively visualized.

Spleen

The spleen exhibited generalized enlargement with parenchyma heterogeneity. Several variably enlarged to expansive non-homogeneous splenic masses were present, the largest appearing to be in the cranial spleen measuring ~ 10 cm in diameter. Separate non-disruptive splenic nodules exhibiting potential for centralized echogenicity to hyperechoic periphery were present an example measuring 1.03 cm in diameter.

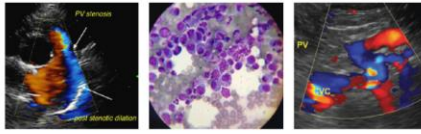
Liver

The liver presented enlarged in size. Mild parenchyma heterogeneity to minor remodeling was present. No masses or nodules were noted. 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.

Gastrointestinal

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 visualized segments of 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.

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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.

SPECIES

Canine

Free Abdomen**BREED**

No overt lymphadenopathy was present.

German Shepherd

Moderate to marked volume peritoneal free fluid exhibiting mild echogenic. Generalized mild non-uniform hyperechoic mesentery was present.

SEX**ULTRASONOGRAPHIC FINDINGS**

MN

- Several to multiple non-homogeneous splenic masses with concurrent separate splenic nodules, potential for target lesions
- Mild hepatomegaly exhibiting minor parenchymal remodeling
- Moderate to severe peritoneal effusion with mild echogenic changes, concurrent mild non-homogeneous generalized mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**WEIGHT**

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Although histopathology is required for definitive diagnosis, the splenic masses and nodules/potential target lesions are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Suspect hemoabdomen although non-hemorrhagic peritoneal free fluid is possible. Correlation with abdominocentesis as well as fluid analysis is suggested. No evidence of hepatic metastasis although potential for regional omental seeding or non-obvious intra-abdominal metastasis cannot be excluded.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Brief sonographic assessment of the heart is recommended. If no evidence of thoracic or cardiac metastasis, assuming hemoabdomen, laparotomy with splenectomy, gross inspection of the liver and perisplenic omentum could be considered. A very guarded prognosis is indicated pending splenic histopathology.

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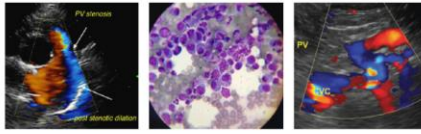
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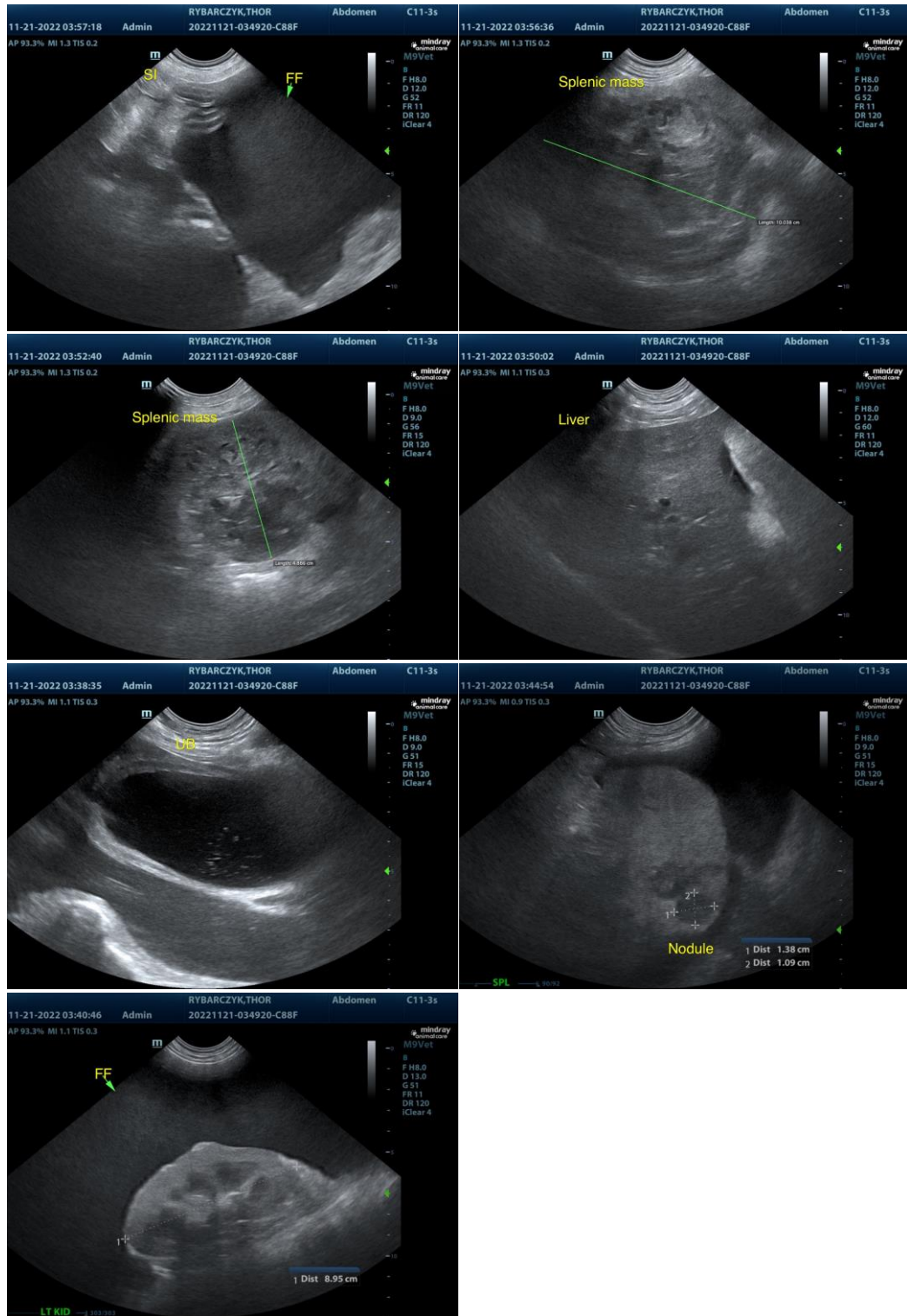
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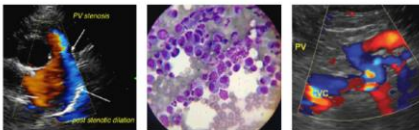


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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