



**PATIENT**

Spike Charney

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

19.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

All Creatures Great &  
Small Denville

**REFERRING VET**

Dr. Mitrovic

**INVOICE**

26936

**DATE**

11/8/21

**PRESENTING CLINICAL SIGNS**

hemo abdomen; pale; vomiting, loose stool  
Abnormal PE/Chem/CBC/UA Results: PCV 15%, TS 7.69g/dl. retics 13%, platelets 137000, BUN 121, Phos 15, Amyl 1725, plasma icteric

**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.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney was indistinctly visualized owing to patient discomfort. The right kidney measured 6.5 cm. The left kidney measured 4.7 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

**Spleen**

An extensive to expansive, asymmetrically marginated mass involving the spleen was present. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The mass measured approximately 10 cm in diameter, but potentially larger, as the entire mass would not fit into a single viewing window. Perisplenic reactive to variably echogenic mesentery with potential for adhesions noted. Areas of concurrent potential splenic lymphadenopathy or possible perisplenic omental nodules to nodular masses that did not appear to be overtly associated with the splenic mass were present. Example measured 4.2 cm in diameter. 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 omental inflammation was present around the mass.

**Liver**

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. At least one non-expansive, indistinct, mildly non-homogeneous parenchymal nodule was present. The nodule measured 1.6 cm in diameter. 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 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.

**SPECIES**

Canine

**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 was evident.

**BREED**

Poodle X

**Free Abdomen**

Moderate peritoneal free fluid was present, which exhibited mild cellularity.

**SEX**

Neutered Male

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 Years

- Extensive non-homogeneous splenic mass – consistent with aggressive neoplasia (i.e., sarcoma or other). Benign etiologies possible yet considered unlikely.
- Regional perisplenic non-uniform reactive mesentery with potential adhesions, possible concurrent splenic lymphadenopathy versus perisplenic omental nodules to nodular masses – concern for regional perisplenic omental invasion/seedling.
- Suspicious indistinct hepatic nodule
- Peritoneal free fluid – consistent with hemoabdomen

**WEIGHT**

19.5 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This study confirms the presence of a primary, likely aggressive splenic mass with concern for regional perisplenic omental involvement/seedling as well as possible (although not definitive) hepatic metastasis. Additionally, there is some concern for neoplasia associated hemolysis given the concurrent icterus without significant hepatic / gallbladder pathology. Given the likely aggressive nature of the splenic mass with concern for at least regional perisplenic omental seeding, hemoabdomen, and potential neoplasia associated hemolysis, a probable unfavorable long-term prognosis is unfortunately indicated.

