



PATIENT PRESENTING CLINICAL SIGNS

Trafford Robbins

Inappetence, bloodwork shows regenerative anemia. Thin body condition.
Abnormal PE/Chem/CBC/UA Results: Low RBCs, Hematocrit, Hemoglobin, MCHC and 4DX negative. Path review of slide: Overt spherocytes were not appreciated. Few cells appear microcytic. Given the moderate regenerative anemia and mild hyperbilirubinemia, suggestive of IMHA. Possible blood loss. Elevated RDW, Retics, WBCs, Nucleated RBCs, Neuts, Bands, Mono, AST, Total Bili and Lipase.

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11 Years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Freedman

INVOICE

33146

DATE

12/1/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. No overt pathology in the area of the residual prostate.

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 left kidney measured 6.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt pathology.

Spleen

The spleen exhibited multifocal variably expansive, hypoechoic to cavitated masses including probable large, expansive, cavitated mass occupying the majority of the mid to cranial abdomen with extension into the right cranial abdomen. The probable large splenic mass measured 10-11 cm in diameter, but is likely larger, as the entire mass would not fit into a single viewing window. Regional perisplenic reactive to potentially inflamed mesentery and likely adhesions noted. Possible hypoechoic to swollen perisplenic lymphadenopathy noted, although non-obvious extension of the large splenic mass is also possible.

Liver

The liver was normal in size and contour. Generalized decreased hepatic parenchyma echogenicity noted with moderate coarse echotexture and at least one hypoechoic intraparenchymal nodule noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

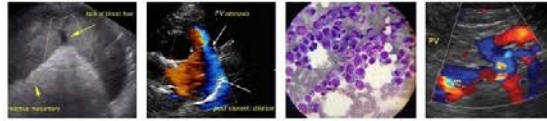
Gastrointestinal

The stomach was indistinctly visualized owing to the probable large splenic mass and regional perigastric reactive mesentery.

The visible segments of small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio.

Pancreas

The pancreas was indistinctly visualized given the presence of the probable large splenic mass occupying the cranial abdomen.



PATIENT *Free Abdomen*

Trafford Robbins Small pockets of scant peritoneal free fluid noted.

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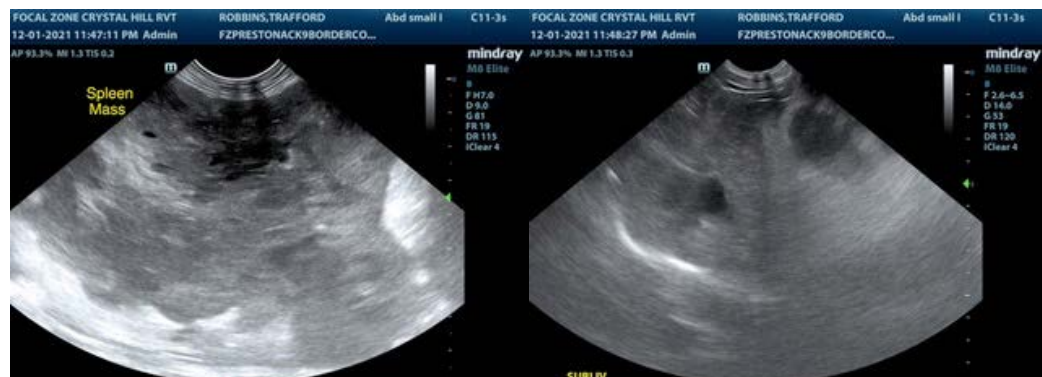
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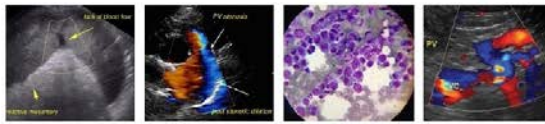
ULTRASONOGRAPHIC FINDINGS

- Multifocal expansive, hypoechoic to cavitated splenic mass including probable large, expansive mass occupying the majority of the mid to cranial abdomen
- Associated perisplenic reactive mesentery and likely adhesions
- Possible perisplenic lymphadenopathy
- Coarse hepatic parenchyma with highly suspicious hypoechoic intraparenchymal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the spleen is consistent with probable aggressive malignant neoplasia with high suspicion for sarcoma versus other neoplasia. Strong concern for at least focal intrahepatic metastasis, while the possibility of regional perisplenic omental seeding and lymphadenopathy is of concern. Given these findings, even with no evidence of thoracic or cardiac metastasis on 3-view chest radiographs, surgical options in this case are suspected to be unrewarding. Unfortunately, a probable long-term unfavorable prognosis is indicated.





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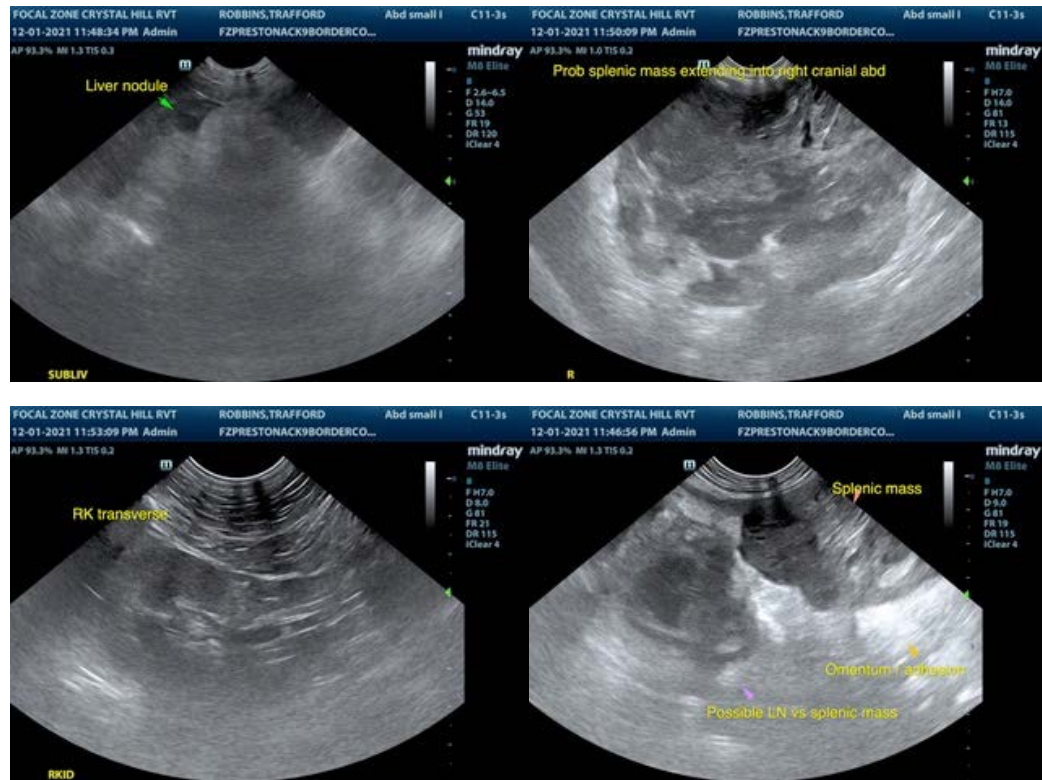
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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