



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Siri Carlson	Presented for decreased energy and appetite. Distended abdomen and pale MM noted on exam. Labs pulled but not run.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
Mixed	
<b>SEX</b>	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. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
7yr	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left and right adrenal glands were not definitively visualized owing to regional peri adrenal artifact. No obvious pathology was present in the area of the bilateral adrenal glands.
22.6kg	<b>Spleen</b>
<b>INTERPRETED BY</b>	A large irregular splenic mass involving the majority of the spleen measuring at least 12 cm in diameter was present. Regional perisplenic nonuniform hyperechoic to nodular mesentery was noted with potential mesenteric adhesions. Possible hypoechoic to swollen perisplenic mesenteric lymphadenopathy was observed. Possible mesenteric lymph node measured 4.2 cm x 2.5 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The liver presented enlarged in size. 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.
Dr. Barthelemy	
<b>HOSPITAL NAME</b>	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Falconridge Animal Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
Dr. Crittenden	
<b>INVOICE</b>	The visualized segments of the small intestine were sonographically normal.
12109ag	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>DATE</b>	<b>Pancreas</b>
11/07/2022	The pancreas was not visualized owing to regional peripancreatic omental artifact.



**PATIENT**

**Free Abdomen**

Siri Carlson

Moderate volume peritoneal free fluid was present, likely consistent with hemoabdomen was present.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Extensive irregular mixed echogenic splenic mass with regional perisplenic peritonitis
- Possible perisplenic mesenteric lymphadenopathy
- Subjective borderline hepatomegaly
- Moderate volume peritoneal free fluid-likely consistent with hemoabdomen

**BREED**

Mixed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

The splenic mass is consistent with neoplastic criteria with primary concern for high grade malignant neoplasia such as sarcoma, lymphoma or other. Strong concern for regional mesenteric seeding, mesenteric adhesions and possible associated neoplastic or metastatic perisplenic lymphadenopathy. No overt evidence of hepatic metastasis although potential for micro metastasis involving the liver, regional omentum or non-visualized perisplenic mesenteric lymph nodes is possible.

**AGE**

7yr

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Assuming no evidence of cardiac or thoracic pathology, splenectomy with gross inspection of the liver, perisplenic mesentery and perisplenic lymph nodes could be considered. However, given this presentation, a very guarded to unfavorable prognosis is likely indicated.

**WEIGHT**

22.6kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Falconridge Animal  
Hospital

