

**PATIENT**

Wesley Shirey

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

8 years 11 mos

WEIGHT

35.8 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

15682

DATE

12/21/22

PRESENTING CLINICAL SIGNS

Dental- did pre surgical body xrays and found a mass in the abdomen. No symptoms from owner. Did a brief abdominal scan and it looks to be a splenic mass? Trickling urine from sedation and looked like blood in the urine.

Abnormal PE/Chem/CBC/UA Results: Previous blood work from 2 weeks ago from their vet in Virginia, had a slight increased ALP. Coags and everything else was WNL. Please see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate was free of pathology measuring 0.64 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.1 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

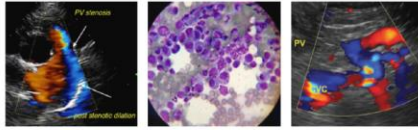
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.57 cm width at the cranial pole.

Spleen

Generalized splenomegaly exhibiting subjective folding. In the area of the mid-spleen, a moderately sized, solid, nonhomogeneous to mixed echogenic mass measuring 5.0-6.0 cm in diameter was present. No evidence of splenic capsular escape to mass rupture with normal perisplenic to generalized omental echogenicity. A separate, mild expansive, hypoechoic to nonhomogeneous nodule was present resulting in mild distortion of the splenic capsule without evidence of parenchymal escape, measuring 2.5 cm in diameter. Intermittent concurrent similar appearing discrete non-disruptive splenic nodules were also visualized. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented subjective mild to possible moderate 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

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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 containing primarily anechoic content with mild, non-dependent, echogenic, nonorganized luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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.

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 were evident.

Free Abdomen

No evidence of perisplenic or peritoneal free fluid was noted. No overt lymphadenopathy was noted.

Rapid view of the heart revealed no overt evidence of pericardial effusion or metastatic criteria in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Generalized splenomegaly with subjective folding, moderately sized solid to nonhomogeneous mid-splenic mass with concurrent separate mildly expansive hypoechoic splenic nodules
- Low-grade benign hepatopathy - sonographically suggestive of low-grade vacuolar hepatopathy
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable urinary bladder and residual prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized splenomegaly with folding, splenic mass, and separate splenic nodule were nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No evidence of intraabdominal or overt cardiac metastasis.

Given this presentation with potential for progressive splenomegaly or splenic mass / nodule rupture, and assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the perisplenic omentum, liver, gallbladder, +/- hepatic biopsies is warranted. Brief recheck CBC and clotting status is suggested prior to surgical considerations.

