



PATIENT

Rosie Grabowski

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

7 years

WEIGHT

61.40

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantze

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Mavis
McCormick-Rantze

INVOICE

16208

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Rosie has chronic allergies and is on Apoquel. Seen on 2/11/23 for chronic lameness (on/off) of RR. Mom said that a few months ago seemed to injure her leg when playing and has been mildly lame on/off since. Rosie was a rescue and young when Mom got her (so 6-7 years??? is a guess). Noticed on PE that abdomen was enlarged/potbelly. Rads were taken of abdomen and RR leg - came back probable splenic mass and poss lesion on distal caudal tibia. Repeat chest and tibia rads were taken today. Ultrasound done today to determine/confirm splenic mass and if candidate for splenectomy.

Abnormal PE/Chem/CBC/UA Results: cbc: RBC 4.0, HCT 33.1, HG 11.2; MCV 83, MCH 28 platelets moderately decreased 78,000 chem: albumin 2.0 globulin 4.3 4 dx plus neg fecal AG neg; nos

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.

No evidence of pathology was noted at the level of the iliac trifurcation.

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 6.4 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited moderate to marked generalized enlargement and swollen to rounded capsule contour with areas of capsule asymmetry. The spleen primarily maintained a generalized finely textured and homogenous parenchyma. A solitary, indistinct, subtly expansive, hypoechoic nodular lesion was noted within the subjective medial aspect of the spleen measuring 3.5-4.0 cm in diameter. The lesion appeared to mildly distort the splenic capsule without evidence of parenchymal escape. Associated splenic folding was present. The spleen measured approximately 5.0 cm width at the mid-spleen.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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.

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

Normal perisplenic to generalized omental echogenicity was present. No evidence of omental masses, lymphadenopathy, or definitive peritoneal effusion was noted. A possible, indistinct to scant pocket of effusion was noted adjacent to the lateral spleen.

ULTRASONOGRAPHIC FINDINGS

- Generalized splenomegaly with splenic folding and solitary mildly expansive nonspecific nodular lesion
- Sonographically normal liver
- Possible although not definitive scant pocket of perisplenic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized spleen was enlarged and folded in appearance as opposed to a solitary splenic mass. Considerations may include marked hyperplasia, hematopoiesis, splenitis / infection, infiltrative neoplasia i.e., sarcoma, round cell neoplasia, or other. Subjective normal splenic vascularity without evidence of torsion was noted. No overt evidence of intraabdominal metastasis or additional abdominal visceral pathology was noted.

Assuming normal clotting status and with potential Benadryl pretreatment, screening splenic FNA cytology using a 25-gauge needle could be considered for further clarification. Three-view chest radiographs and ideally brief sonographic assessment of the heart to rule out pericardial effusion / disease are recommended. Given the borderline anemia / thrombocytopenia, infectious disease serology which may include Babesia testing given the breed may be considered. Pending additional diagnostics, and assuming no evidence of thoracic or cardiac pathology on additional imaging, splenectomy with submission of spleen for histopathology would be warranted.



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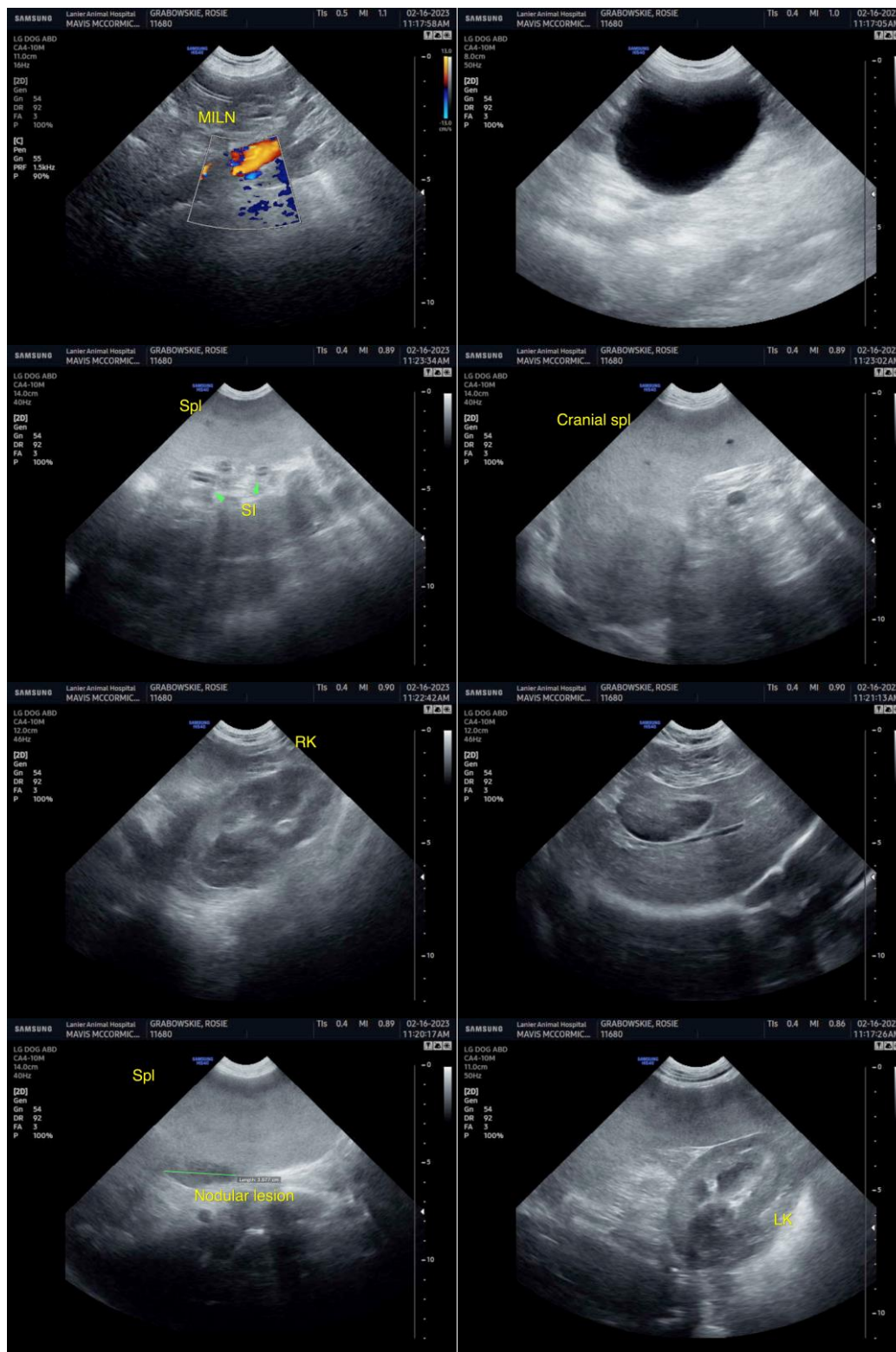
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com