



PATIENT

Sunny Sommers

SPECIES

Canine

BREED

English Cocker
Spaniel

SEX

MN

AGE

10 years

WEIGHT

12.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

La Paw Animal
Hospital

REFERRING VET

Deb LaPaugh DVM

INVOICE

15683

DATE

12/20/22

PRESENTING CLINICAL SIGNS

Several week history of hyporexia, intermittent vomiting, weight loss. No diarrhea. No current treatments.

Abnormal PE/Chem/CBC/UA Results: PE: lenticular sclerosis, epaxial muscle atrophy (mild), dental calculus, lipomas 12/16/22 CBC: WBC: 18,100/uL (4000-15,500) PMN: 15,747/uL (2060-10,600) All else wnl CHEM: Glob: 3.9 g/dL (1.6-3.6) BG: 65 mg/dL (70-138) Insulin: 20 uU/mL (7.5-20) T4: 1 ug/dL (0.8-4) Fecal O&P/ Giardia: NEG Fasted BG: 117 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 5.2 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the cranial pole and 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

A solitary, large, expansive, mild irregular splenic mass exhibiting nonhomogeneous mixed echogenic focally nodular parenchyma was present measuring 11.0-12.0 cm in diameter. The splenic mass distorted the splenic capsule. The spleen not involved with the mass exhibited a maintained symmetrical capsule contour with generalized parenchyma heterogeneity and normal splenic vascularity.

Liver/ Gallbladder

The liver presented subjective mild enlarged 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. Normal hepatic vascular volume without evidence of congestive criteria was noted.



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The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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.

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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.

SEX

Normal visible colon wall layers were present with apparent formed feces in lumen.

MN

Pancreas

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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 were evident.

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Free Abdomen

Mild to possible moderate volume peritoneal effusion exhibiting mild echogenic changes suggestive of mild fluid cellularity was noted. Suspect hemoabdomen is noted. No overt lymphadenopathy was present or concurrent omental masses. Mild perisplenic nonuniform omentum is present. Potential for omental adhesions cannot be definitively excluded, yet considered less likely.

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

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Subjective mild vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. No overt evidence of intraabdominal major organ, regional perisplenic, omental, or cardiac metastasis was noted. However, in these cases, the possibility of non-sonographically evident metastasis / micrometastasis, given suspected malignant splenic neoplastic criteria, cannot be definitively excluded.

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However, without evidence of overt metastasis, and assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum, and liver is warranted.

No evidence of gastrointestinal mural pathology or mechanical / metabolic gastrointestinal ileus is noted.



