



PATIENT

Ruby Kunz

SPECIES

Canine

BREED

Bernese Mt. Dog

SEX

FS

AGE

9.5 years

WEIGHT

108 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. A. Rodriguez

INVOICE

12750

DATE

12/7/21

PRESENTING CLINICAL SIGNS

Incidental splenic tumor

Abnormal PE/Chem/CBC/UA Results: RBC: 5, HCT: 32, WBC: 32Alk: 416,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 7.4 cm in length. The right kidney measured 7.9 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 2.4 cm length x 0.60 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 2.3 cm length x 0.71 cm width at the caudal pole.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present and measured 6.0 cm x 5.0 cm. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. Additional areas of the spleen exhibited asymmetrical lateral and medial capsule margins, along with nonhomogeneous to potentially discretely nodular parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

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 moderate, nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable with mild to moderate gastric gas distention. The ventral gastric body wall width measured 0.52 cm.

The small intestine revealed solitary segmental mural hypertrophy exhibiting decreased to nonhomogeneous mural echogenicity and loss of discernable wall layering in the subjective mid to



PATIENT	cranial abdomen and suspected to be involving the duodenum. This segment of intestine exhibited wall thicknesses up to 1.5 cm. The remainder of the small intestine was sonographically unremarkable.
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Canine	Pancreas
BREED	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.
Bernese Mt. Dog	Free Abdomen
