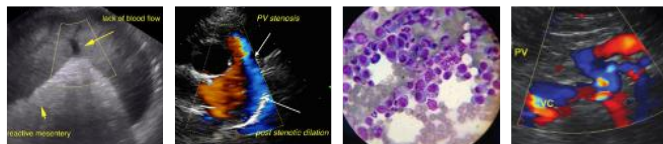




|  |   |
|--|---|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>  |
| Raleigh Hallen   | History: Has been collapsing in hind legs lately. Concern for a possible splenic mass on X-rays. R/O Cushing's as well.   |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: PE: Quiet, mm pale today (new), slightly increased RR, mildly bloated abdomen. RADS (attached): Hip joints WNL, irregular soft tissue density in mid-abdomen. Intestines pushed caudally. BW: all WNL  |
| Canine   |   |
| <b>BREED</b>   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Wheaton Terrier  | <b>Urinary System</b>   |
| <b>SEX</b>   | The urinary bladder was subnormal in size owing to lack of urine distention. Sonographic assessment of the bladder walls was limited owing to lack of urine yet without overt evidence of mural pathology. No sediment or calculi were present. The urethra was normal to a depth of 3.0 cm.  |
| Neutered Male  | The residual prostate was mildly prominent in size compared to expected residual prostate size yet maintained symmetrical contour and homogeneous parenchyma without evidence of mineralization, measuring 1.5 cm in diameter. This change is likely a patient variant.   |
| <b>AGE</b>   | Aortic trifurcation was normal.   |
| 11 Years   | 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.4 cm in length.                      |
| <b>WEIGHT</b>  |   |
| 36 Lbs.  |   |
| <b>INTERPRETED BY</b>                                    | <b>Adrenal Glands</b>   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | The left and right adrenal glands were not overtly visualized owing to regional periadrenal omental artifact and presence of peritoneal free fluid. Overt evidence of adrenal pathology (i.e., hyperplasia or neoplastic criteria) were not evident.  |
| <b>IMAGING PERFORMED BY</b>                              | <b>Spleen</b>   |
| Dr. Ebersole   | A large cavitated expansive splenic mass was noted subjectively involving the mid to caudal spleen, measuring approximately 7.0 cm in diameter. Concurrent mildly expansive non-homogeneous mass was noted in the cranial spleen, measuring 5.0 cm in diameter.   |
| <b>HOSPITAL NAME</b>                                     | <b>Liver</b>  |
| Scanvet  | 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. Multiple subtly hypoechoic intraparenchymal nodules were present, an example of a liver nodule measured 2.9 cm in diameter. |
| <b>REFERRING VET</b>                                     |   |
| Dr. Goodman  |   |
| <b>INVOICE</b>   | The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.   |
| 12733  |   |
| <b>DATE</b>  | <b>Gastrointestinal</b>   |
| 11/30/21   |   |



|  |   |
|--|---|
| <b>PATIENT</b>   | 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.  |
| Raleigh Hallen   |   |
| <b>SPECIES</b>   | 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.  |
| Canine   | Normal visible colon wall layers were present with apparent formed feces in lumen.  |
| <b>BREED</b>   | <b>Pancreas</b>   |
| Wheaton Terrier  | 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.  |
| <b>SEX</b>   | <b>Free Abdomen</b>   |
| Neutered Male  | Moderate peritoneal free fluid exhibiting mild cellular component was present with generalized reactive mesentery most notable around the spleen with suspected omental adhesions to the larger splenic mass.   |
| <b>AGE</b>   | <b>Heart</b>  |
| 11 Years   | Sonographic assessment of the heart revealed moderate pericardial effusion. The right atrium and right ventricle free wall appeared mildly non-homogeneous and thickened in appearance. A small mass/lesion associated with the tricuspid valve extending mildly into the right atrium was present. The tricuspid mass/lesion measured 1.5 cm in diameter. Concurrent pleural effusion was also present.  |
| <b>WEIGHT</b>  | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
| 36 Lbs.  | <ul style="list-style-type: none"> <li>• Large non-homogeneous to cavitated splenic mass, subjectively in the mid to caudal spleen. Concurrent mildly expansive non-homogeneous cranial splenic mass</li> <li>• Regional perisplenic reactive mesentery-suspect omental adhesions</li> <li>• Non-specific yet highly suspicious hepatic intraparenchymal nodules</li> <li>• Thickened RA/RV free wall with tricuspid valve mass lesion</li> <li>• Peritoneal, pericardial and pleural effusion</li> </ul> |
| <b>INTERPRETED BY</b>                                    | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | The study is consistent with multicentric neoplasia, likely multicentric sarcoma, suspected to be originating from the spleen with hepatic and cardiac potential pericardial metastasis. Possibility of thoracic metastasis also suspected given the concurrent presence of pleural effusion without right heart enlargement. Given these findings, surgical options are unfortunately precluded in this case. An unfavorable prognosis is indicated.   |
| <b>IMAGING PERFORMED BY</b>                              |   |
| Dr. Ebersole   |   |
| <b>HOSPITAL NAME</b>                                     |   |
| Scanvet  |   |
| <b>REFERRING VET</b>                                     |   |
| Dr. Goodman  |   |
| <b>INVOICE</b>   |   |
| 12733  |   |
| <b>DATE</b>  |   |
| 11/30/21   |   |



