

**PATIENT**

Balto Manson

SPECIES

Canine

BREED

Siberian Husky

SEX

MN

AGE

7yr

WEIGHT

16.4kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. McCaughey

INVOICE

12969ag

DATE

02/14/2023

PRESENTING CLINICAL SIGNS

Balto presented to the MVS Emergency Service on Feb 14, 2023, at 9am, for evaluation of abdominal mass. On Sunday night (2/12), Balto was running outside with his owner. He was chasing a racoon in his yars, when Balto's owner cornered the racoon against a haybale. His owner then shot the racoon, but the bullet went through the racoon, thorough the hay bale, and into Balto's right front leg. Balto was then evaluated at Colonial Terrace Vet Clinic for his injury. During the physical examination, the DVM felt a mass in his abdomen. They confirmed the mass with an ultrasound. Balto was treated for the gunshot wound and sent home yesterday morning. The DVM recommended further evaluation of the mass at an emergency clinic. Yesterday and this morning he was doing well at home: eating, drinking, and acting normally. He has not defecated since the incident. Balto has no other medical history.

Abnormal PE/Chem/CBC/UA Results: Bloodwork performed 3 weeks ago was unremarkable. Repeating CBC today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. Minor right kidney pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.56 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 0.49 cm width at the caudal pole and 0.46 cm width at the cranial pole.

Spleen

The intact spleen exhibited overall normal size and contour with generalized parenchymal heterogeneity and intermittent discrete hypoechoic nodules, an example measuring 0.7-0.8 cm. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented 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. No hepatic masses or nodules visualized. 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.

**PATIENT*****Gastrointestinal***

Balto Manson

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.

SPECIES

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.

Canine

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

BREED***Pancreas***

Siberian Husky

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.

SEX***Free Abdomen***

MN

A large expansive irregular mixed echogenic confirmed abdominal mass occupying the majority of the mid abdomen measuring ~ 17-18 cm in diameter was present. The mass appeared to be of similar overall echogenicity as the discernable spleen and appeared to directly efface a focal area of the caudal spleen. The mass did not obviously involve the bilateral kidneys, liver or adjacent GI tract although secondary small intestinal and colonic displacement was present. Intermittent small pockets of scant peritoneal free fluid were present.

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Focal to intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Large to expansive irregular mixed echogenic abdominal mass
- Heterogenous to discretely nodular spleen
- Mild chronic renal changes exhibiting small cortical cyst and minor right kidney pyelectasia
- Minor hepatic parenchyma remodeling-benign
- Intermittent minor subjective benign/reactive mesenteric lymph nodes
- Scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the confirmed abdominal mass a definitive origin of the mass was difficult to ascertain. Given overall similar echogenicity as the spleen, direct effacement to the caudal spleen and without definitive origin from other major abdominal organs, splenic origin deriving from a small portion of the caudal spleen may be considered most likely. The possibility of non-splenic origin cannot be definitively excluded. Benign vs malignant etiologies are possible although neoplastic criteria is favored.

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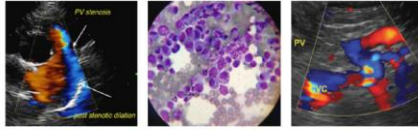
Assuming no evidence of pathology or cardiomegaly on three view chest radiographs, exploratory laparotomy for gross inspection of the mass, potential splenectomy vs mass resection upon further assessment may be considered.

