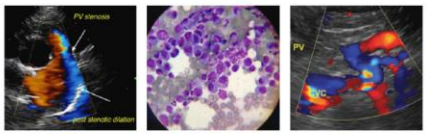
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kip Meller

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9yr

WEIGHT

65.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Rochester Veterinary Hospital

INVOICE

12476ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Presented for annual exam with no clinical signs.

Abnormal PE/Chem/CBC/UA Results: review of peritoneal mass suspected malignant neoplasia vs abscess vs granuloma. firm round mass like object noted bilateral flanks. Can palpate on either side appears to move with palpation. **please see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

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. Pinpoint areas of medullary mineralization were present. The left kidney measured 6.4 cm in length. The right kidney measured 7.1 cm in length

The area of the residual prostate appeared normal and free of pathology measuring 1.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland measured 0.67 cm width at the caudal pole.

Spleen

The overall spleen exhibited normal size with symmetrical capsule contour and subtle generalized parenchymal heterogeneity. No overt evidence of splenic nodules or masses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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-dependent echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

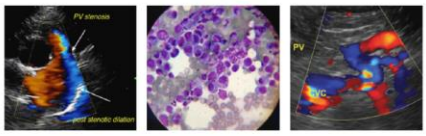
Gastrointestinal

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.

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.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kip Meller

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9yr

WEIGHT

65.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Rochester Veterinary Hospital

INVOICE

12476ag

DATE

12/19/2022

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

A moderately sized mild irregular non-homogeneous to mildly cavitated mass was present in the caudal abdomen within the area of the iliac trifurcation measuring ~9 cm in diameter. The mass was directly adjacent to the splenic tail yet without definitive connection to the caudal spleen. The mass did not appear to originate from the urinary bladder, residual prostate, kidneys or caudal abdominal intestinal tract.

Subtle evidence of regional hyperechoic omentum around the mass with scant associated caudal abdominal free fluid was present.

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

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated non-homogeneous to cavitated mass in the caudal abdomen, associated regional surrounding hyperechoic omentum and scant free fluid
- Mild heterogenous spleen
- Mild age-related kidneys with potential pinpoint medullary mineral
- Sonographically unremarkable liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

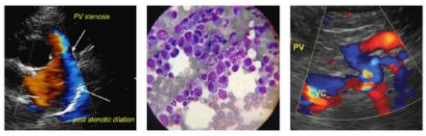
The caudal abdominal mass is suggestive of neoplastic criteria with concern for undifferentiated sarcoma. Benign etiologies such as necrotic granuloma, consolidated abscess or other possible yet thought less likely. Definitive origin of the mass was unclear. The mass was not definitively connected to the caudal spleen yet located in the area of the splenic tail. Potential for primary splenic origin of the mass is considered less likely yet cannot be definitively excluded. No overt evidence of intra-abdominal or cardiac metastasis although given this presentation the potential for non-sonographically evident metastasis around the mass cannot be definitively excluded.

Abdominal CT for further clarification as well as potential surgical planning is likely ideal if possible. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711