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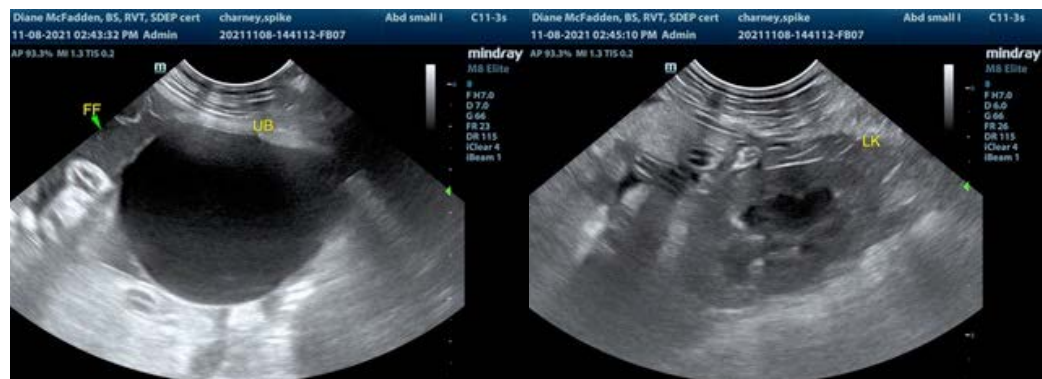
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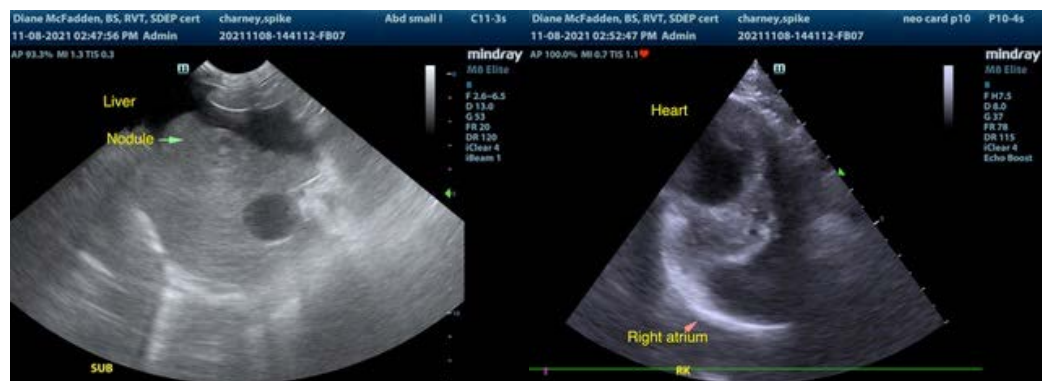
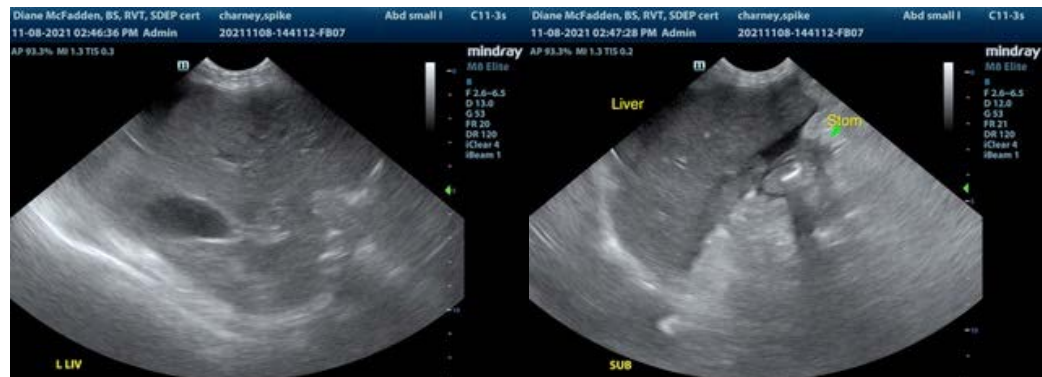
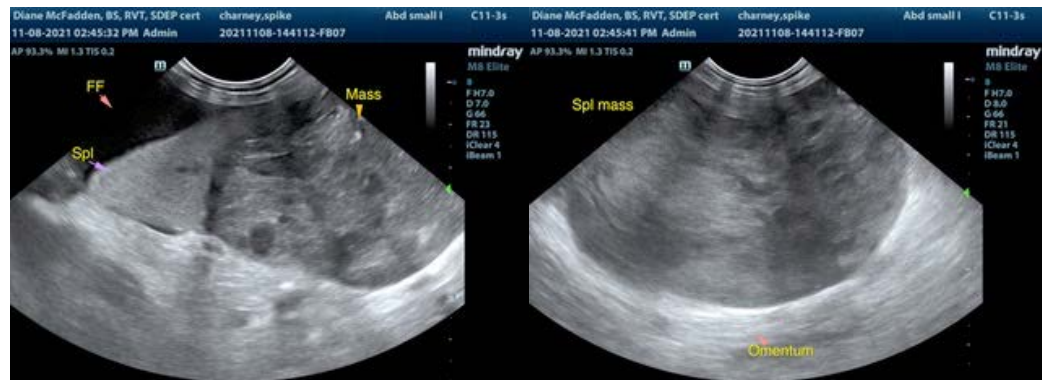
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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