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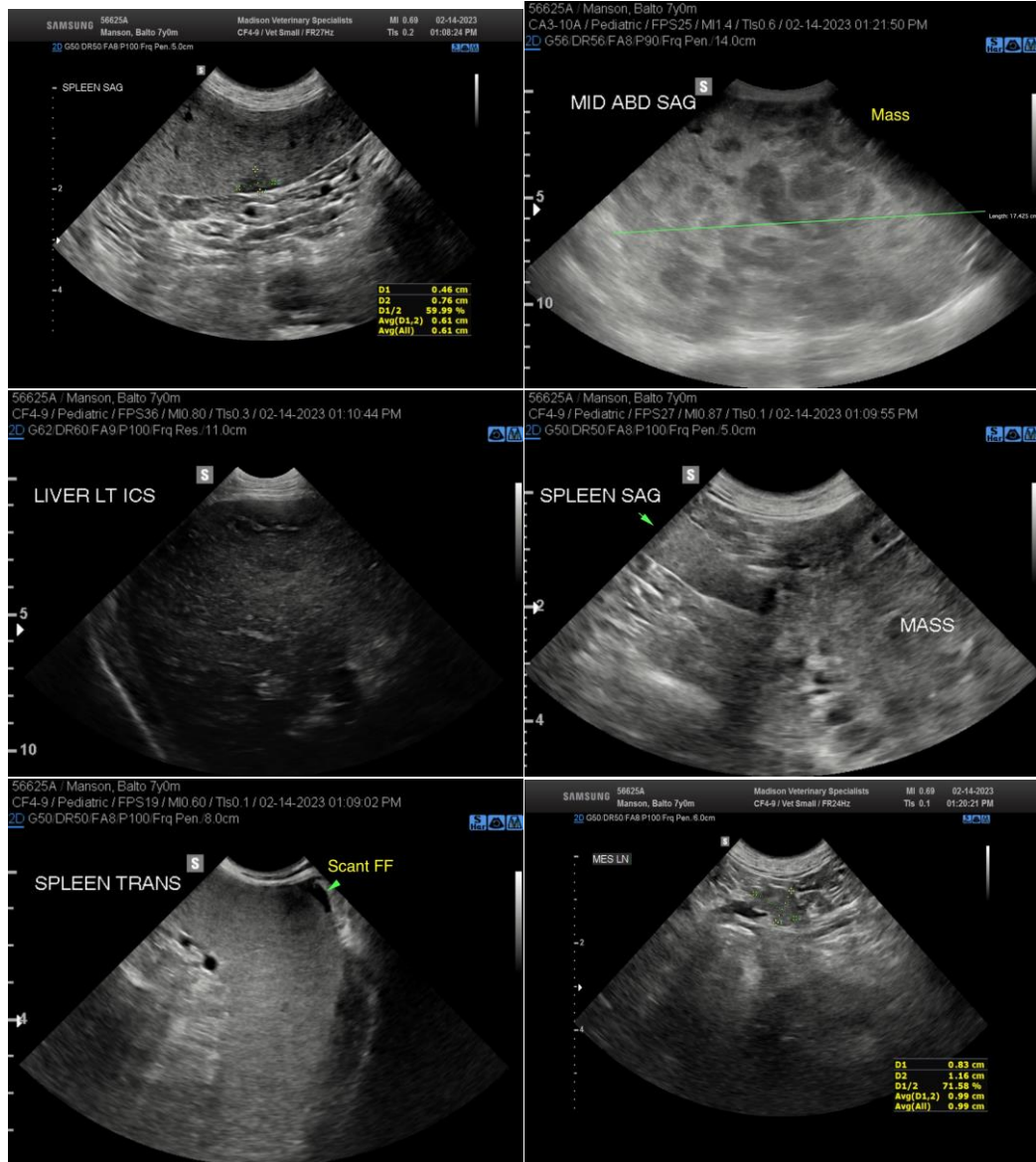
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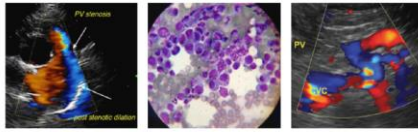
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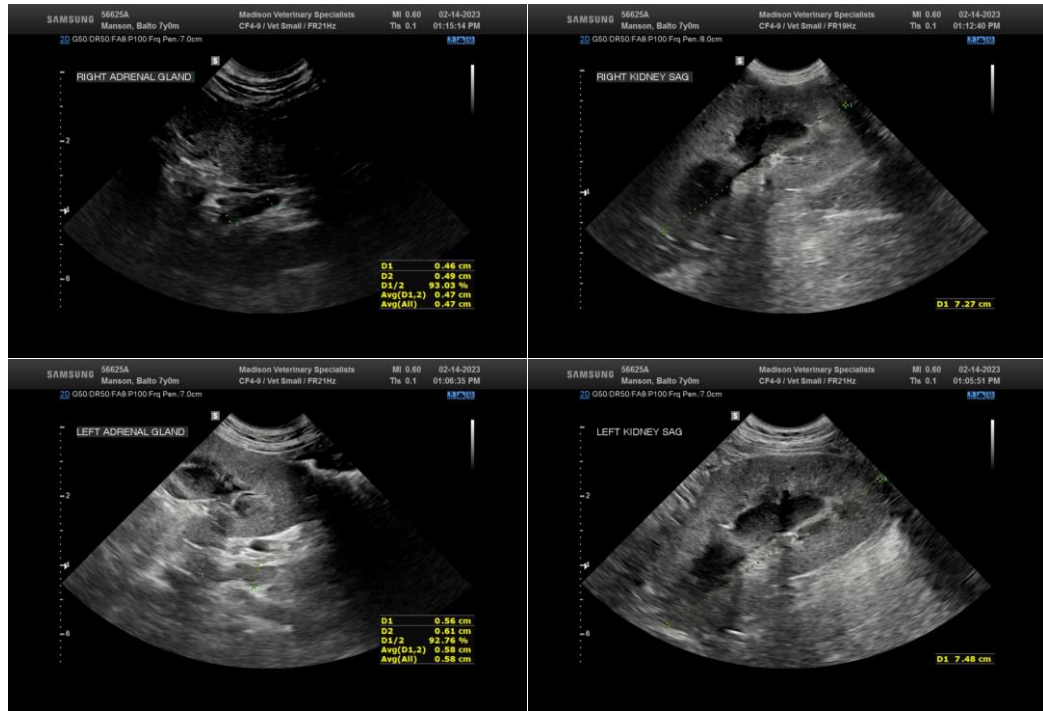
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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