

**PATIENT**

Lila Krey

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed Female

**AGE**

11 Years 2 Months

**WEIGHT**

4.1 kg

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Calhoun

**INVOICE**

20911

**DATE**

6/2/23

**PRESENTING CLINICAL SIGNS**

History: Lila presented to the MVS Emergency Service on Feb 02, 2023, at 10:30am, for evaluation of suspected abdominal mass. Lila became lethargic and hyporexic last Thursday (1/26). Owners went up north with her last weekend, and while up there she seemed painful - yelped while defecating and whining in her bed.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Palpable mid abdominal mass HCT 42.8% TP 9.3 Glob 5.9

**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 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 3.7 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 0.40 cm width in the cranial pole and 0.51 cm width in the caudal pole.

**Spleen**

A mild asymmetrical nonhomogenous to hypoechoic mass was present in the subjective mid to cranial spleen. The mass measured approximately 4.0 cm in diameter. The mass was mildly expansive, resulting in the distortion of the associated regional splenic capsule. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. Regional mild perisplenic hyperechoic omentum and scant to minor perisplenic free fluid was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen not involved with the mass exhibited maintained symmetrical capsule contour and subtle parenchyma heterogeneity.

**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 echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**Gastrointestinal**

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained mild echogenic to focally shadowing ingesta/chyme.

**SPECIES**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor nonspecific duodenojejunal mucosal speckling was present. No obstructive pattern was noted.

**BREED**

Maltese Mix

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

***Pancreas*****SEX**

Spayed Female

The pancreas was mildly prominent in size with normal contour. Isoechoic to heterogeneous parenchyma compared to adjacent omentum was noted. No signs of active inflammation or neoplasia.

***Free Abdomen*****AGE**

11 Years 2 Months

Focal to intermittent, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.3 cm x 0.34 cm. No overt omental lymphadenopathy noted. Focal, benign/reactive, mildly prominent pancreaticoduodenal lymph node was present.

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***Other***

A rapid view of the heart revealed no evident pathology.

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 (Canine and Feline)
**ULTRASONOGRAPHIC FINDINGS**

- Nonhomogenous, solid to expansive splenic mass, regional mild perisplenic hyperechoic omentum and scant to minor perisplenic free fluid
- Subjective mild benign hepatomegaly
- Early gallbladder mucocele
- Bilateral chronic renal changes with mild nonobstructive medullary mineral
- Suspect mild gastritis/gastroenteritis
- Prominent to remodeled pancreas with focal benign minor pancreaticoduodenal lymphadenopathy- suspect patient/age-related variant, benign remodeling owing to previous inflammation, possible low grade to chronic pancreatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

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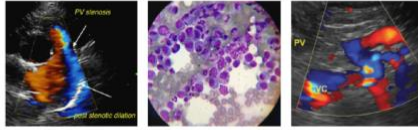
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No overt evidence of intraabdominal or cardiac metastasis. Assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver, gallbladder +/- cholecystectomy, depending upon gross gallbladder inspection and/or hepatic biopsies is recommended.

