



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Misty Byrns	Misty was normal yesterday. Today she is tired, off her food, has pale gums (at times worse than other times), and has a rounded tummy.
<b>SPECIES</b>	<b>PE:</b> Ascites (moderate), Pale pink gums, Tachycardia (210 bpm), clear oil cyst on left body wall, small eyelid skin tag left lower lid, lethargic.
Canine	Labs pending.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Goldendoodle	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.
FS	
<b>AGE</b>	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 5.6 cm in length. The right kidney measured 7.9 cm in length.
10yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
84lb	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
<b>IMAGING PERFORMED BY</b>	The left adrenal gland measured 0.82 cm width at the caudal pole and 3.0 cm length. The right adrenal gland measured 0.71 cm width at the caudal pole and 2.4 cm length.
Dr. Anderson	<b>Spleen</b>
<b>HOSPITAL NAME</b>	A moderately sized irregular mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 10-11 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited parenchyma heterogeneity with areas of mild lateral and medial capsule asymmetry. 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. Potential for omental adhesions possible.
Elizabeth Animal Hospital	<b>Liver</b>
<b>REFERRING VET</b>	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. No overt evidence of intraparenchymal masses/nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Dr. Anderson	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
12125ag	
<b>DATE</b>	
11/09/2022	



**PATIENT**

**Gastrointestinal**

Misty Byrns

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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.

**BREED**

Goldendoodle

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

**SEX**

FS

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.

**Free Abdomen**

**AGE**

10yr

No overt lymphadenopathy was present.

Moderate volume peritoneal effusions exhibiting echogenic changes consistent with fluid cellularity was present.

**WEIGHT**

84lb

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

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Cavitated mixed echogenic splenic mass with regional hyperechoic mesentery, potential for omental adhesions
- Minor hepatic parenchymal remodeling-subjectively benign
- Mild chronic renal changes
- Moderate volume peritoneal effusion exhibiting mild echogenic changes-consistent with hemoabdomen

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**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 major organ metastasis or perisplenic/omental lymphadenopathy was observed. The possibility of non-sonographically evident micro metastasis or possible early omental seeding cannot be definitively excluded.

**REFERRING VET**

Dr. Anderson

Assuming no evidence of thoracic pathology in three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver would be warranted. A very guarded prognosis pending splenic histopathology.

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**PATIENT**

Misty Byrns

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

10yr

**WEIGHT**

84lb

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**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

