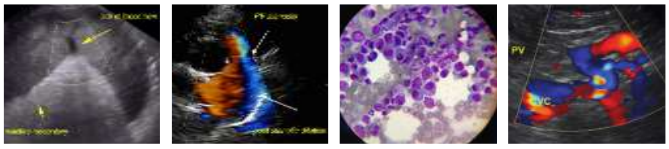
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Winter Hergerling

SPECIES
Canine

BREED
Labrador Ret Mix

SEX
FS

AGE
13 years

WEIGHT
31.6

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

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME
Bend Animal Emergency & Specialty Center

REFERRING VET
Morgan Helfrich DVM

INVOICE
13300

DATE
2/10/22

PRESENTING CLINICAL SIGNS

Patient presents to BAESC for AUS and additional care as indicated for a splenic mass. Patient is a transfer from Tumalo Animal Hospital (TAH) with the following history: patient presented for a seizure like episode in house lab work revealed anemia, HCT 30% brief abdominal ultrasound reveals a 2x2 inch splenic mass with a scant amount of free fluid seen around the spleen thoracic radiographs reveal no evidence of metastasis brief ultrasound of thorax shows no evidence of pericardial effusion Current meds: Carprofen 2x/week, Denamarin substitute med, Dasaquin, Adequan Yunnan Baiyao: 2 caps PO BID prescribed on 2/10/22 PPH: Historically elevated Liver Enzymes
Abnormal PE/Chem/CBC/UA Results: Physical exam: Lenticular sclerosis, several SQ masses consistent with lipomae, generally stiff on ambulation with moderate discomfort with paraspinal palpation. Splenomegaly appreciated on palpation. Blood work abnormalities 2/10/22 HCT: 30% (31-67) HGB: 10.4 g/dL (13-20) RETIC: 5400/uL (10,000-110,000) Mild monocytosis; 1630/uL (160-1120) Normal platelet count MPV: 13.8 fL (8.7-13.2) ALP: 698 U/L (23-212) GGT: 21 U/L (0-11) LIPA: 1694 U/L (500-1500)

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.

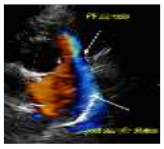
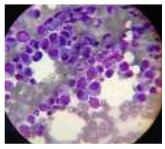
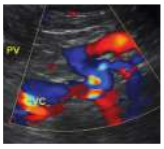
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. Areas of mild cortex irregularity and subtle variable echogenicity were present. No evidence of pyelectasia was present. Potential for Indiscreet left kidney cortical infarctions in noted. Focal area of likely nonobstructive mineralization adjacent to the pelvis was present in the left kidney. The left kidney measured 5.5 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.56 cm width in the caudal pole. The right adrenal gland measured 2.7 cm length x 0.77 cm width in the caudal pole.

Spleen

Masses involving the spleen with secondary capsule expansion and disruption was present and measured approximately 6.0-7.0 cm in diameter. Subjectively, the masses were noted caudal to cranial to the splenic hilus Indicating potential for multiple masses. The parenchyma of the masses was heterogeneous to mixed echogenic without areas of cavitation. Concurrent non-expansive, nonhomogeneous to potentially focally mineralized nodule was noted mid spleen. This may indicate

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winter Hergerling

SPECIES

Canine

BREED

Labrador Ret Mix

SEX

FS

AGE

13 years

WEIGHT

31.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Morgan Helfrich DVM

INVOICE

13300

DATE

2/10/22

concurrent neoplasia, previous infarction, myelolipoma, or mineralization. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver exhibited mild generalized enlargement with normal 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. No overt hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild, nondependent yet nonorganized gallbladder debris. 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 contained mild nonshadowing ingesta most consistent with post prandial presentation without 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

Regional perisplenic reactive mesentery was present along with mild volume, primarily perisplenic free fluid. Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

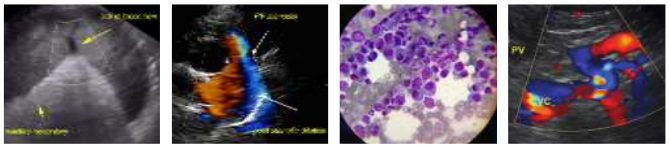
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly with confirmed mass to masses, regional perisplenic reactive mesentery and mild volume perisplenic free fluid
- Mild hepatomegaly exhibiting generalized parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes - subjectively benign

