



PATIENT

Camo Christine

SPECIES

Canine

BREED

Great Dane

SEX

FS

AGE

9.5yr

WEIGHT

86lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville
Veterinary Clinic

REFERRING VET

Dr. Bray

INVOICE

13056ag

DATE

02/22/2023

PRESENTING CLINICAL SIGNS

P was seen and treated for a tooth root abscess a month ago. Doing well at home per owner, was in today for lab work for dental on Friday. Abdominal mass was found while p was here.

Abnormal PE/Chem/CBC/UA Results: Awaiting lab work. Grade 3 dental disease, large abdominal mass palpated on physical exam. Rest of exam was unremarkable. 3 view thoracic rads appeared normal, no evidence of mets

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.76 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

A large mildly irregular solid mass involving the spleen with secondary capsule expansion and disruption was present and measured at least 13 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited mild parenchyma heterogeneity. 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. 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 and mild echogenic non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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.

Pancreas

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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

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

9.5yr

- Large non-homogenous splenic mass
- Minor hepatic parenchyma remodeling-subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild age related renal changes

WEIGHT

86lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplastic criteria i.e. sarcoma, round cell neoplasia or other is favored with benign pathologies possible yet thought less likely. No overt evidence of intra-abdominal metastasis. A brief sonographic assessment of the heart to rule out evidence of pericardial effusion or definitive cardiac metastasis is recommended. Splenectomy with gross inspection of the liver and perisplenic omentum would be warranted.

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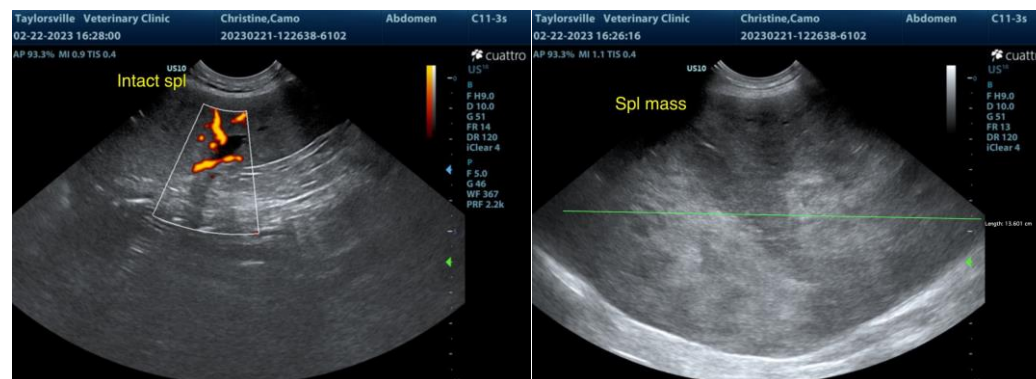
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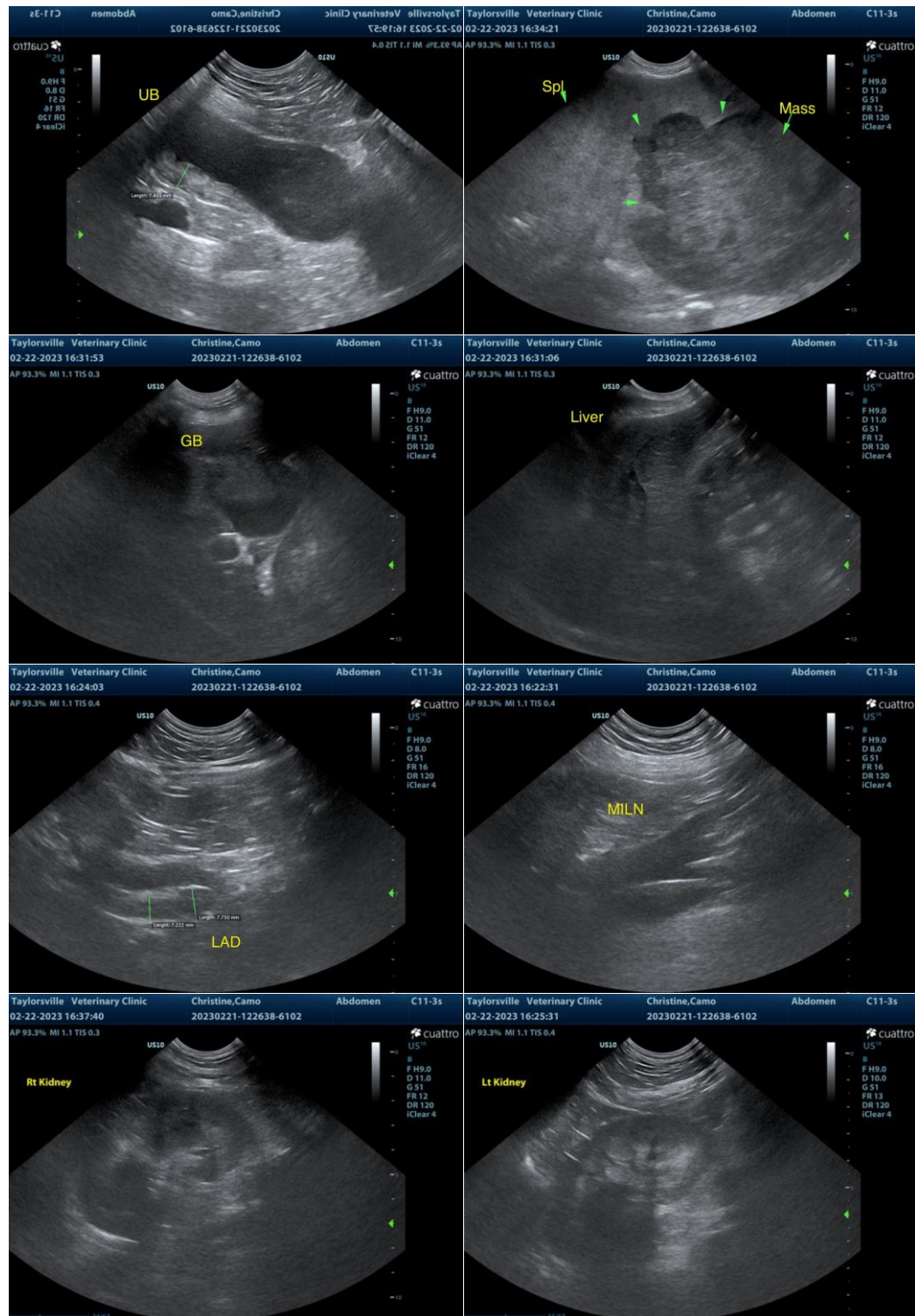
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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