SEX	Subtle evidence of perisplenic and peri intestinal reactive mesentery were present. No overt effusion or obvious lymphadenopathy were noted.
FS	
AGE	Brief sonographic assessment of the heart and thorax revealed no overt evidence of cardiac or pericardial effusion or tumors. Hypoechoic peripheral pulmonary nodules were noted. An example measured 0.3 cm in diameter.
9.5 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
108 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Nonhomogeneous splenic mass to potential masses • Segmental small intestinal mural mass - suspect likely duodenal location • Peripheral pulmonary nodules
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. A. Rodriguez	General considerations for the splenic mass to masses may include hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia such as sarcoma / histiocytic sarcoma, round cell neoplasia, or other. However, given the concurrent presence of a solitary segmental intestinal mural mass and the presence of peripheral pulmonary nodules, multicentric neoplasia unfortunately appears to be present. Correlation with three view chest radiographs could be considered.
HOSPITAL NAME	
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REFERRING VET	Assuming normal clotting status, ultrasound-guided FNA of the spleen for screening cytology and potential oncology consultation could be considered. Unfortunately, the presence of peripheral pulmonary nodules suggestive of pulmonary metastatic disease likely precluded surgical options in this case.
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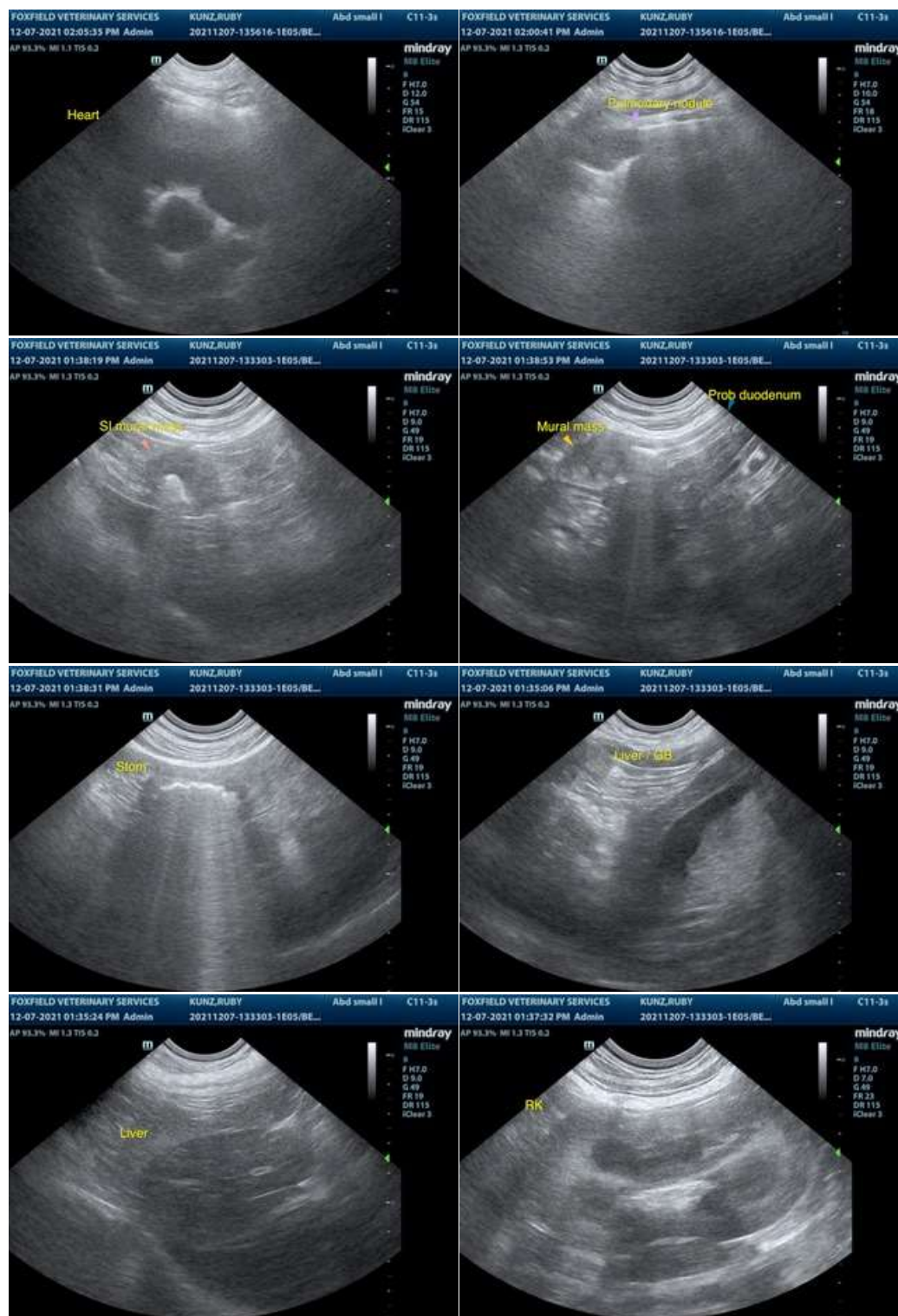
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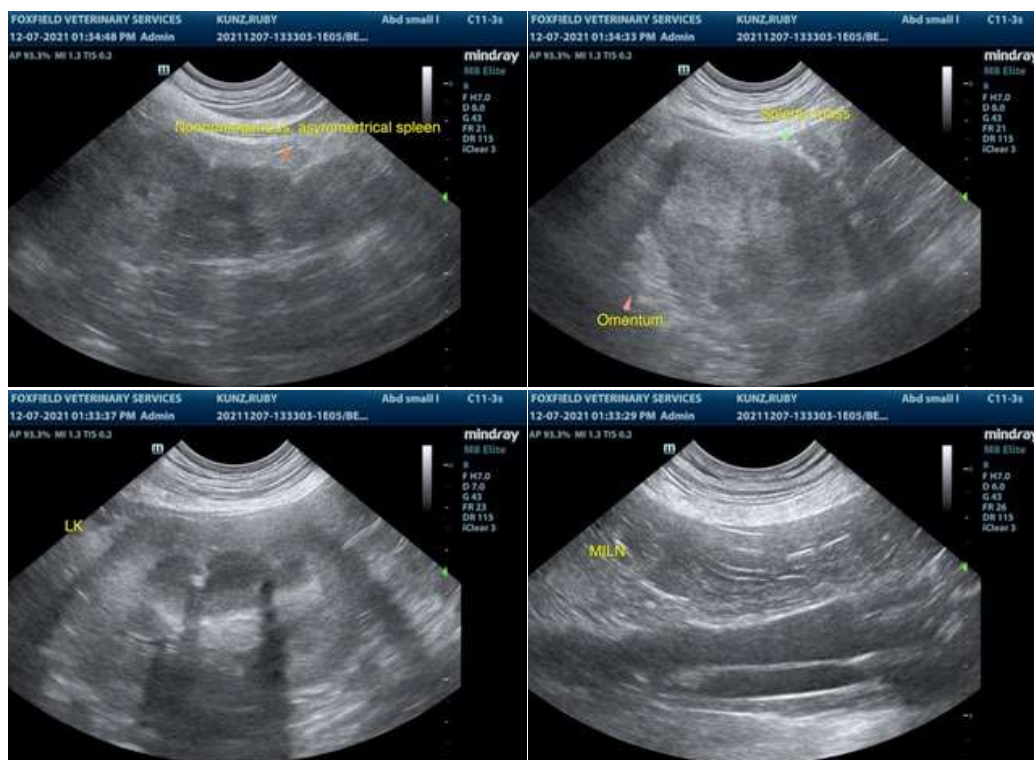
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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