**PATIENT**

Monty Chaddock

SPECIES

Canine

BREED

Boxer Mix

SEX

MN

AGE

9yr

WEIGHT

49.4lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Harman

INVOICE

12473ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Presented 12-13 for bloating and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Firm and swollen abdomen, mass effect on films. Anemia, hyperproteinemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. The left kidney measured 7.5 cm in length. The right kidney measured 8.5 cm in length

The area of the aortic trifurcation was free of pathology.

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.60 cm width at the cranial pole.

Spleen

The discernable spleen exhibited maintained symmetrical capsule contour and generalized mild parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. A large mildly non-homogeneous solid mass occupying the abdominal cavity directly effacing and likely connected to the spleen measuring ~ 22 cm in diameter was present. The mass extended cranially to directly efface the caudal liver. A small pocket of scant free fluid was noted between the cranial spleen and caudal left liver.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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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. Some degree of possible displacement secondary to the splenic mass is likely.

SPECIES

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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.

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Free Abdomen

No overt lymphadenopathy was present.

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Subjective normoechoic generalized omentum was present.

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

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

49.4lb

- Probable large splenic mass
- Mild hepatic parenchymal remodeling
- Scant free fluid between the cranial spleen and caudal left liver
- Mild age related kidneys
- Overtly normal GI tract, potential for mild gastric displacement

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(Canine and Feline)**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). Given the size of the mass, minor potential for non-splenic origin i.e. non-obvious hepatic origin cannot be definitively excluded yet thought less likely. No overt evidence of intra-abdominal or cardiac metastasis.

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Assuming no evidence of pathology on three view radiographs, laparotomy with splenectomy, gross inspection of the liver and omentum could be considered. Abdominal CT for further clarification of the mass and potential surgical planning may be considered if possible.

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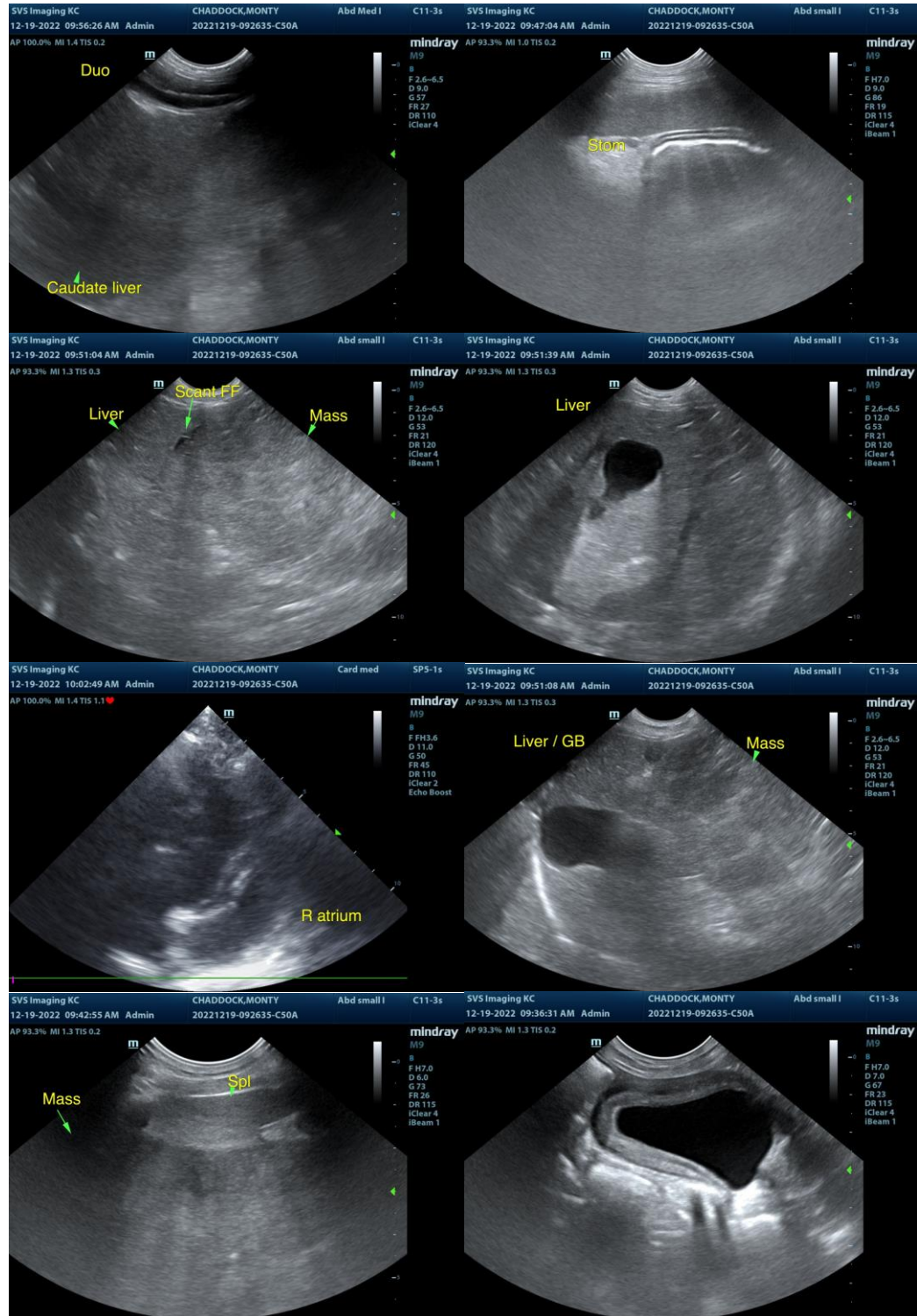
Dr. Harman