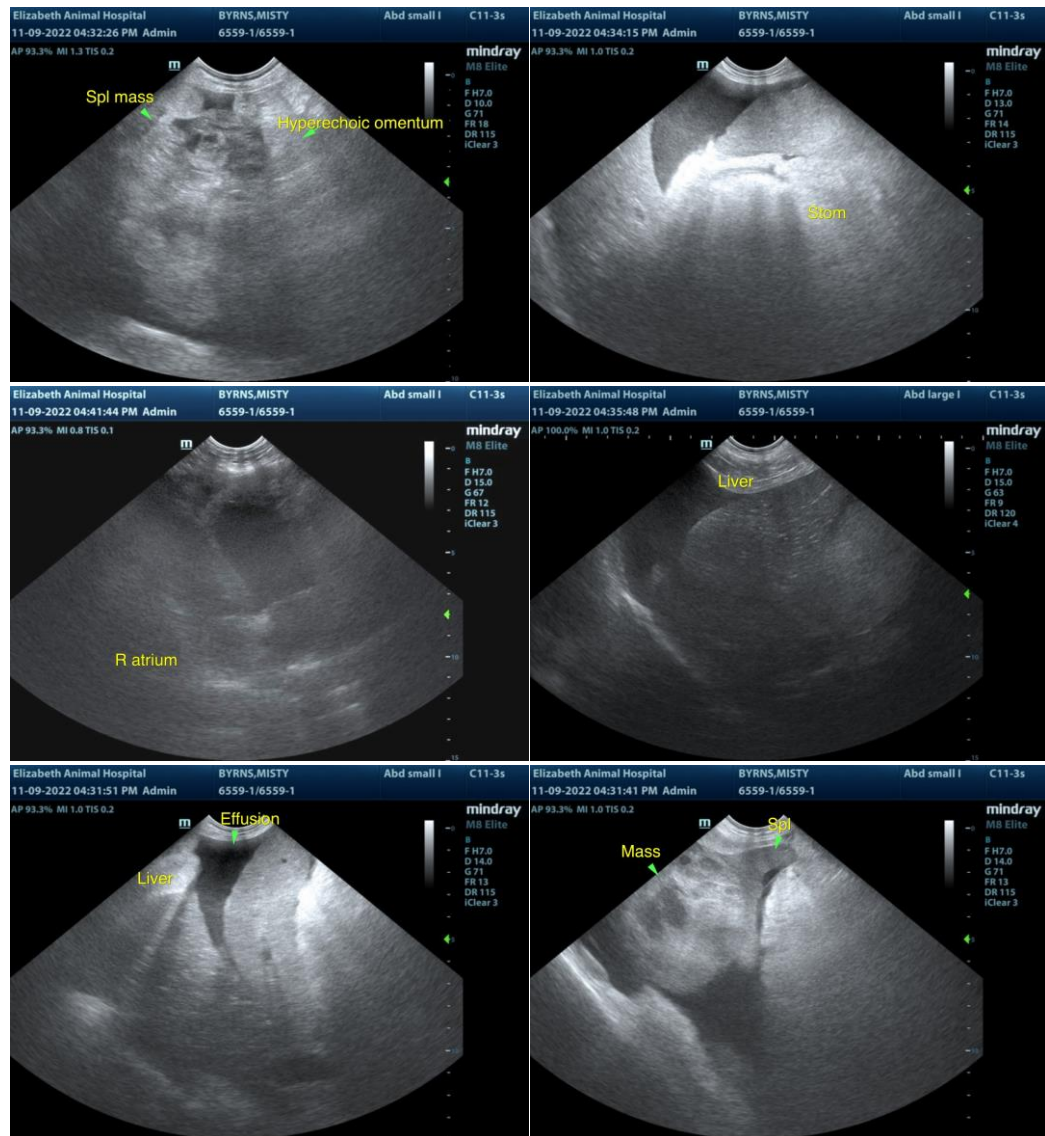
Dr. Anderson

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**PATIENT**

Misty Byrns

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

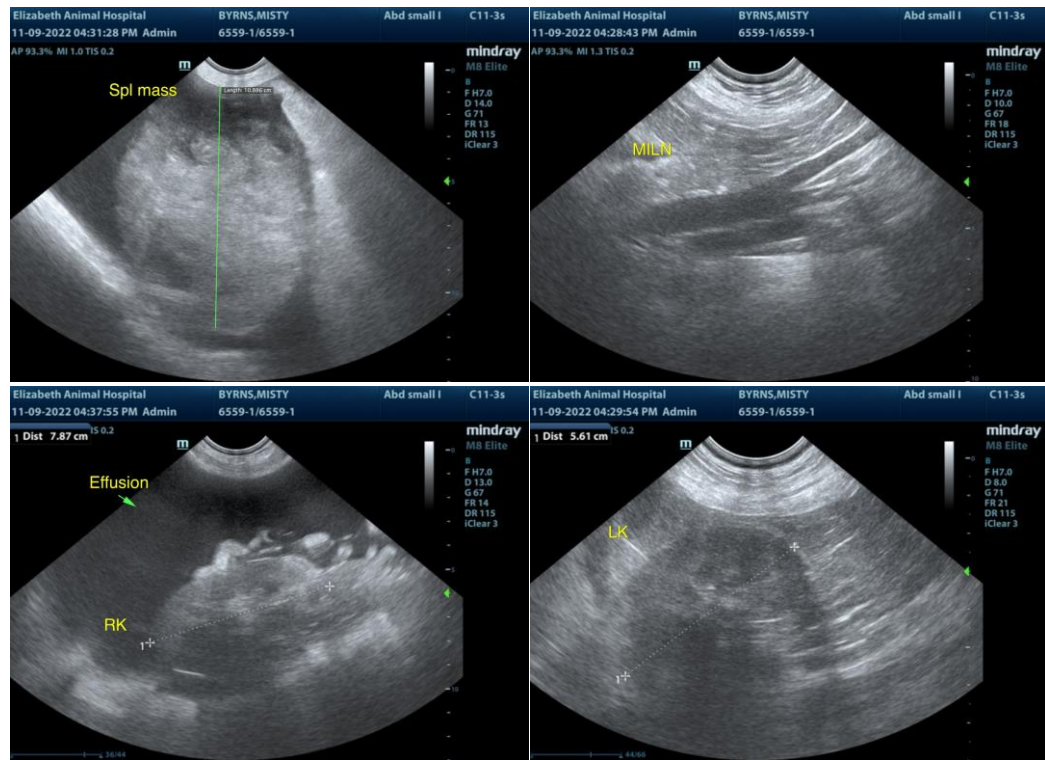
FS

**AGE**

10yr

**WEIGHT**

84lb



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Dr. Anderson

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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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