

PATIENT

Jed Carter

PRESENTING CLINICAL SIGNS

History: Originally seen for bloated looking stomach on 1/27/22. Decreased eating and energy. O has not observed BM since this started.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shepherd Mix

The urinary bladder, trigone, and cystourethral junction 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 were noted.

SEX

Neutered Male

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. Focal cortical infarction was present in the caudal lateral cortex of the right kidney. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.

AGE

10 Years

Adrenal Glands

WEIGHT

85 Lbs.

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.79 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The visualized discernable spleen exhibited subjective mild generalized enlargement, yet maintained a finely textured homogeneous parenchyma with subtle evidence of symmetrical capsule expansion. A large, nonhomogeneous, mildly cavitated mass occupying the majority of the abdominal cavity, measuring approximately 20.0 cm in diameter, was present. The mass extended cranially to approximate the caudal aspect of the liver, as well as caudally with mild impingement upon the apical urinary bladder. Subtle evidence of associated regional reactive mesentery was present. No overt evidence of peritoneal free fluid or overt mass rupture was noted.

IMAGING PERFORMED BY

Rachel Runnells, RVT

Liver

The liver presented mildly enlarged in 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathan Renfro

INVOICE

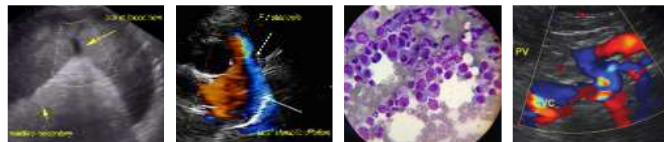
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Gastrointestinal

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.

DATE

2/1/22



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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.

SPECIES

Canine

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 was evident.

BREED

Shepherd Mix

Free Abdomen

No overt lymphadenopathy was present.

SEX

Neutered Male

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

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years

- Probable large nonhomogeneous to cavitated splenic mass, associated regional reactive mesentery

- Mild vacuolar hepatopathy pattern

WEIGHT

85 Lbs.

- Overtly normal gastrointestinal tract

- Mild chronic renal changes with focal right kidney cortical Infarction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

This study confirms the presence of a large intraabdominal mass most likely of splenic origin. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

IMAGING PERFORMED BY

Rachel Runnells, RVT

Given the size of the mass, the potential for non-splenic origin cannot be definitively excluded, yet thought less likely. Overt evidence of abdominal metastasis to such as to the liver, bilateral kidneys, discernable spleen, or evidence of omental metastasis or peritoneal effusion was not present. However, the potential for non-visualized metastasis or micrometastasis cannot be definitively excluded.

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Assuming no evidence of thoracic pathology or metastatic disease, laparotomy with expectation toward splenectomy, gross inspection of the liver, gastrointestinal tract, and perisplenic omentum may be considered. A guarded prognosis pending mass histopathology is warranted.