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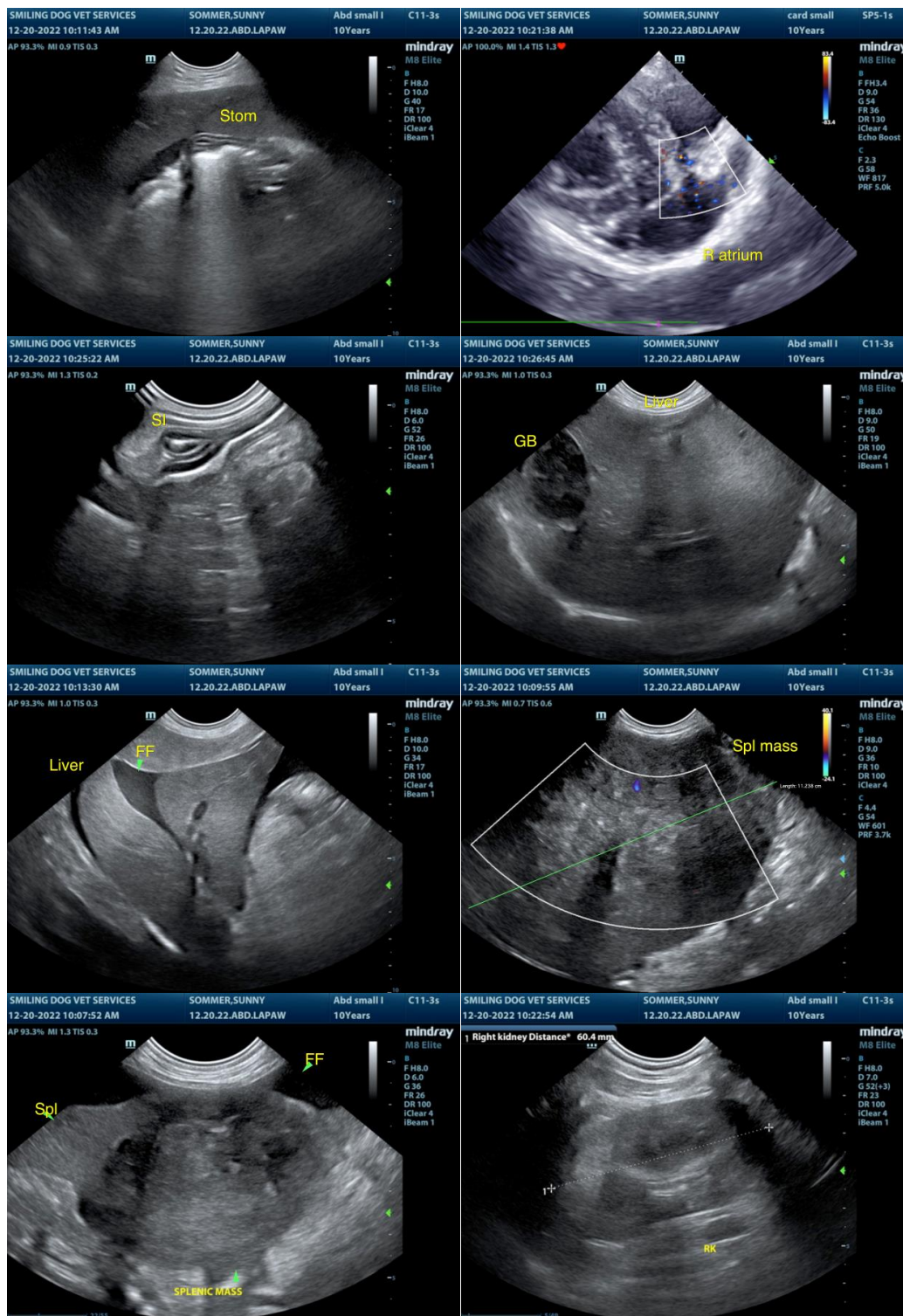
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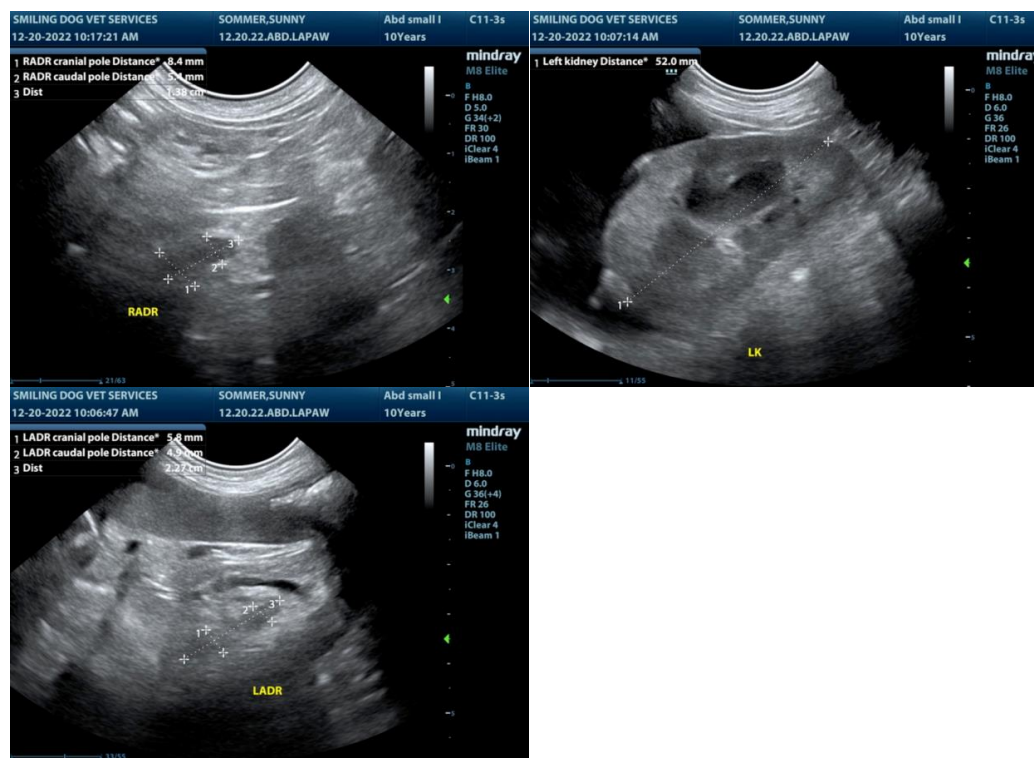
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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