**PATIENT**

Crispin Ainley

**PRESENTING CLINICAL SIGNS**

History: Saw on emergency, fell in yard couldn't get up, owner gave rimadyl 100mg with no effect, pale mm

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: grade 2 heart murmur quick scan ultrasound free fluid, possible mass, spleen? (done at another clinic in town) Chem NSF, CBC anemia RBC 4.54 HCT 26.9 HGB 10.1 MCV 59.3 RETIC 89.4

**BREED**

Lab

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone and cystourethral junction 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.

**SEX**

Neutered Male

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

**AGE**

10 Years

No evidence of medial iliac or sublumbar lymphadenopathy.

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 7.8 cm in length. The right kidney measured 8.3 cm in length.

**WEIGHT**

85 Pounds

**Adrenal Glands****INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm in length x 0.78 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.2 cm in length x 0.66 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**Spleen**

The discernable spleen exhibited primarily symmetrical capsule contour with subtle parenchyma heterogeneity. A mildly expansive isoechoic nodule was noted in the medial spleen with mild associated symmetrical medial capsule distortion, measuring 2.3 cm in diameter was present. Splenic vascularity was normal.

**HOSPITAL NAME**

SVS Imaging QC

**Liver****REFERRING VET**

Dr. Mike White

The liver exhibited subjective mild enlargement. 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.

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The gallbladder was non distended in size with primarily anechoic content and mild primarily dependent nonorganized echogenic debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**DATE**

11/30/22

**Gastrointestinal**

**PATIENT**

Crispin Ainley

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was noted in the stomach.

**SPECIES**

Canine

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.

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

***Pancreas*****BREED**

Lab

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.

**SEX**

Neutered Male

***Free Abdomen***

A moderately sized asymmetrical mixed echogenic mass was noted, occupying the mid to cranial abdomen, primarily in the area of the spleen with subjective direct effacement to the caudal liver margins, measuring approximately 11-12 cm in diameter. Subtle evidence of regional hyperechoic mesentery was noted. No overt lymphadenopathy or evidence of peritoneal free fluid suggestive of mass rupture.

**AGE**

10 Years

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

85 Pounds

- Moderately sized mixed echogenic mid to cranial abdominal mass
- Mildly expansive solid splenic nodule
- Mild hepatomegaly- subjectively benign
- Mild gallbladder debris (non-mucocele)
- Age-related kidneys

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING****PERFORMED BY**

Sarah Pender, CVT

Although the mass was not definitively connected to the spleen, primary splenic origin of the mass with neoplastic criteria favored, i.e., sarcoma, is considered probable based on location and subjective similar echogenicity between the mass and discernable spleen. The possibility of nonspecific origin, i.e., nonobvious hepatic or omental origin is considered less likely. Likewise, benign etiologies such as hyperplasia, hematopoiesis, or similar is possible yet thought less likely.

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Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation toward splenectomy, gross inspection of the liver, gallbladder and perisplenic omentum may be considered. Guarded prognosis pending mass histopathology.

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Dr. Mike White

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**PATIENT**

Crispin Ainley

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

85 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

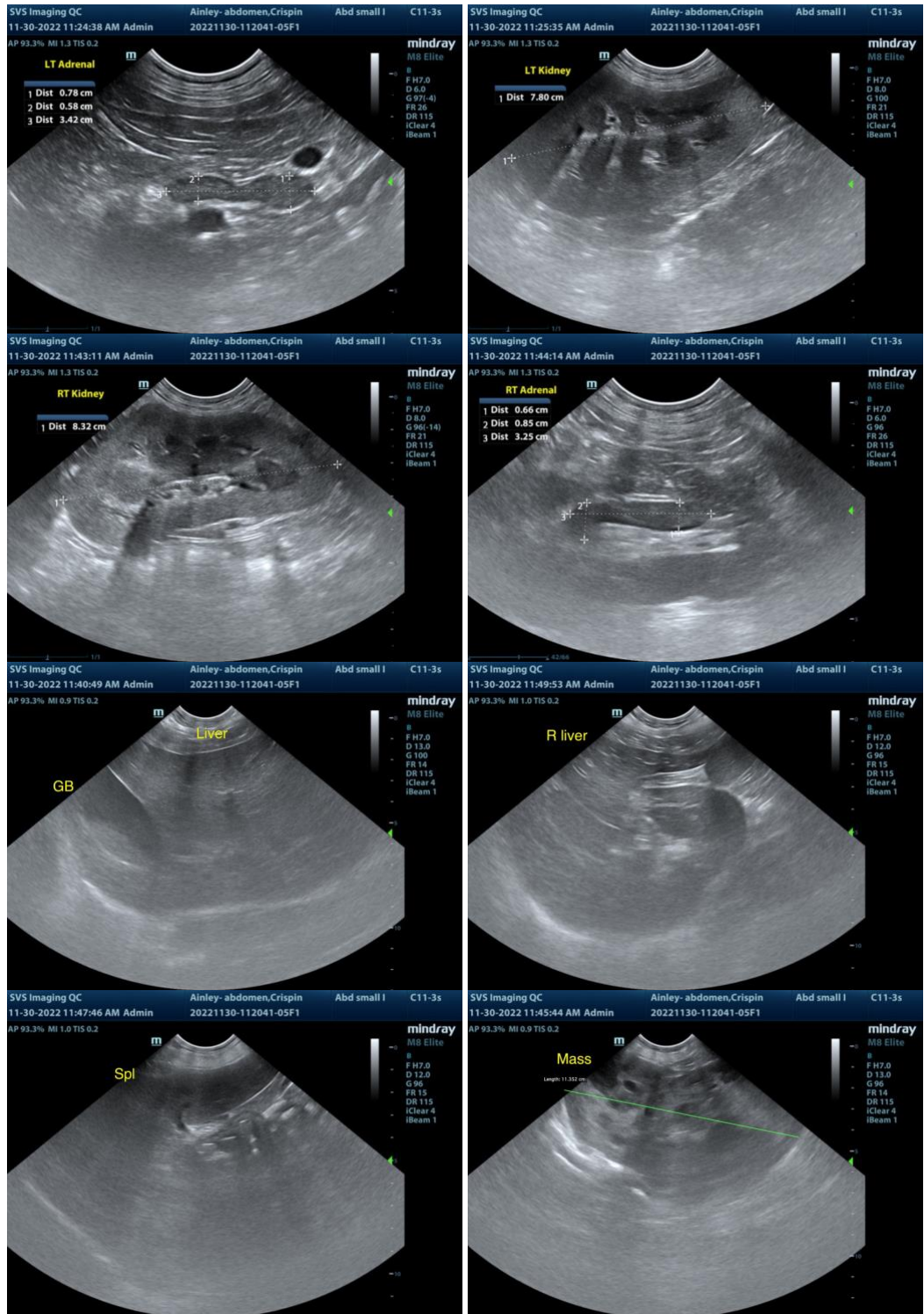
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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