svsimagingmi@gmail.com



PATIENT

Kip Meller

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9yr

WEIGHT

65.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

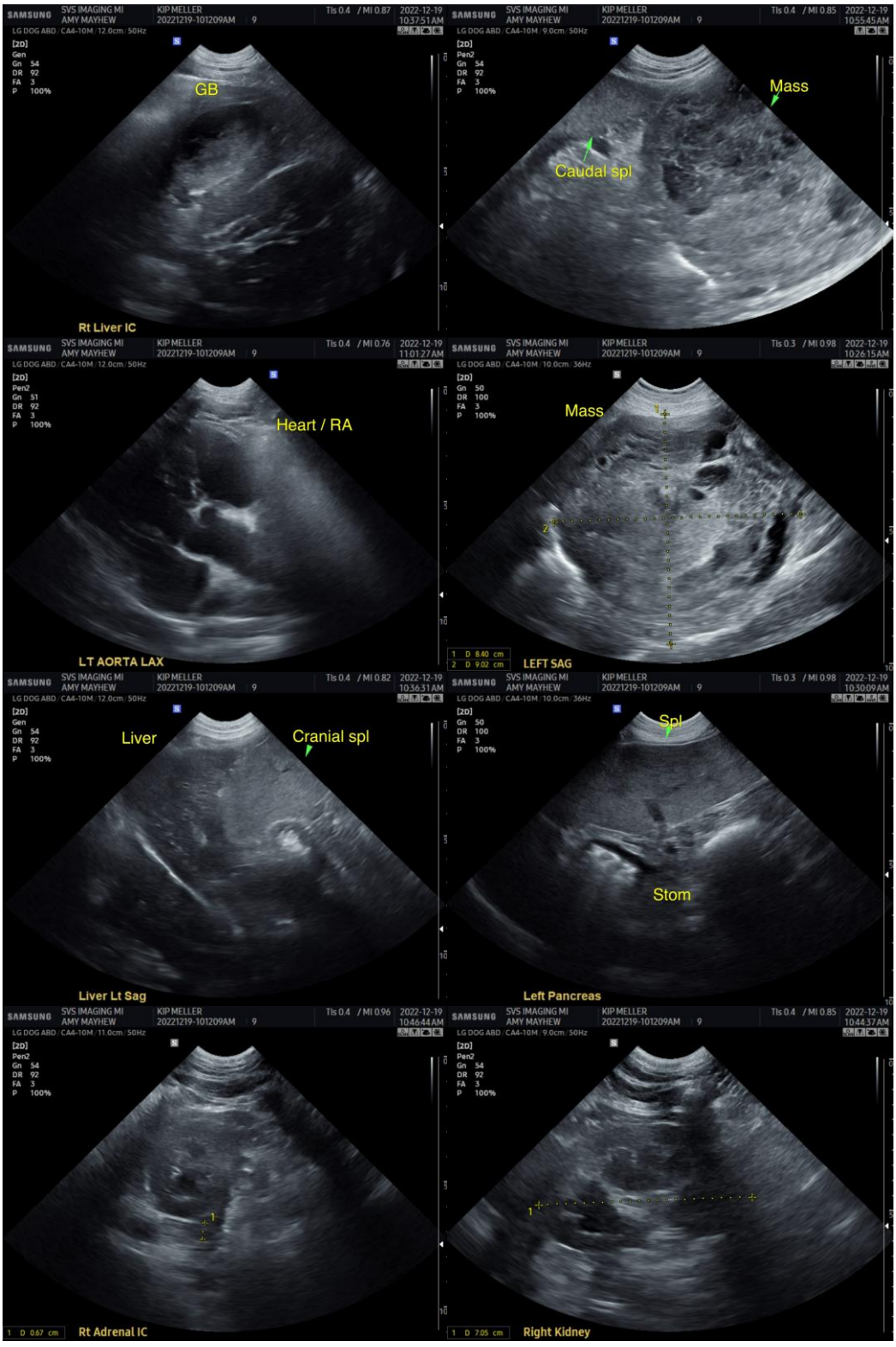
Rochester Veterinary Hospital

INVOICE

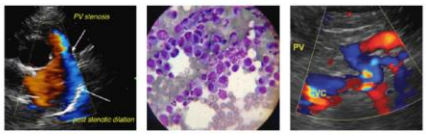
12476ag

DATE

12/19/2022



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kip Meller

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9yr

WEIGHT

65.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

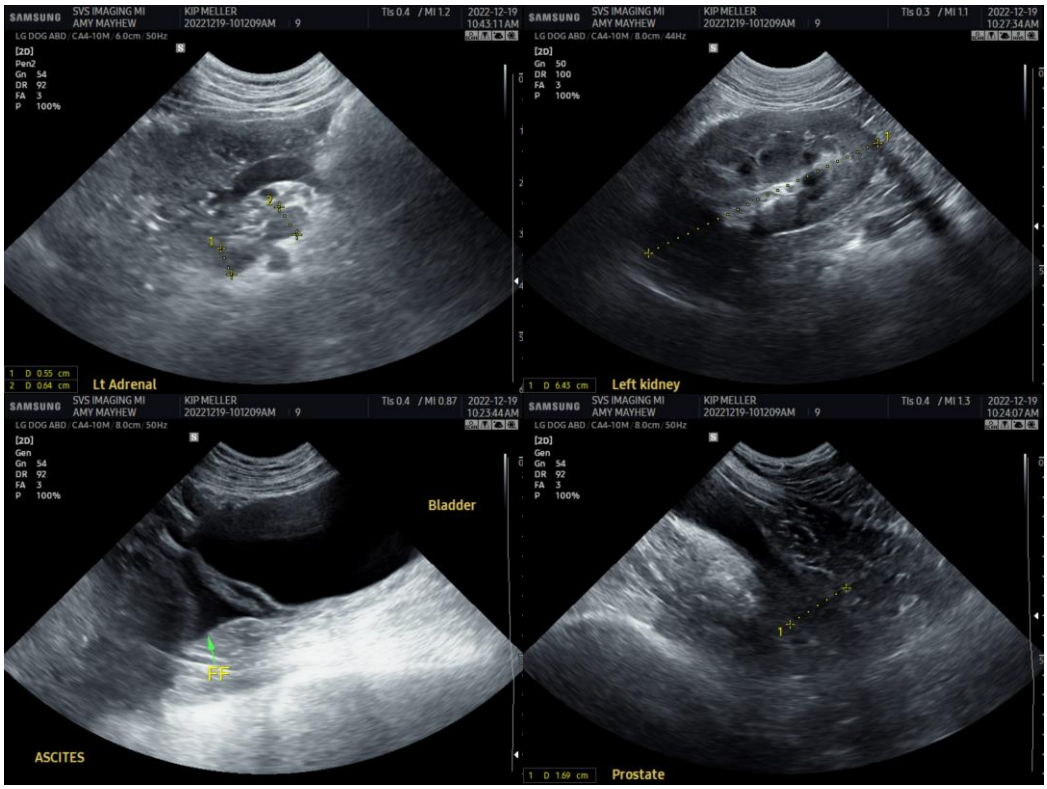
Rochester Veterinary Hospital

INVOICE

12476ag

DATE

12/19/2022



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)

info@SonoPath.com