

**PATIENT**

Boiler Pyzyk (200576)

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

9 years

WEIGHT

100 lbs.

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

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Mallo

INVOICE

13227

DATE

2/1/22

PRESENTING CLINICAL SIGNS

2 weeks of weakness and decreased appetite. hematocrit 34. low cortisol, did stim test and was not consistent with Addisons disease.

Abnormal PE/Chem/CBC/UA Results: HR 180 and free fluid found within the abdomen.

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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 9.4 cm in length. The right kidney measured 9.5 cm in length. Focal areas of hyperechoic cortex echogenicity were present, suggestive of cortical infarctions in both kidneys.

Adrenal Glands

The left and right adrenal glands were not overtly visualized.

Spleen

A small yet cavitated splenic mass distorting the regional mid lateral splenic parenchyma and capsule measuring 3.5 cm in diameter, was present. The rest of the spleen exhibited mild generalized parenchymal heterogeneity.

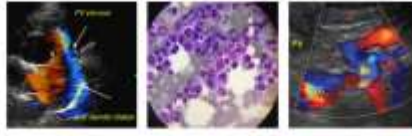
Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement with hepatic parenchymal remodeling. Ill-defined to potential coalescing mildly echogenic intraparenchymal nodules were present. An example measured 2.4 cm in diameter. The gallbladder was non-distended in size. The gallbladder wall was mild to moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. Anechoic content was present in the gallbladder. This is consistent with gallbladder mild wall edema. Possible causes may include acute inflammation, edema, and anaphylaxis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild gastric gas distention was present. No signs of ileus, obstruction, or foreign material were noted.

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.

**PATIENT**

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

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Pancreas**SPECIES**

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.

Canine

Free Abdomen**BREED**

Generalized mild reactive mesentery and small to moderate volume peritoneal free fluid was present.

Rottweiler

Brief sonographic assessment of the chest and heart revealed concurrent pleural, as well as pericardial effusion.

SEX**ULTRASONOGRAPHIC FINDINGS**

FS

Primary Findings**AGE**

- Mild expansive, nonhomogeneous splenic mass
- Mild hepatomegaly exhibiting ill-defined to potential coalescing liver nodules
- Gallbladder wall edema
- Mild to moderate volume peritoneal effusion, concurrent pleural and pericardial effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Sonographic findings are unfortunately likely consistent with multicentric neoplasia involving the spleen with a strong concern for cardiac and potential thoracic metastasis, given the presence of pericardial free fluid. Multicentric sarcoma would be considered a primary rule-out.

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and Feline)

The pleural and peritoneal effusion is strongly suspected to be secondary to pericardial effusion and likely cardiac tamponade.

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Further assessment may include abdominocentesis and thoracocentesis for effusion analysis, as well as pericardiocentesis with effusion analysis to relieve suspected cardiac tamponade and pressure on the right heart. However, given this presentation, an unfavorable prognosis is unfortunately indicated.

