



PATIENT

Casey Kisselbach

SPECIES

Canine

BREED

Great Dane

SEX

FS

AGE

10 years

WEIGHT

161.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren A.H.

REFERRING VET

Dr. Corrado

INVOICE

15377

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Abdominal mass noted on rads. No current meds.
Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no sediment or calculi. A solitary sessile-based polyp was present in the ventral urinary bladder and measured approximately 1.1 cm in diameter. No evidence of mineralization was noted. Potential for emerging mass, i.e., transitional cell carcinoma, cannot be definitively excluded. Screening BRAF Assay could be considered with sonographic monitoring for evidence of progression. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 7.6 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.83 cm width at the caudal pole and 1.1 cm width at the cranial pole.

Spleen

A solitary, mildly expansive, cystic-appearing splenic mass measuring 8.2 cm in diameter was present in the subjective mid-spleen. Mild symmetrical distortion of the splenic capsule was noted without evidence of parenchymal escape.

Liver/ Gallbladder

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. The gallbladder was non-distended in size with thin walls and 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.



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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.

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

Pancreas

The pancreas was indistinctly visualized owing to patient size and conformation.

Free Abdomen

Unspecified nonhomogeneous irregular mass was present in the mid to caudal abdomen medial to the caudal spleen, measuring approximately 13.0 cm in diameter. No evidence of regional omental inflammation was noted. Regional hyperechoic mesentery to omental mass lesion exhibiting intralesional anechoic fluid and potential encapsulation was present in the cranial abdomen measuring 10.0-11.0 cm in diameter. No evidence of significant lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Cystic-appearing expansive splenic mass
- Unspecified mixed-echogenic mass mid to caudal abdomen
- Suspect cranial omental stætitis / necrosis or possible omental abscess
- Hepatic parenchymal remodeling - subjectively benign
- Ventral urinary bladder polyp

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystic splenic mass was not overtly consistent with neoplastic criteria, although this possibility cannot be definitively excluded.

Assuming normal clotting status, FNA cytology of the unspecified mid to caudal mass, as well as the suspected cranial omental stætitis or possible abscess for cytology +/- C/S if clinically indicated, is warranted. Three-view chest radiographs are recommended. Abdominal CT is likely ideal for further clarification and potential surgical planning if surgery is a possibility in this case.

