

**PATIENT**

Ciesel Skank

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

9 years

WEIGHT

81 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Rodney Pierson

INVOICE

16268

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Increases respirations for 4 to 5 days; lethargic; weak; urinary accidents; diarrhea; no vomiting not eating. Have only owned for 6 months so not sure of age.

Abnormal PE/Chem/CBC/UA Results: MM-Pale and dry; auscultation normal, increased RR; abdominal palpation-potential mass. UA-bilirubinemia USG 1.027. CBC: HCT-14.1; HgB 5.2; decreased BUN and Cl. Abnormal x-rays. Abdominocentesis whole blood found.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was mildly subnormal in size owing to a lack of urine distention which prohibited full evaluation of the urinary bladder walls. No overt inflammatory or neoplastic criteria were noted. Mild anechoic urine was present in the urinary bladder. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No overt medial Iliac or sublumbar lymphadenopathy.

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 8.2 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

Generalized to variable splenic enlargement was present primarily owing to multiple, variably expansive, nonhomogeneous, irregular to cavitated splenic masses to parenchymal nodules. An example of a caudal splenic mass measured approximately 6.0 cm in diameter. An example of a splenic nodule measured 3.0 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, 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 congestive criteria. Normal hepatic vascular volume is present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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. Minor segmental nonshadowing ingesta / chyme was present.

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

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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.

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Free Abdomen

Significant volume peritoneal effusion was present exhibiting mild echogenic changes. Nonuniform hyperechoic omentum was noted. No overt lymphadenopathy was noted.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Multiple variably sized mixed echogenic cavitated splenic masses / nodules
- Mild hepatic parenchymal remodeling
- Significant volume peritoneal effusion with nonuniform omentum - consistent with hemoabdomen
- Mild age-related kidneys
- Overtly normal gastrointestinal tract, possible mild gastroenterocolitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic masses / nodules in conjunction with significant hemoabdomen are consistent with neoplastic criteria, likely sarcoma. Definitive evidence of major organ intraabdominal or cardiac metastasis was not obvious. However, the possibility of micrometastasis or omental seeding in these cases cannot be definitively excluded.

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Three-view chest radiographs are recommended. If no evidence of thoracic metastasis, splenectomy with gross inspection of the generalized omentum and liver could be considered. However, given the likelihood of aggressive primary splenic neoplasia, an extremely guarded prognosis is indicated.

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svsimagingmi@gmail.com



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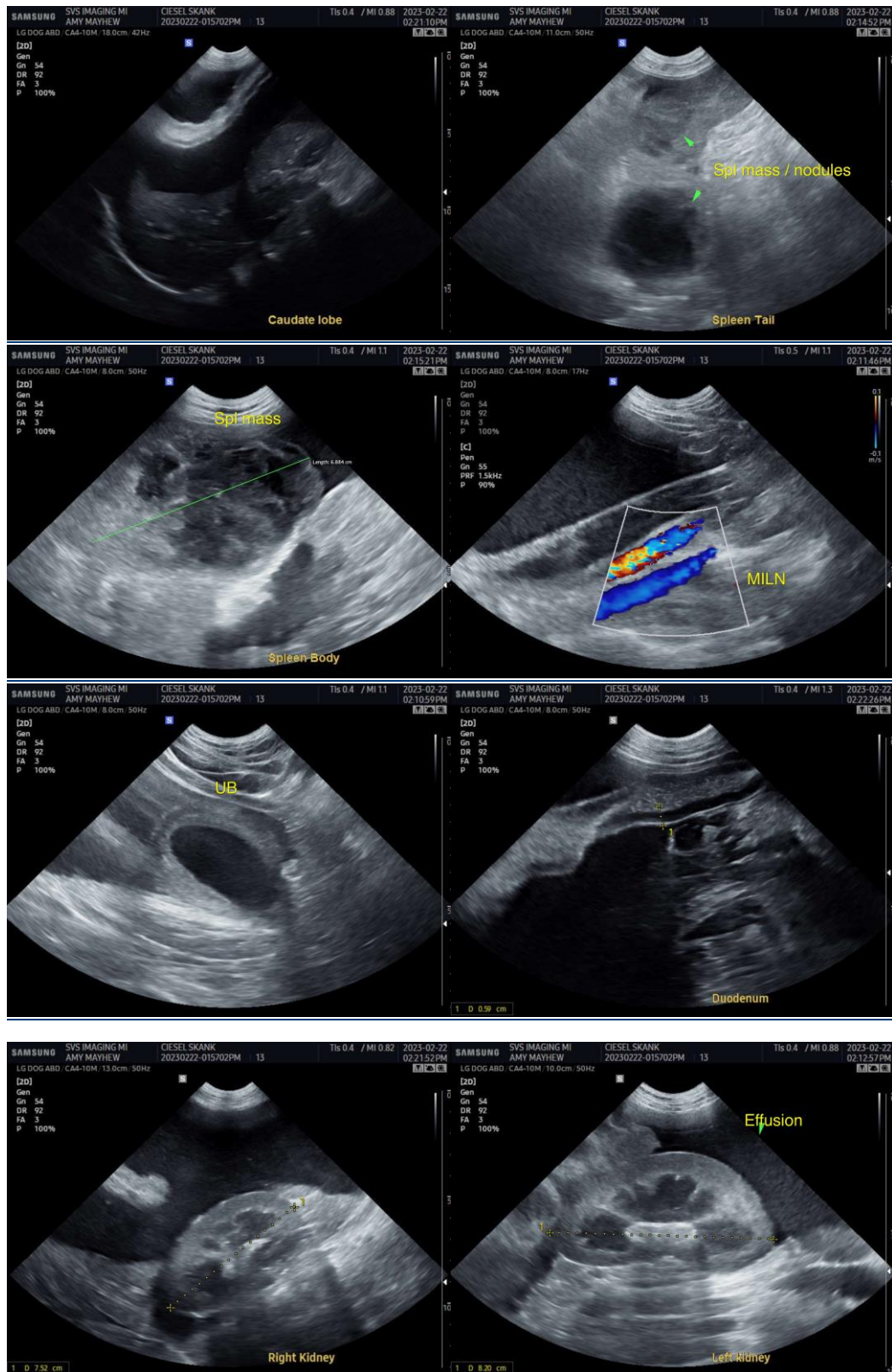
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EDUCATIONAL TELECONSULTATION SERVICES™

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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