



PATIENT

Ryder Llanos

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

15 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

15379

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Abdominal mass. Current meds: Tramadol, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Albumin 2.1, Glob 4.4, Amyl 1358, PSL 368, Hct 28, HB 93, RBC 4, WBC 22.6, decreased glucose and Ca

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 was noted.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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. Focal areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.74 cm width at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.62 cm width at the caudal pole.

Spleen

A mass involving the subjective mid to caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured 7.0-8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional mildly nonuniform hyperechoic perisplenic mesentery was present. Potential for adhesions is possible.

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 containing mild, mobile, variably echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present.

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

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 were evident.

Free Abdomen

Scant to mild volume primarily perisplenic free fluid was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Cavitated nonhomogeneous splenic mass with regional perisplenic hyperechoic mesentery - potential for omental adhesions
- Hepatic parenchymal remodeling
- Gallbladder debris (non-mucocele)
- Bilateral chronic renal changes with focal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. No overt evidence of intraabdominal metastasis, although in these cases, the possibility of non-sonographically detectable perisplenic omental seeding or micrometastasis cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of perisplenic omentum and liver could be considered. However, a very guarded to possible unfavorable long term prognosis is likely indicated pending splenic histopathology.

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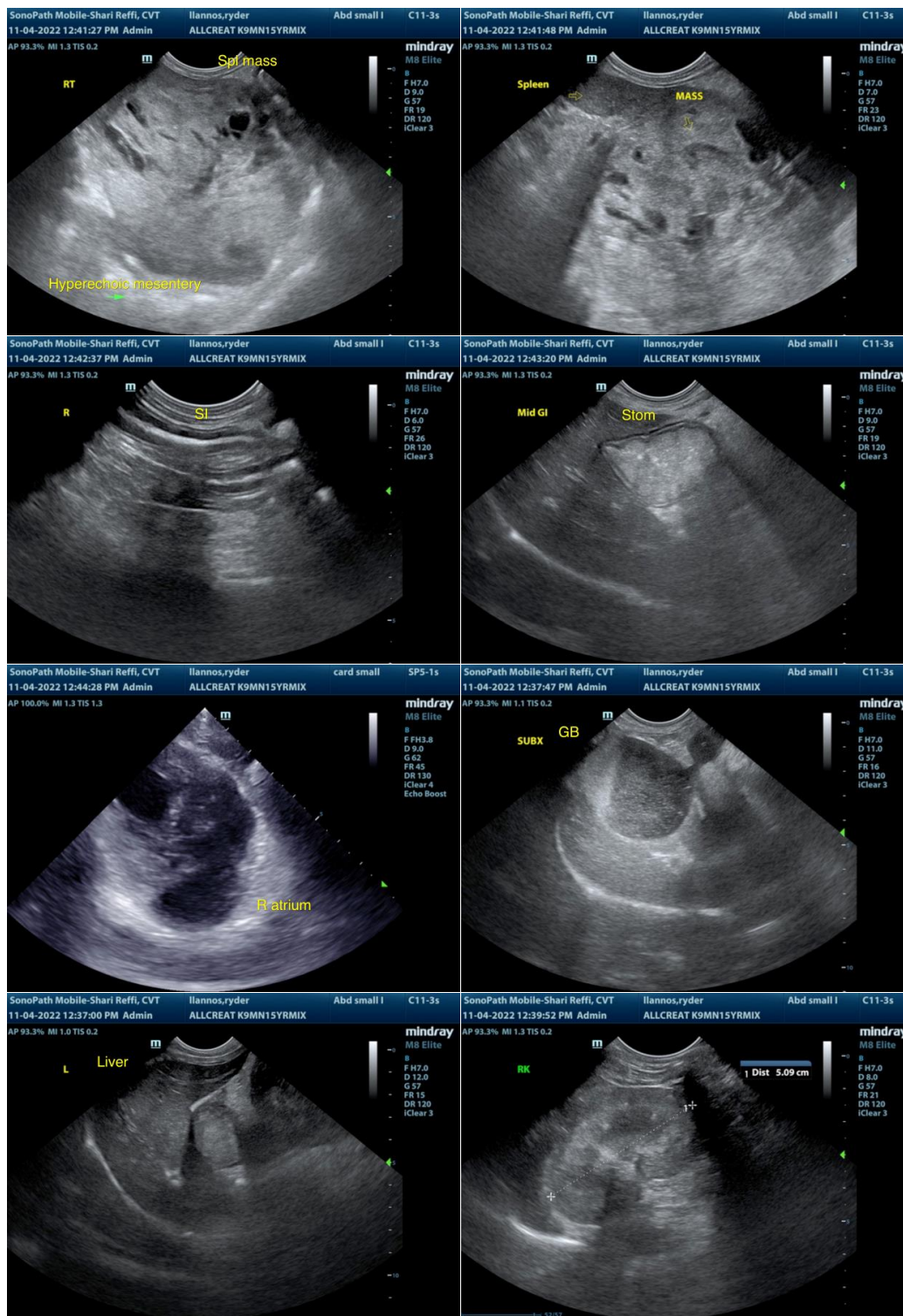
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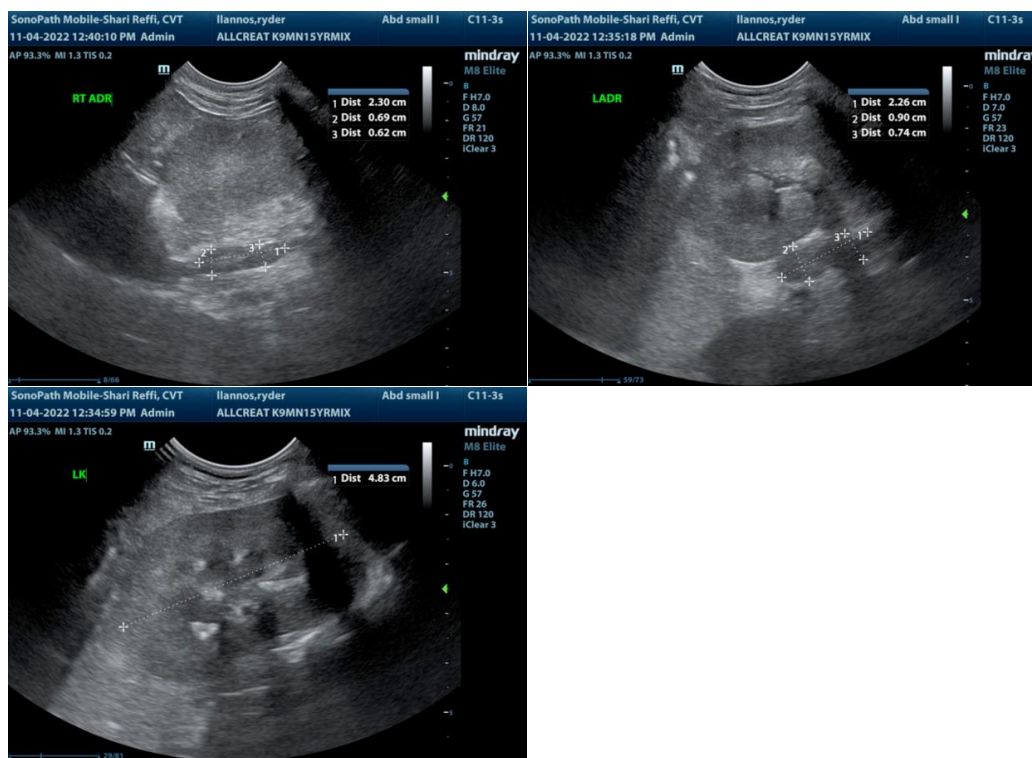
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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