



PATIENT PRESENTING CLINICAL SIGNS

Jade Fritzingler History: Diarrhea, weight loss, decreased appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES *Urinary System*

Canine 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 were noted.

BREED

Brittany Spaniel

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

8 years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

Spleen

WEIGHT

36.2 Pounds

The spleen exhibited a large, expansive mass occupying the majority of the splenic parenchyma. The mass was asymmetrically marginated with associated splenic capsule distortion. The mass measured approximately 6.0 cm in diameter, but potentially larger, as the entire mass would not fit into a single viewing window. Expansive intraparenchymal nodules not associated with the splenic mass were also present.

INTERPRETED BY

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

Liver

The liver exhibited generalized enlargement with generalized non-uniform to multicentrically nodular parenchyma. The hepatic nodules were variable in size, yet expansive. Some of the nodules exhibited central echogenicity with hypoechoic periphery, consistent with target lesions. Asymmetrical hepatic margination associated with the hepatic parenchymal nodular changes was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehighton AH

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. Gastric body wall measured 0.5 cm.

REFERRING VET

Dr. Mriss

The visualized 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. Duodenum wall measured 0.48 cm.

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

INVOICE

33125

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.

DATE

11.30.2021



PATIENT *Free Abdomen*

Jade Fritzingler Mild perisplenic and perihepatic free fluid was noted. Regional perihepatic and perisplenic reactive mesentery also noted.

SPECIES Canine
Rapid view of the heart revealed no overt evidence of pericardial effusion or definitive masses. The possibility of a pericardial or cranial thoracic lesion or potential associated lymphadenopathy cannot be definitively excluded.

BREED **ULTRASONOGRAPHIC FINDINGS**

- Brittany Spaniel
- Multicentric hepatosplenic neoplasia
 - Associated perisplenic to perihepatic reactive mesentery and scant free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX FS
Assuming normal clotting status, ultrasound guided FNA of the liver and spleen for cytology and potential oncology consult could be considered. Given the multicentric nature of the neoplasia, an unfavorable prognosis is unfortunately indicated. 3-view chest radiographs recommended.

AGE

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WEIGHT

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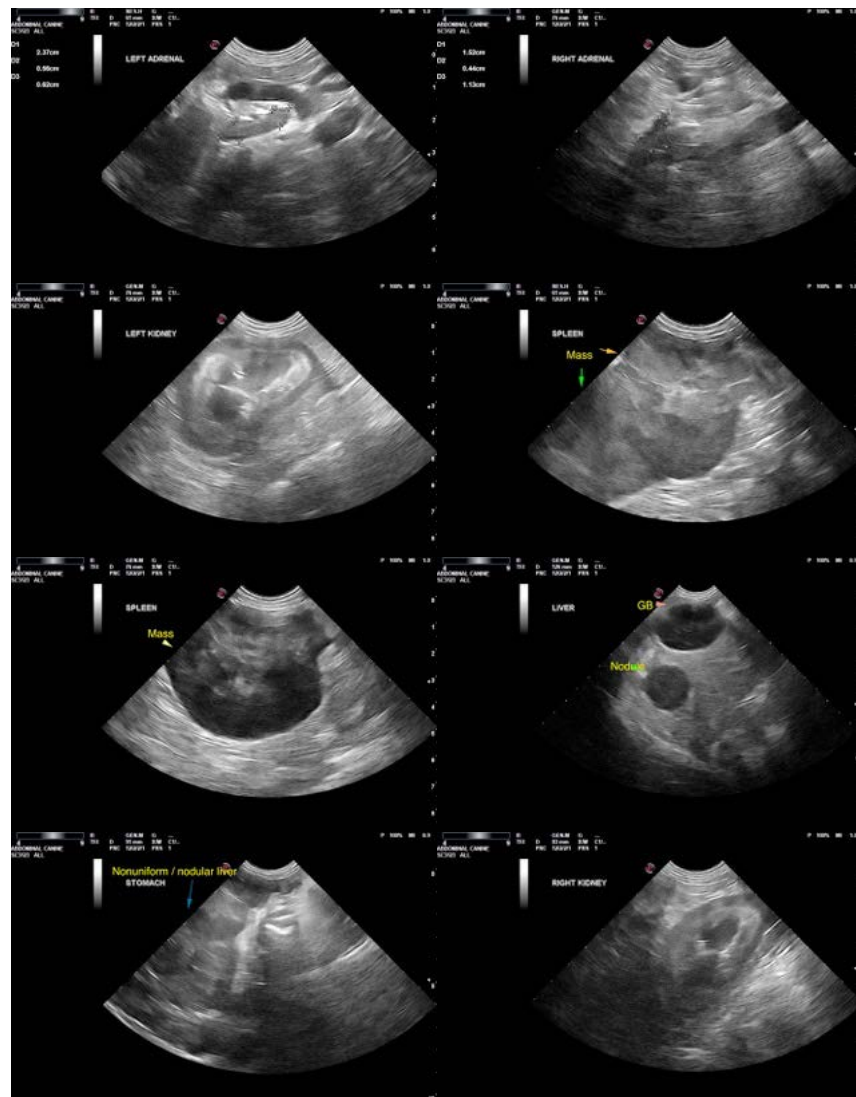
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SPECIES

Canine

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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)

mac.daniel@sonopath.com