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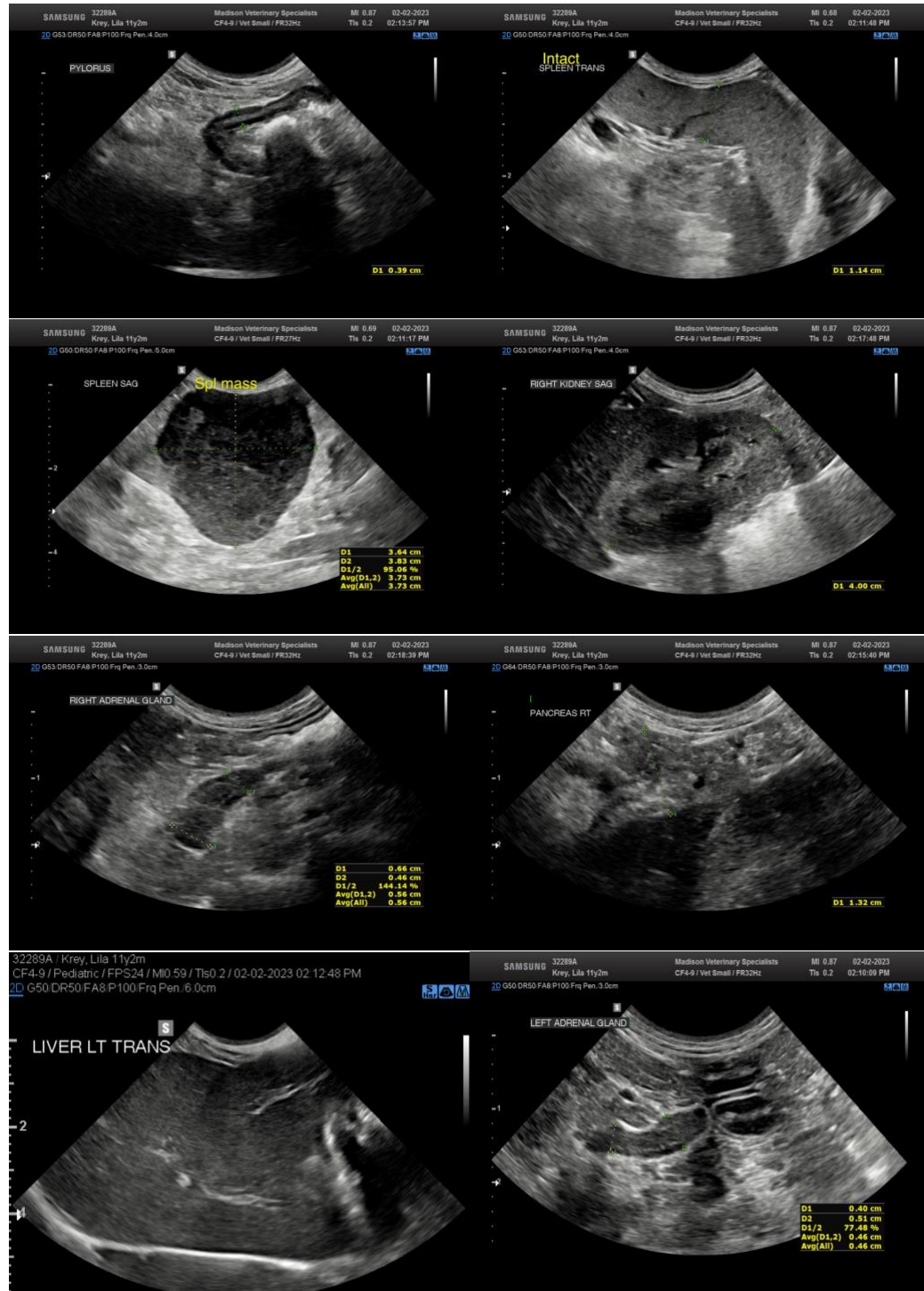
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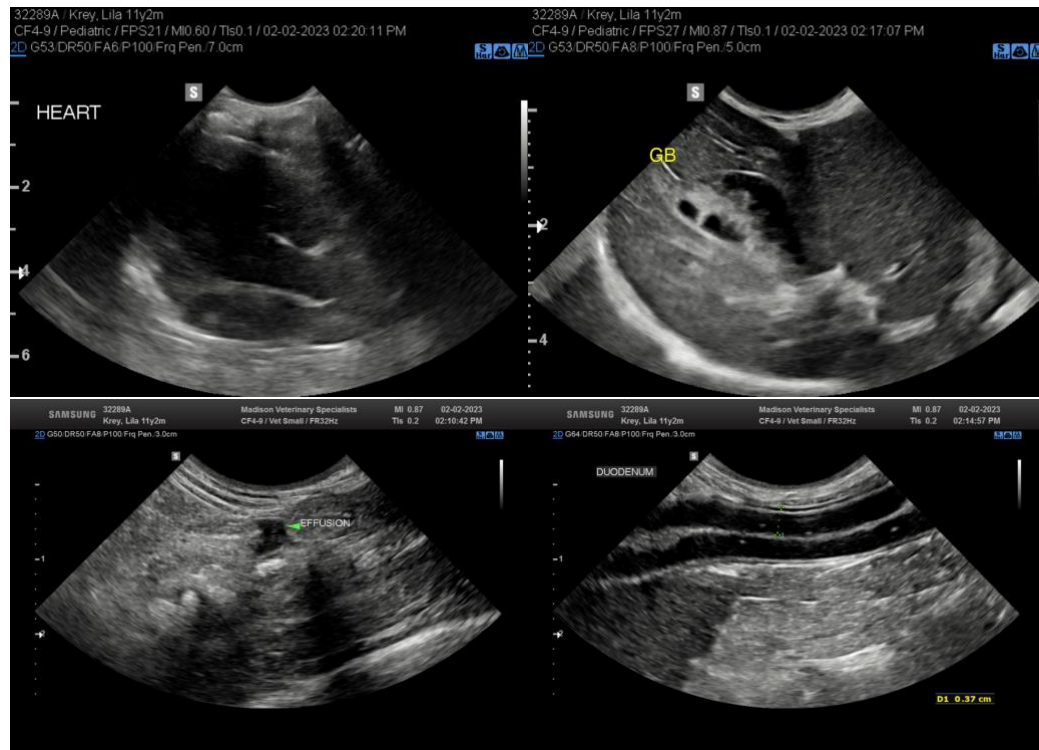
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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