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>



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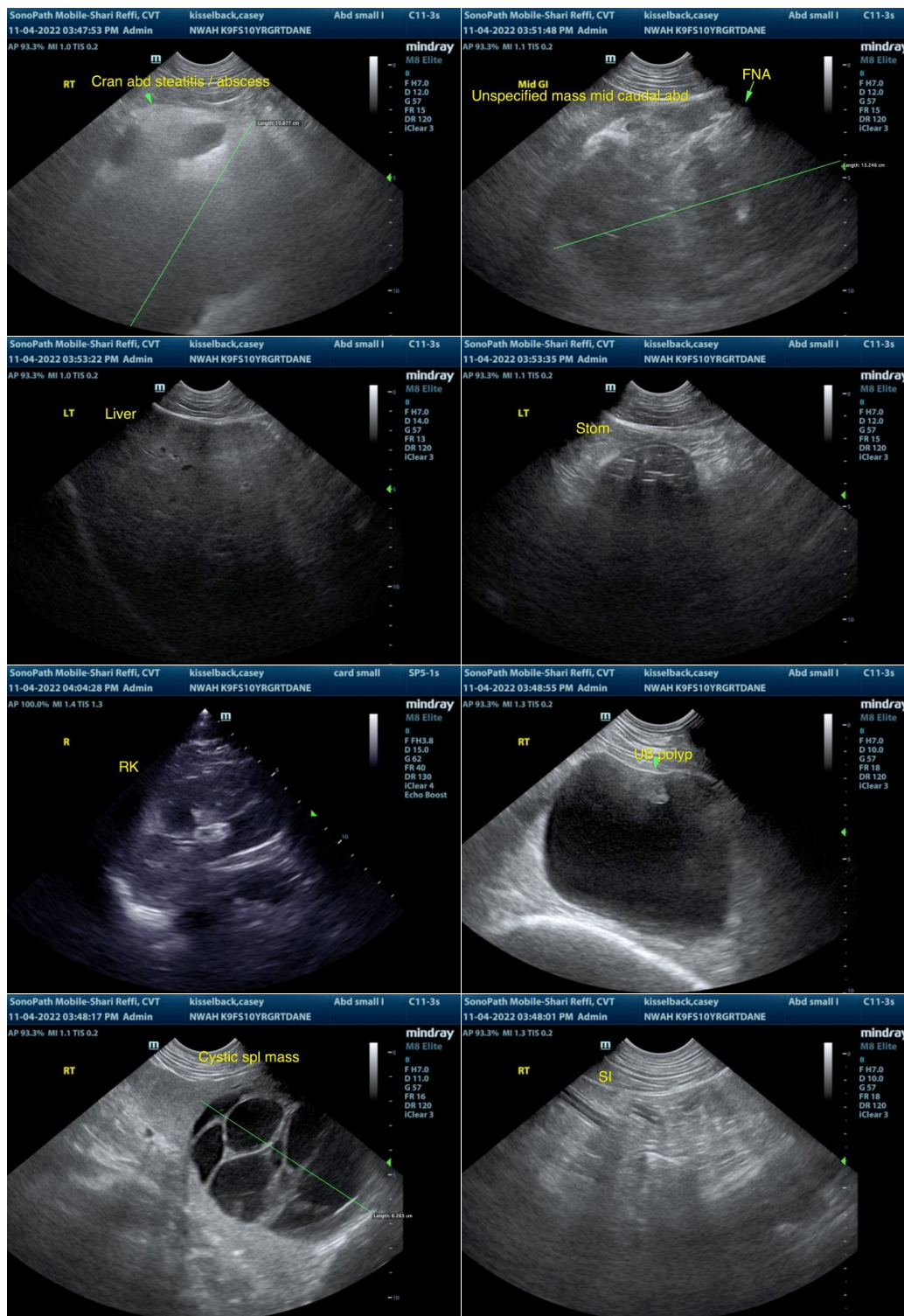
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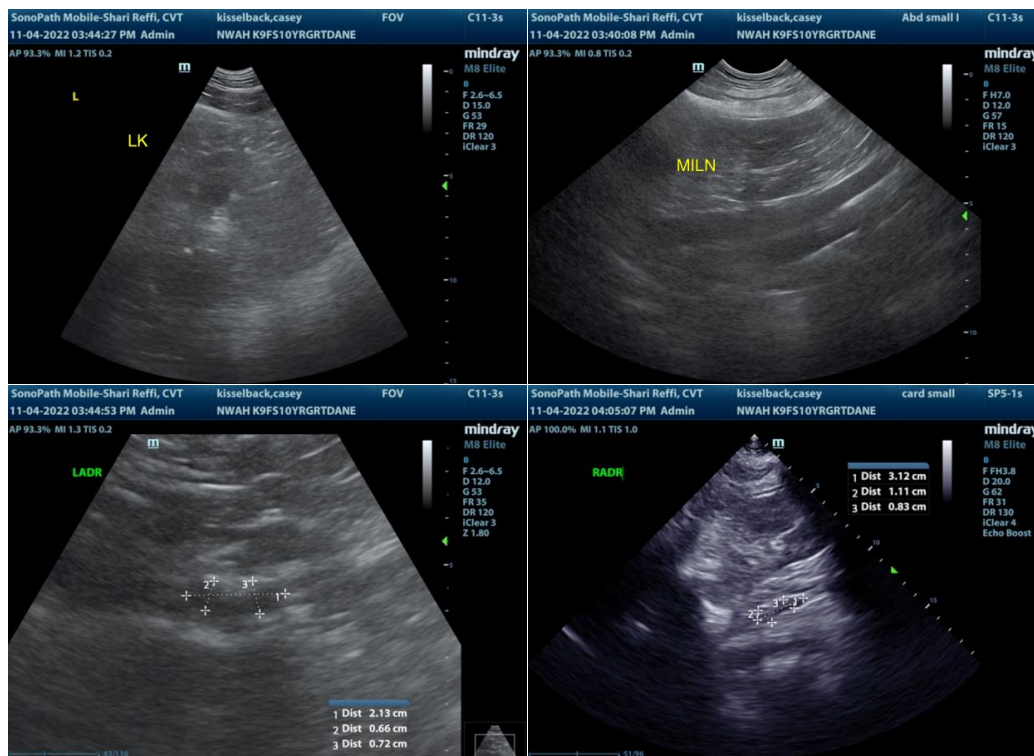
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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