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Winter Hergerling

SPECIES

Canine

BREED

Labrador Ret Mix

SEX

FS

AGE

13 years

WEIGHT

31.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Morgan Helfrich DVM

INVOICE

13300

DATE

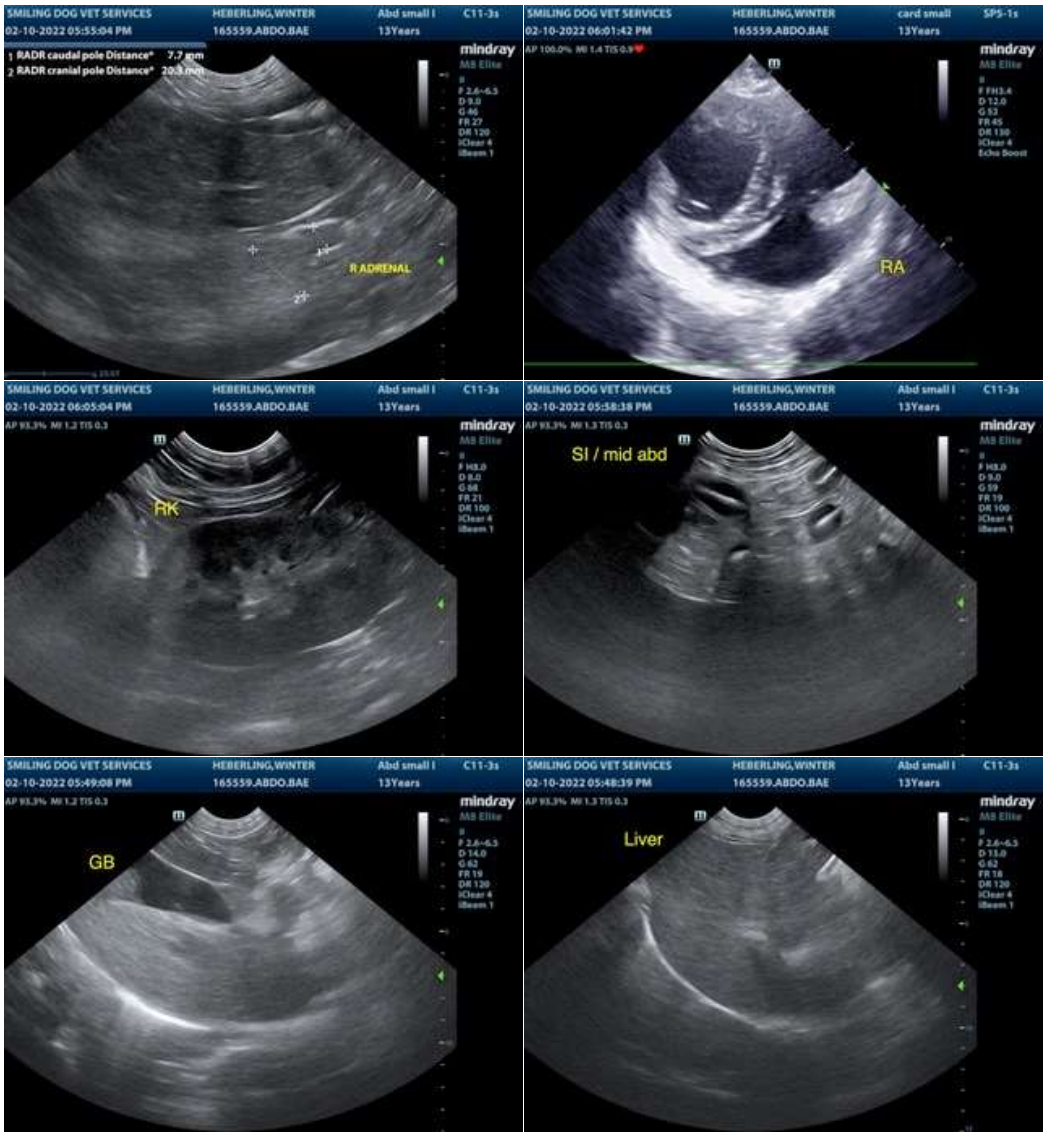
2/10/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

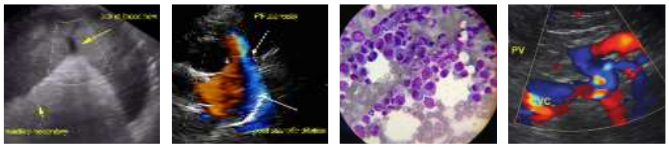
Subjectively yet nonspecific, the splenic mass to potential masses is most suggestive of neoplastic criteria, such as round cell neoplasia, sarcoma, or other. Benign pathologies i.e., hyperplasia, hematopoiesis, splenitis, or similar are possible yet thought less likely.

