



PATIENT

Dudley Mlynczak

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

11 years

WEIGHT

6.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

ResolutionVeterinary
Ultrasound LTD

REFERRING VET

Dr. Sasa Karagic

INVOICE

12749

DATE

12/6/21

PRESENTING CLINICAL SIGNS

-Azotemia. Increased liver enzymes. Possible splenic mass/bleed on AFAST. Anemic. Hypoxic. Ascites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. A solitary, asymmetrically margined, hyperechoic focal echogenicity with distal acoustic shadowing was present in the dependent lumen. The calculus measured 2.3 cm diameter. No overt evidence of secondary cystitis was noted. The calculus was in the area of the dorsal trigone, but potentially mobile.

The areas of the residual prostate, as well as the aortic trifurcation, were free of overt pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal cortical cyst, measuring 0.5 cm, was present in the left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.43 cm width at the caudal pole and 0.42 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 0.35 cm width at the caudal pole and 0.43 cm width at the cranial pole.

Spleen

The spleen revealed mixed echogenic nodular mass lesion with potential for associated regional sequestered fluid or perisplenic effusion, along with regional reactive mesentery. The nodular component of the mass measured approximately 3.0 cm in diameter, while the entirety of the splenic mass measured approximately 3.3 cm in diameter. The remainder of the spleen exhibited mild parenchymal heterogeneity, yet overall uniform echotexture.

Liver/ Gallbladder

The liver was subjectively normal in size, 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 normal in size without evidence of distention. The gallbladder contained mild, nondependent, subtly organized, nonmineralized gallbladder debris. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. Likewise, no evidence of peripheral gallbladder inflammation was noted. The common bile duct was 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.



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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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculus
- Complex to mixed echogenic splenic mass with regional perisplenic reactive mesentery, potential for focal mesenteric adhesions may be possible
- Bilateral moderate chronic renal changes with left kidney cortical cyst
- Minor hepatic parenchymal remodeling - subjectively benign
- Mild to moderate, nondependent gallbladder debris - potential for very early, noninflamed mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hematopoiesis, granuloma, splenitis, hematoma, infection, or neoplasia (sarcoma, less likely round cell neoplasia, or other). If neoplastic, no overt evidence of regional or intraabdominal metastasis was noted.

Assuming no evidence of thoracic pathology and ideally brief sonographic assessment of the heart to assess for pericardial disease, laparotomy with cystotomy, splenectomy, gross inspection of the liver and gallbladder +/- manual expression of the gallbladder and hepatic biopsies, assuming normal coagulation status, are recommended.