**PATIENT**

Raleigh Hallen

**SPECIES**

Canine

**BREED**

Wheaton Terrier

**SEX**

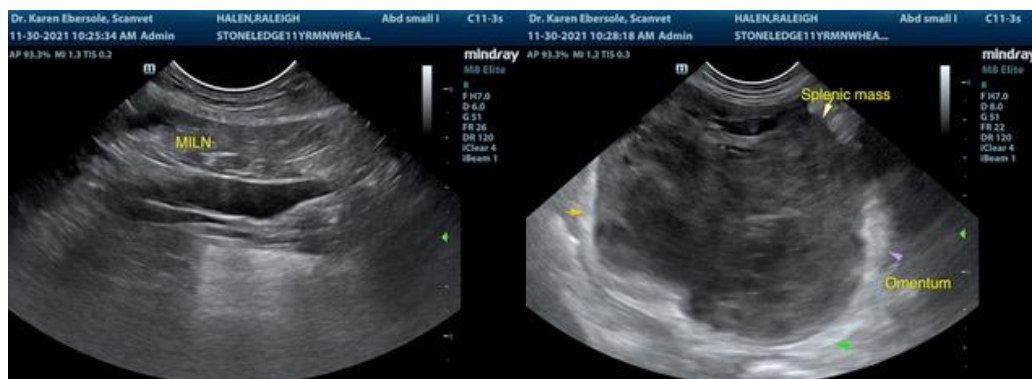
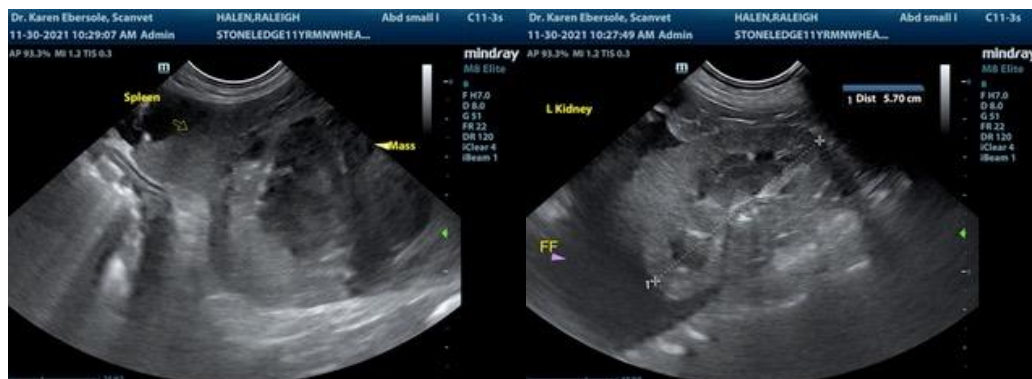
Neutered Male

**AGE**

11 Years

**WEIGHT**

36 Lbs.



**INTERPRETED BY**

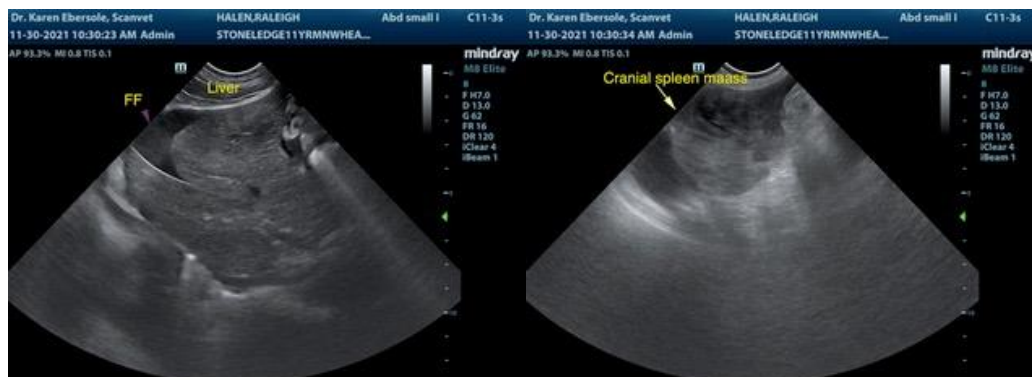
R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet



**REFERRING VET**

Dr. Goodman

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**DATE**

11/30/21





**PATIENT**

Raleigh Hallen

**SPECIES**

Canine

**BREED**

Wheaton Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

36 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

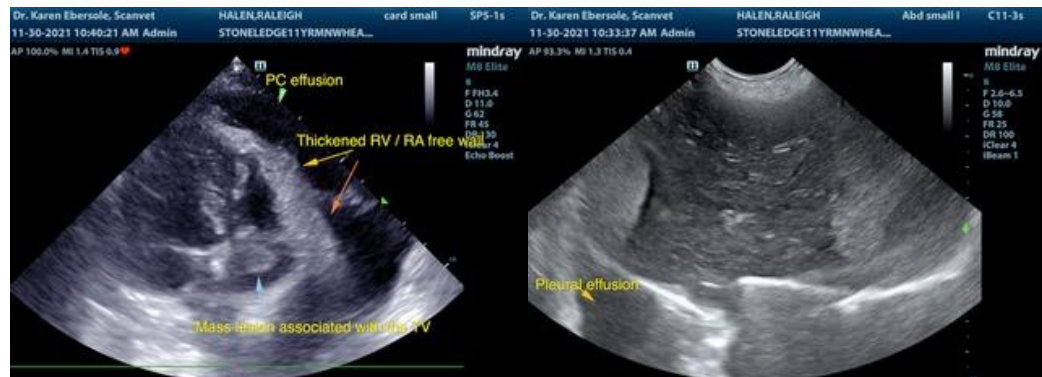
Dr. Goodman

**INVOICE**

12733

**DATE**

11/30/21



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