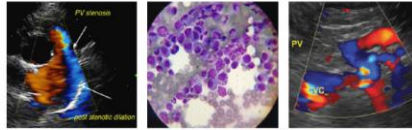
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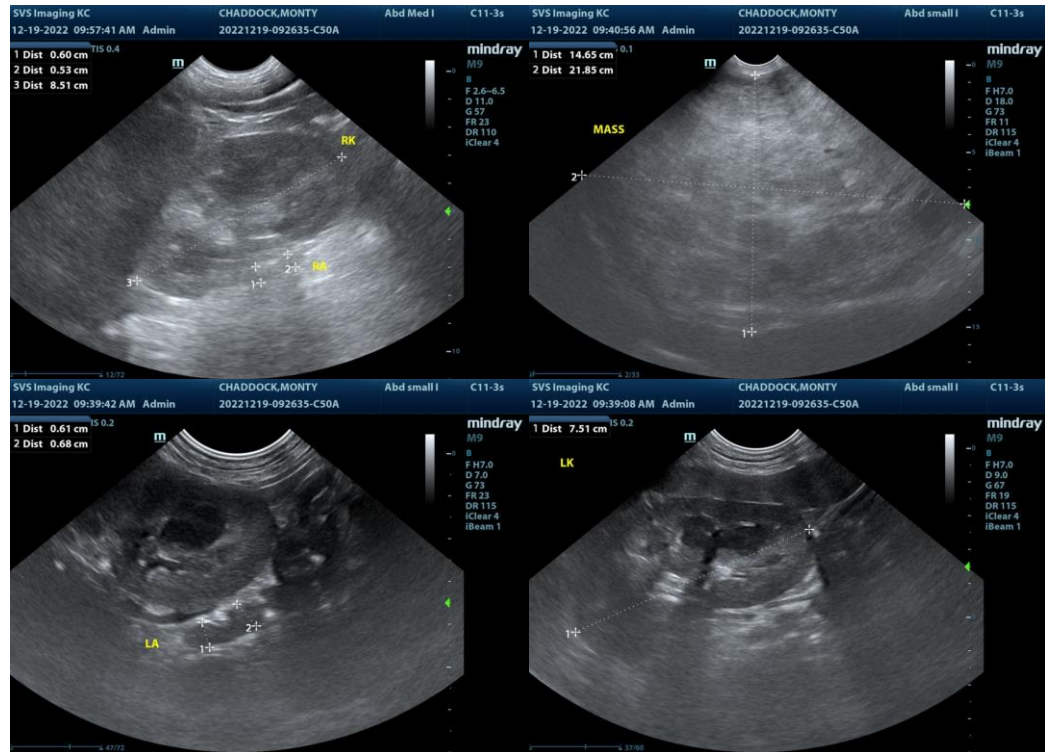
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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