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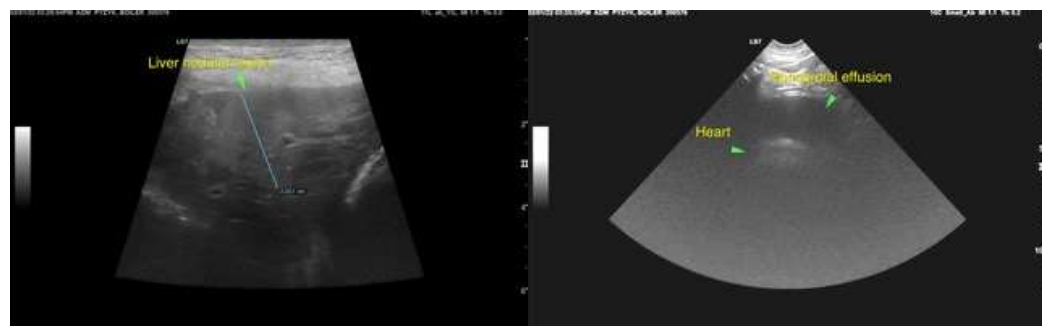
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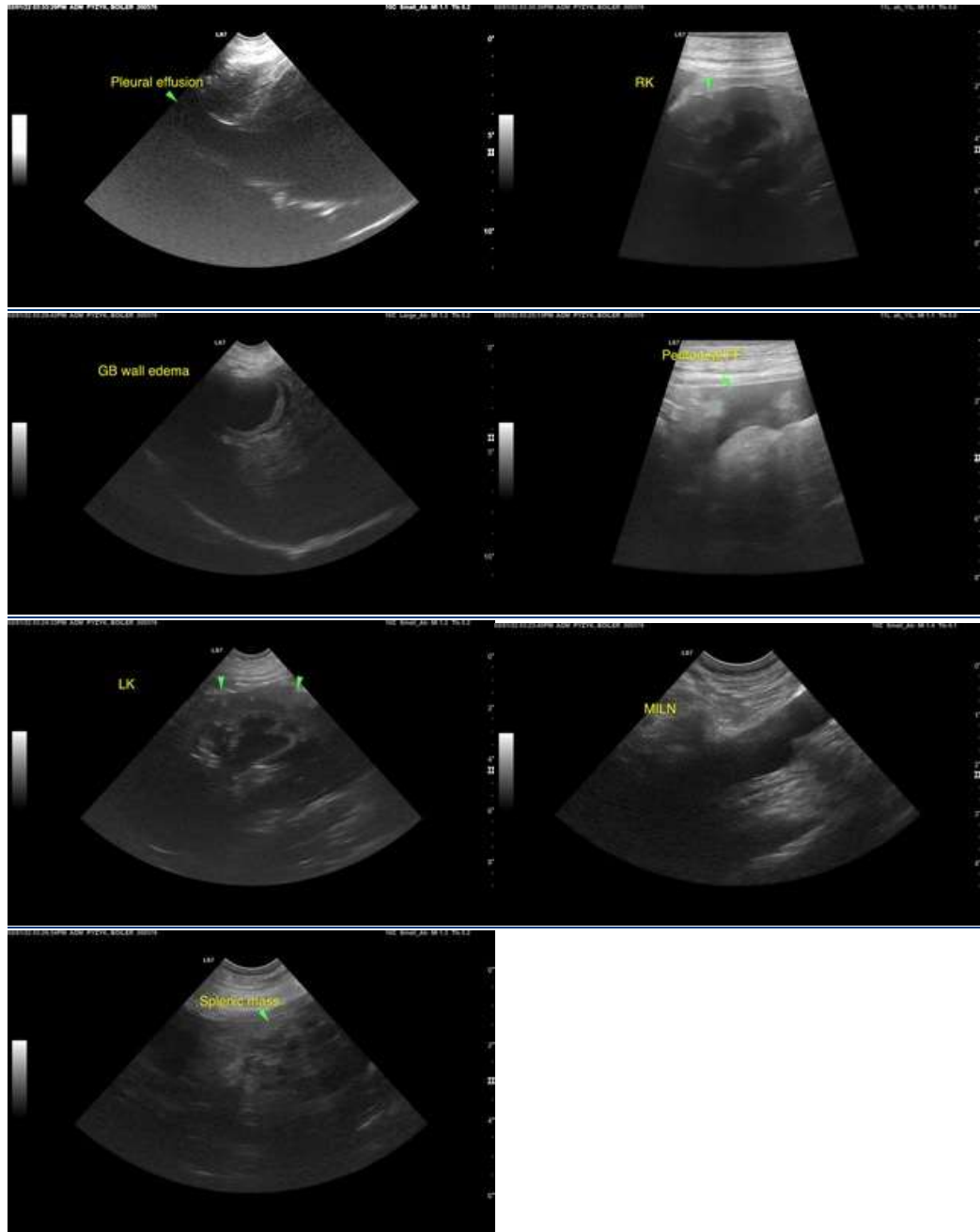
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com