The hepatomegaly with parenchymal remodeling is nonspecific with potential for age-related hepatic parenchymal changes or being low-grade hepatopathy such as vacuolar hepatopathy. The possibility of potential concurrent hepatic neoplasia, given the possibility of round cell neoplasia, cannot be definitively excluded. Assuming normal clotting status, screening hepatic FNA prior to potential surgical considerations in this patient would be warranted.

Alternatively, given the lack of evidence of cardiac or thoracic metastasis, splenectomy with gross inspection of the perisplenic omentum, liver, as well as hepatic biopsies, assuming normal clotting status, may be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winter Hergerling

SPECIES

Canine

BREED

Labrador Ret Mix

SEX

FS

AGE

13 years

WEIGHT

31.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

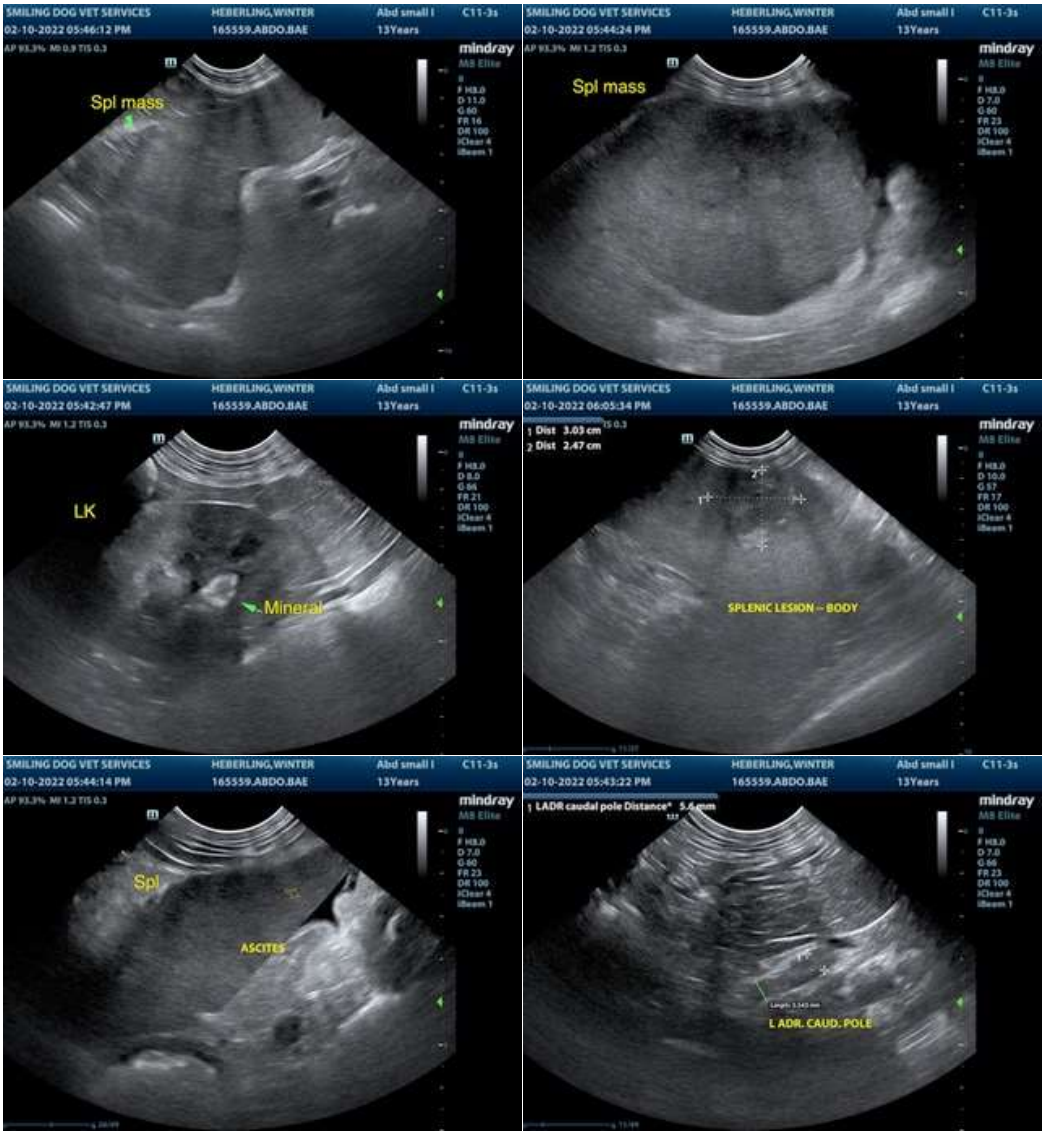
Morgan Helfrich DVM

INVOICE

13300

DATE

2/10/22



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)
info@SonoPath.com