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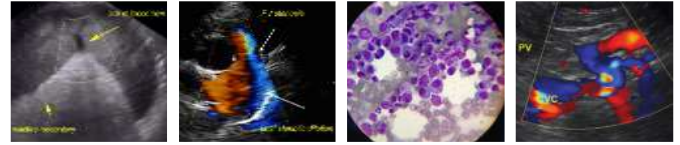
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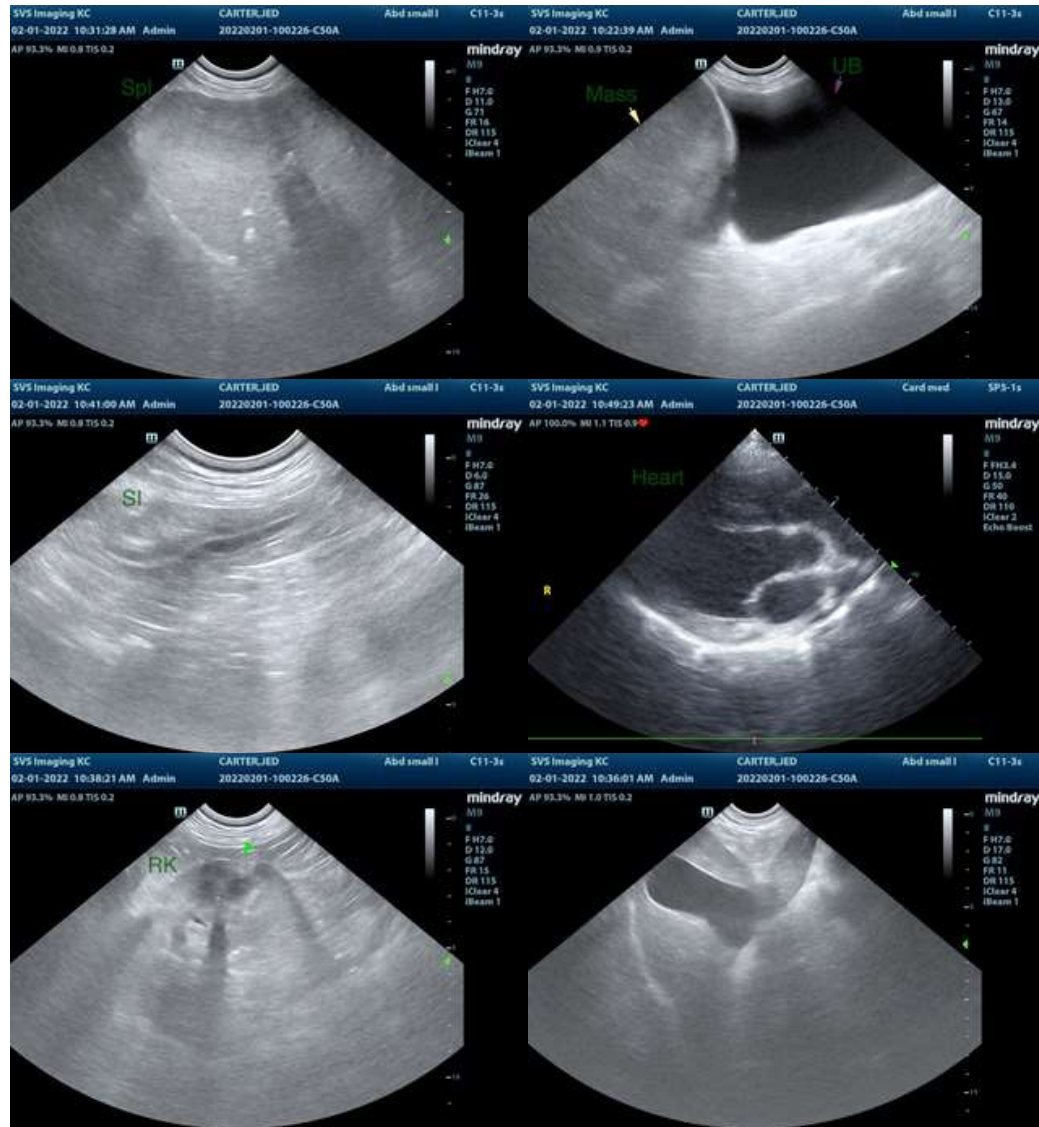
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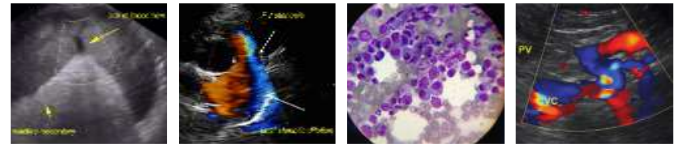
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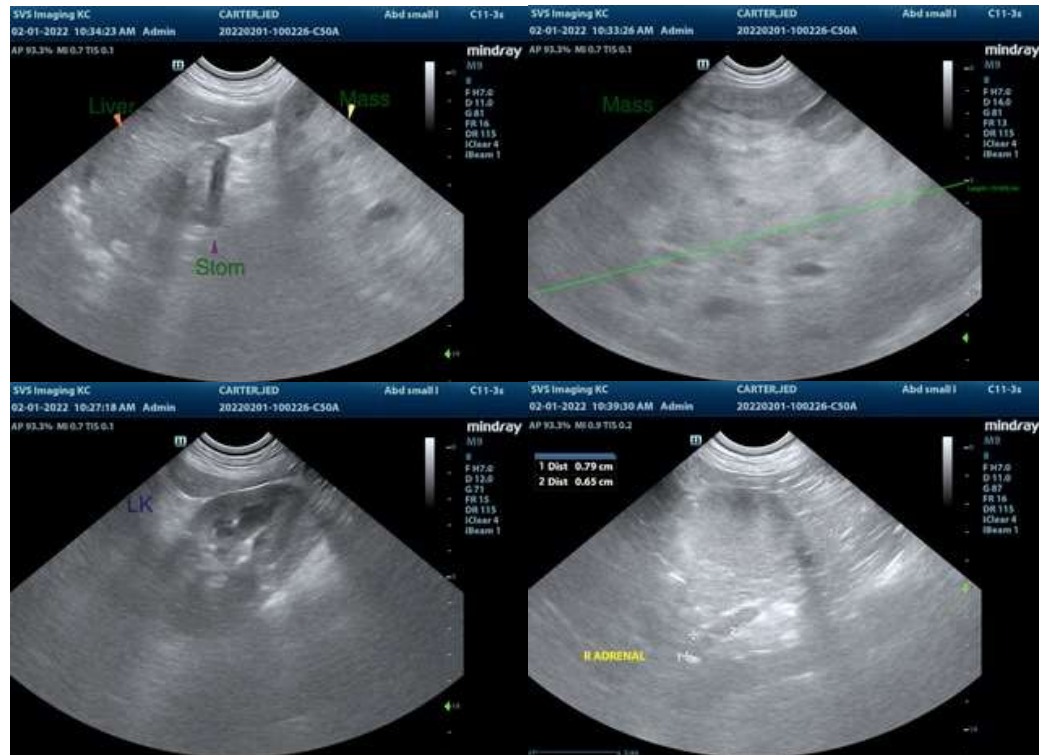
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AGE

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WEIGHT

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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