

**PATIENT**

Rockzee Johnson

PRESENTING CLINICAL SIGNS

drinking and urinating too much

Abnormal PE/Chem/CBC/UA Results: tumor seen on xray, ALT 565 , ALP > 993, GGT 21,

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Lab Mix

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.

SEX

FS

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 7.8 cm in length. The right kidney measured 7.3 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

85lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 3.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 3.2 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

A mildly irregular primarily solid mass involving the cranial spleen with secondary capsule expansion and disruption was present and measured 9 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without 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.

IMAGING PERFORMED BY

Sarah Pender CVT

Liver**HOSPITAL NAME**

SVS Imaging QC

The liver exhibited generalized enlargement, swollen contour and mild non-uniform to discretely nodular increased parenchymal echogenicity with moderate coarse echotexture. No evidence of hepatic masses. 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 with mild non-organized echogenic luminal debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Haenni

Gastrointestinal**INVOICE**

12346ag

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

DATE

12/01/2022

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.

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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.

Free Abdomen

No overt lymphadenopathy was present.

Intermittent scant pocket of perihepatic free fluid was present. Normal perisplenic omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Solid to non-homogeneous cranial splenic mass
- Hepatomegaly with mild non-uniform nodular parenchyma hyperechogenicity
- Mild chronic renal changes
- Minor gallbladder debris (non-mucocele)
- Sonographically unremarkable bilateral adrenal glands, no evidence of tumors
- Gastric ingesta-probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). The hepatic presentation was non-specific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, lipidosis, hyperplasia, hematopoiesis, fibrosis or other hepatopathy possible. The potential for primary or possible discrete metastatic hepatic neoplasia cannot be excluded.

Assuming normal clotting status and using a 25g needle, a hepatic +/- splenic FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Pending additional diagnostics, laparotomy with splenectomy as well as hepatic biopsies could be considered.



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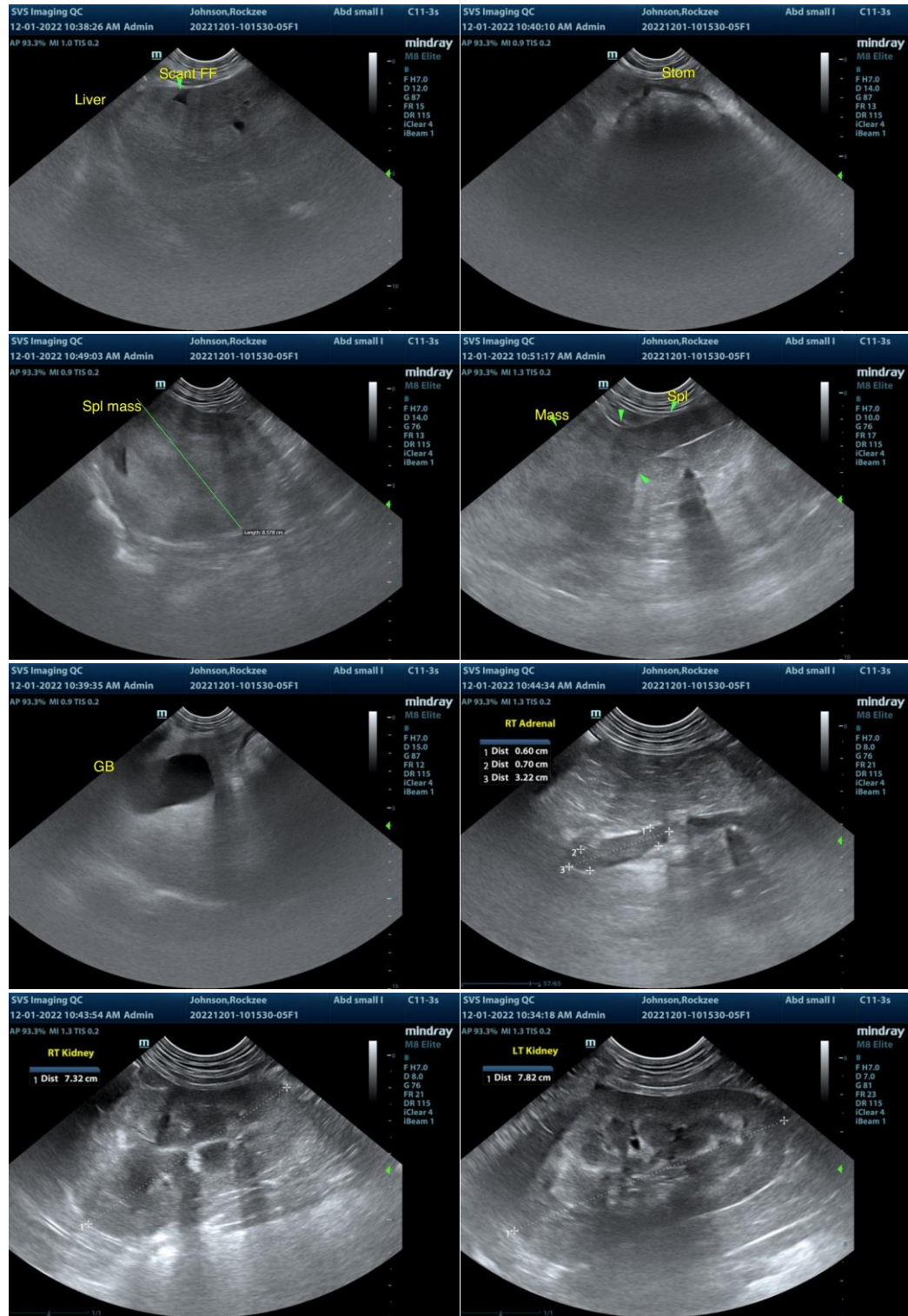
Dr. Haenni

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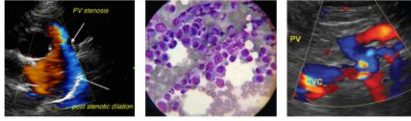


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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can be of any further assistance please contact me.

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