



PATIENT

Pong Abat

SPECIES

Canine

BREED

Bulldog

SEX

FS

AGE

11 Years

WEIGHT

7.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch,
 DVM

INVOICE

48927

DATE

12-10-21

PRESENTING CLINICAL SIGNS

Presented for a dental procedure. No cardiac abnormalities noted on pre-surgical exam. Upon induction, ventricular bigeminy was noted on ECG. Limited response to Lidocaine IV and Lidocaine CRI. Pong recovered. Chest radiographs suspicious for a heart based tumor. Abdominal radiographs show mass effect cranial abdomen. Started Mexiletine 200 mg PO q8h. Having an echocardiogram and a limited abdominal exam.

ULTRASONOGRAPHIC EXAMINATION OF THE CRANIAL ABDOMEN

Spleen

The spleen exhibited generalized enlargement primarily owing to mild to moderately expansive nonhomogeneous to cavitated mass occupying the caudal spleen measuring approximately 7.0 x 7.0 cm. Associated splenic capsule distortion was present along with regional perisplenic reactive mesentery. Potential for small pockets of scant perisplenic effusion possible. Concurrent hypoechoic to nonhomogeneous subtly expansive nodule to nodules present in the mid to cranial spleen. An example measured 1.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented mildly enlarged in size with normal 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic ingesta without signs of obstruction or foreign material.

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.

ULTRASONOGRAPHIC FINDINGS

- Generalized splenomegaly exhibiting caudal mass and concurrent mid to cranial parenchymal nodules.
- Mild hepatomegaly with parenchymal remodeling.
- Mild gallbladder debris.
- Gastric ingesta.



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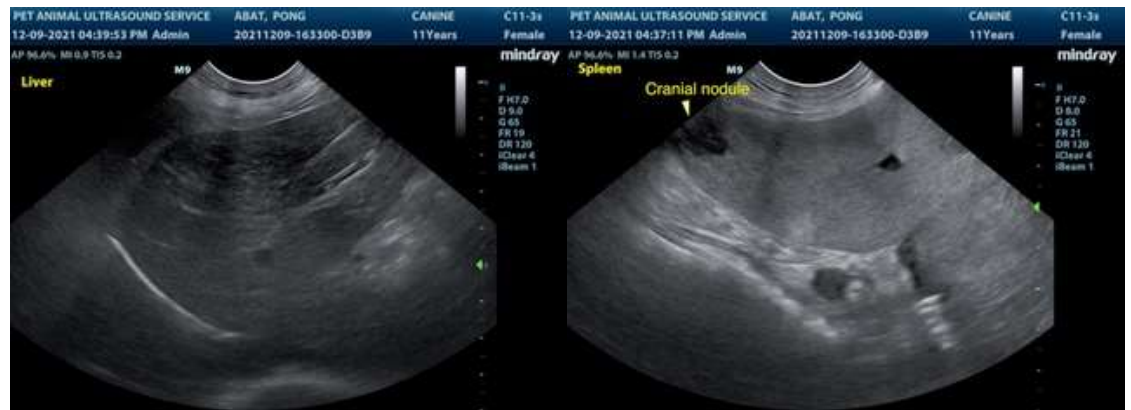
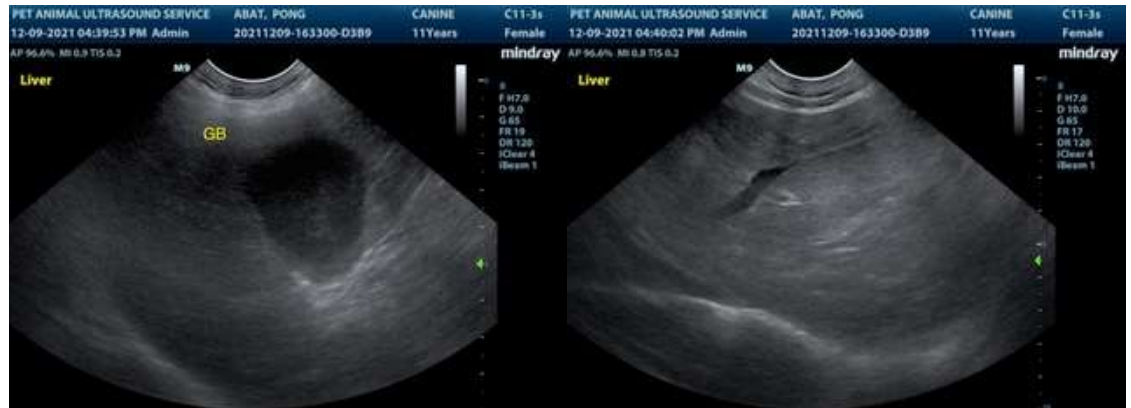
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for a definitive diagnosis, a splenic mass in addition to the splenic nodules and overall presentation of the spleen is most consistent with neoplasia i.e., hemangiosarcoma. Although no overt hepatic masses or nodules were noted, possibility of hepatic metastasis cannot be definitively excluded. Ultrasound assessment of the heart given suspicion for heart base tumor recommended.





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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.

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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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info@SonoPath.com

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