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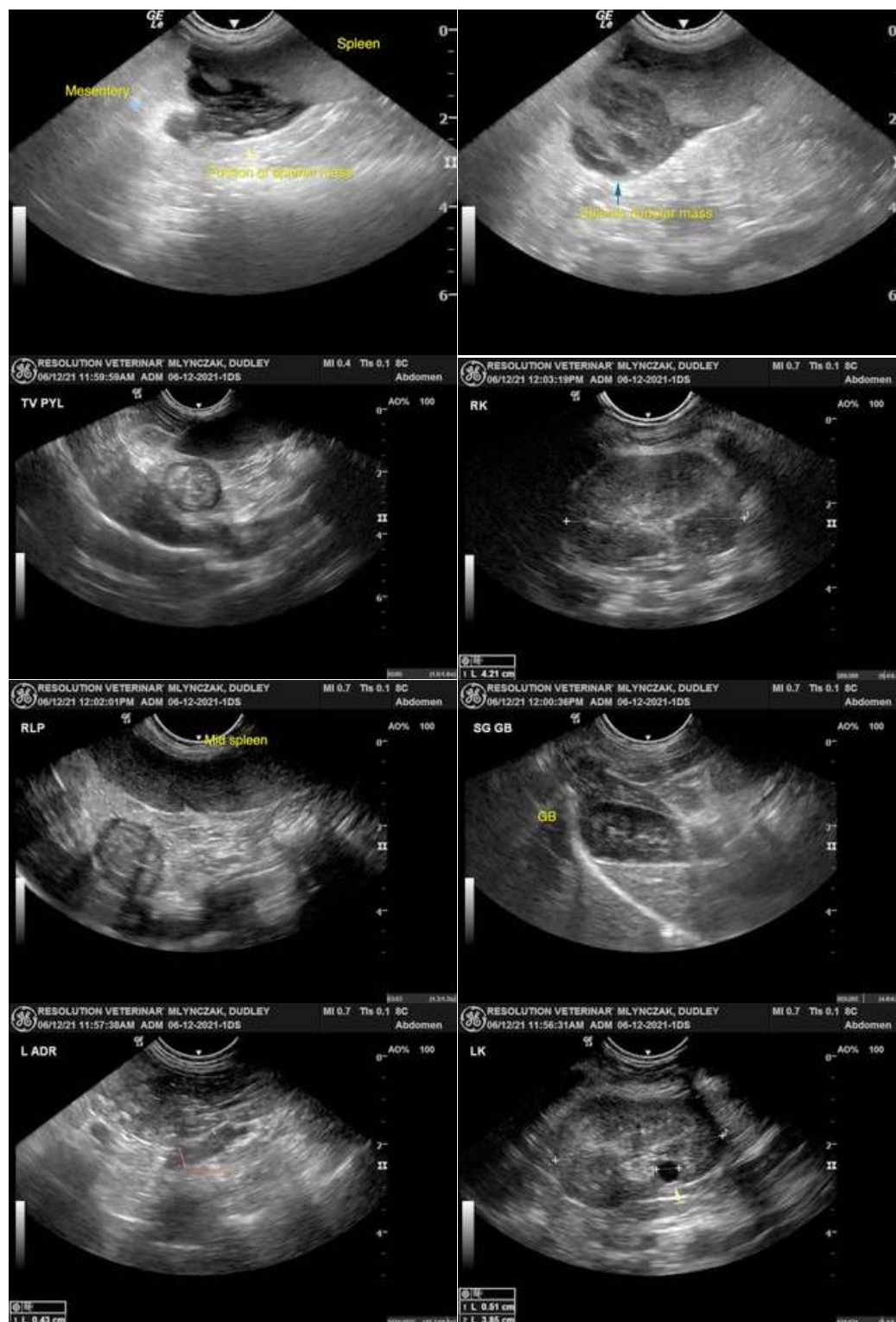
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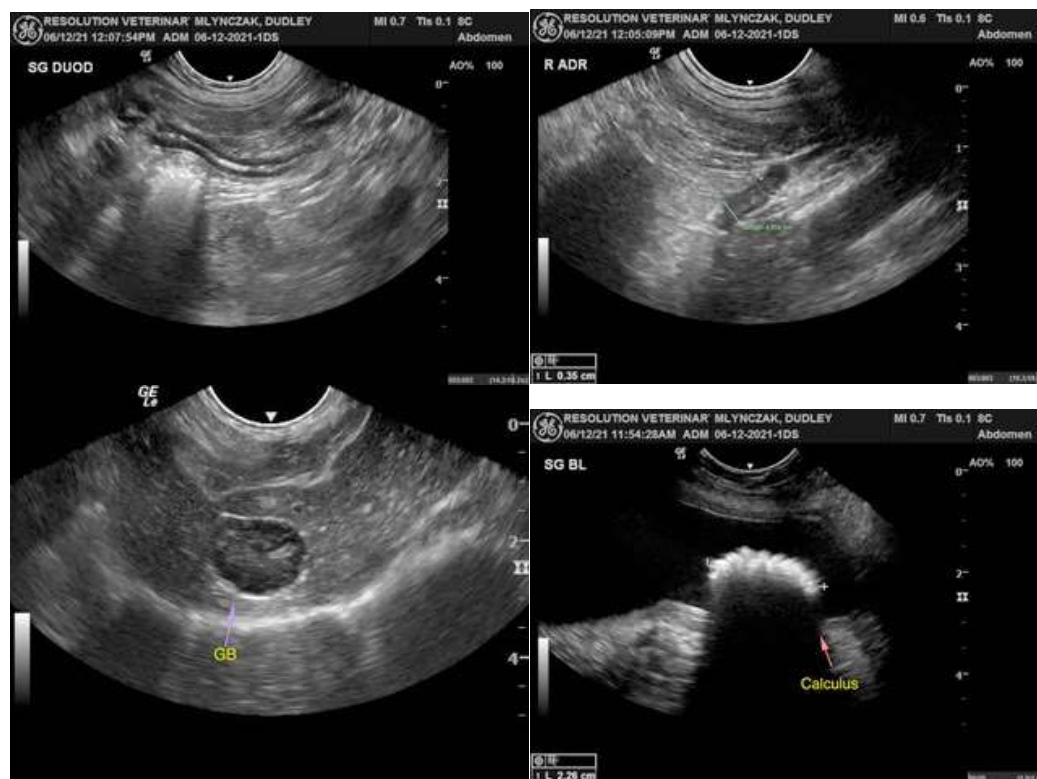
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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