**REFERRING VET**

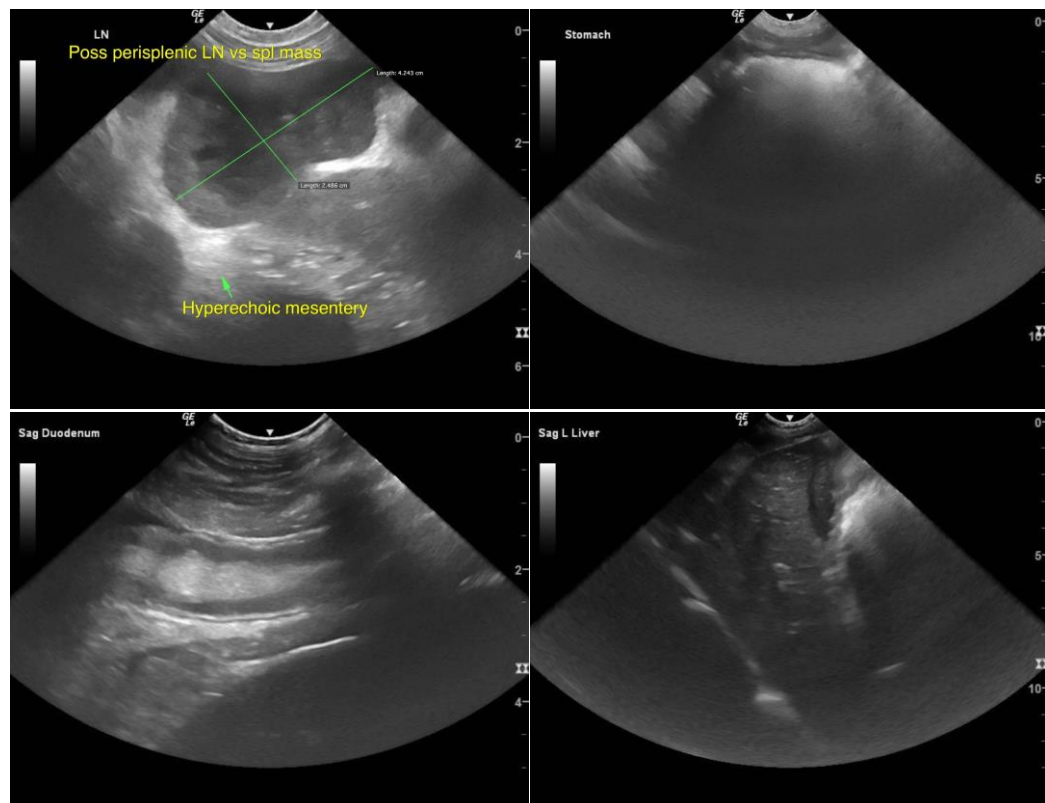
Dr. Crittenden

**INVOICE**

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**DATE**

11/07/2022





**PATIENT**

Siri Carlson

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

7yr

**WEIGHT**

22.6kg

**INTERPRETED BY**

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DVM, DABVP  
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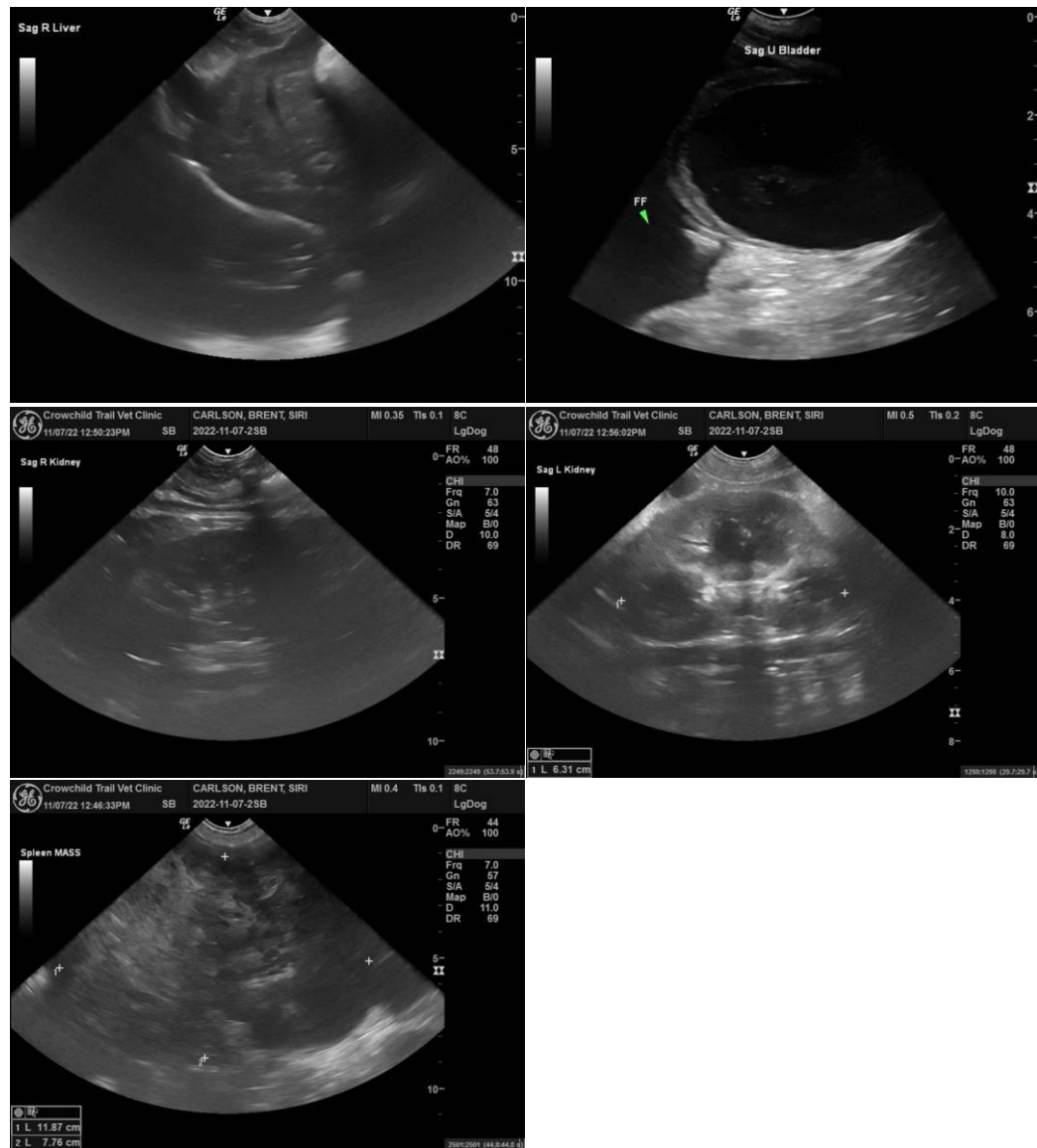
Dr. Crittenden

**INVOICE**

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**DATE**

11/07/2022



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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