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svsimagingmi@gmail.com



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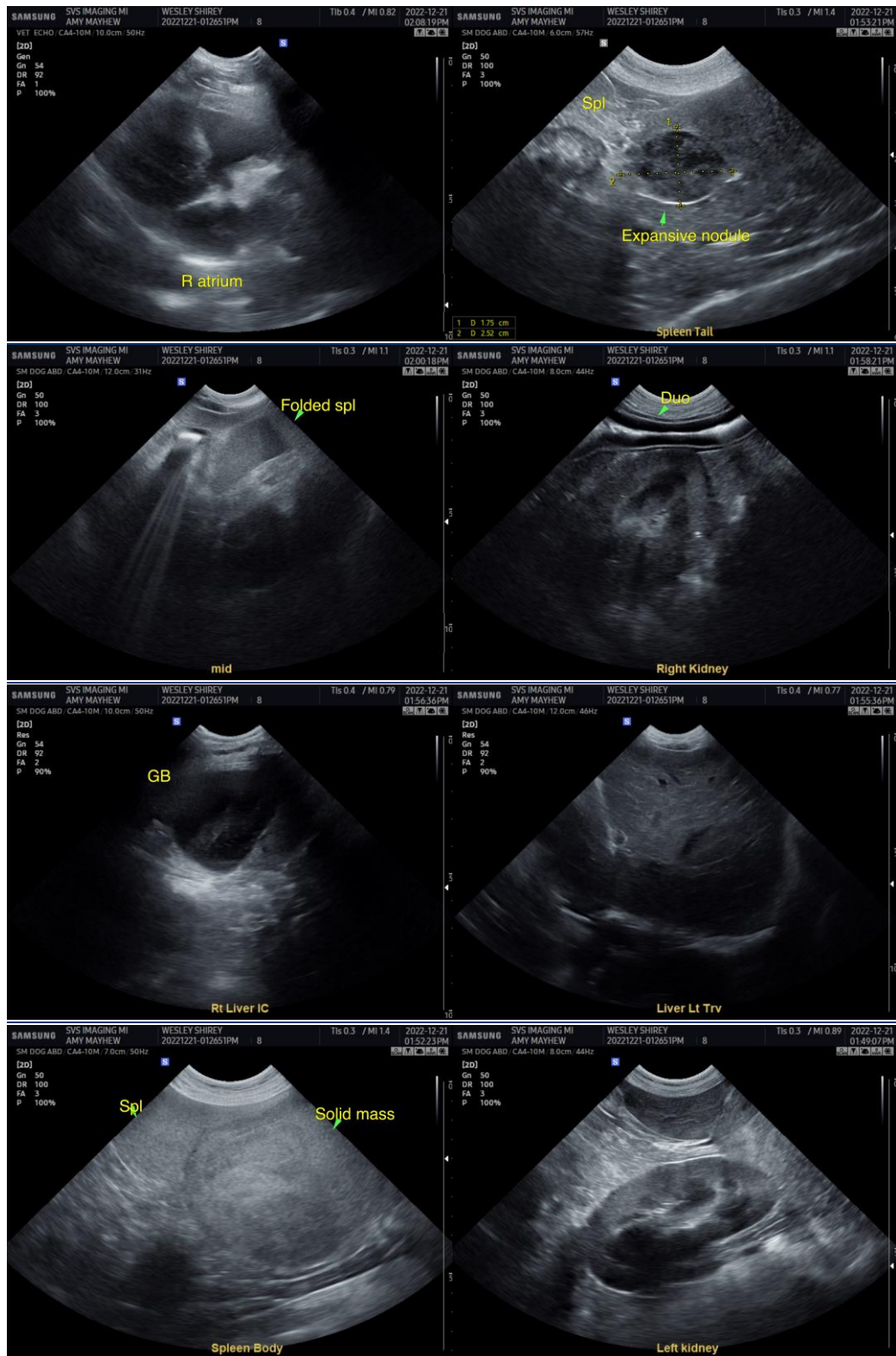
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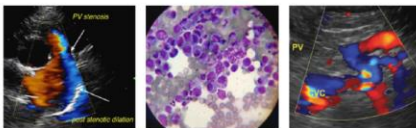
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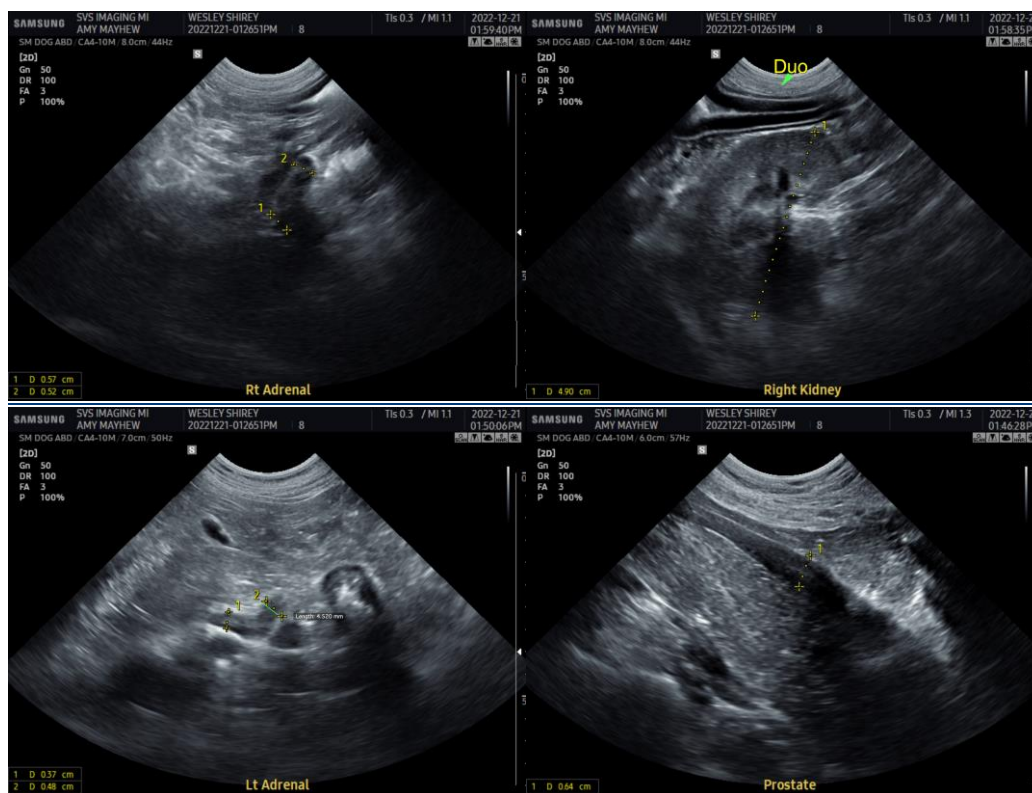
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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