



**PATIENT**

Nox Issac

**SPECIES**

Issac

**BREED**

Canine

**SEX**

Lab Ret Sharpie X

**AGE**

10

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Willow Park VC

**REFERRING VET**

Dr. Barclay

**INVOICE**

13429

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Anemic weigh loss suspect splenic mass

Anemic low albumin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.88 cm in diameter.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.67 cm width. The lymph node was not consistent with inflammatory or neoplastic criteria and is likely incidental.

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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.53 width at the cranial pole.

**Spleen**

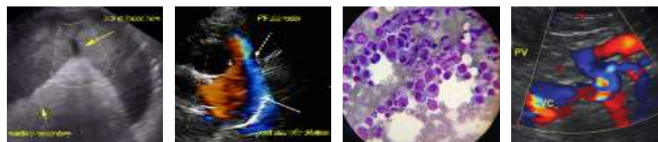
A moderately sized to large mass appearing to occupy the majority of the splenic parenchyma with secondary asymmetrical capsule expansion and disruption was present and measured at least 10.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

**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



<b>PATIENT</b>	benign parenchymal remodeling. 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.
Nox Issac	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Issac	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 gastric body wall width measured 0.45 cm.
<b>BREED</b>	
Canine	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. The jejunum wall width measured 0.36 cm. The duodenum wall width measured 0.42 cm.
<b>SEX</b>	
Lab Ret Sharpie X	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
10	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.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
32 kg	No overt lymphadenopathy was noted. No evidence of peritoneal effusion / hemoabdomen was present. Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Large nonhomogeneous splenic mass</li> <li>• Mild hepatic parenchymal remodeling - subjectively benign</li> <li>• Bilateral mild chronic renal changes</li> <li>• Possible mild gastroenteritis</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Belan	The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplasia is favored based on sonographic appearance. Overt evidence of intra-abdominal or major organ metastasis was not definitively evident. However, in these cases, the possibility of non-sonographically evident metastasis / micrometastasis cannot be excluded.
<b>HOSPITAL NAME</b>	Assuming no evidence of thoracic pathology on three-view chest radiographs, laparotomy with splenectomy, gross inspection of the gastrointestinal tract, liver, and perisplenic omentum +/- gastrointestinal biopsies, given the low albumin and reported weight loss, may be considered.
Willow Park VC	
<b>REFERRING VET</b>	
Dr. Barclay	
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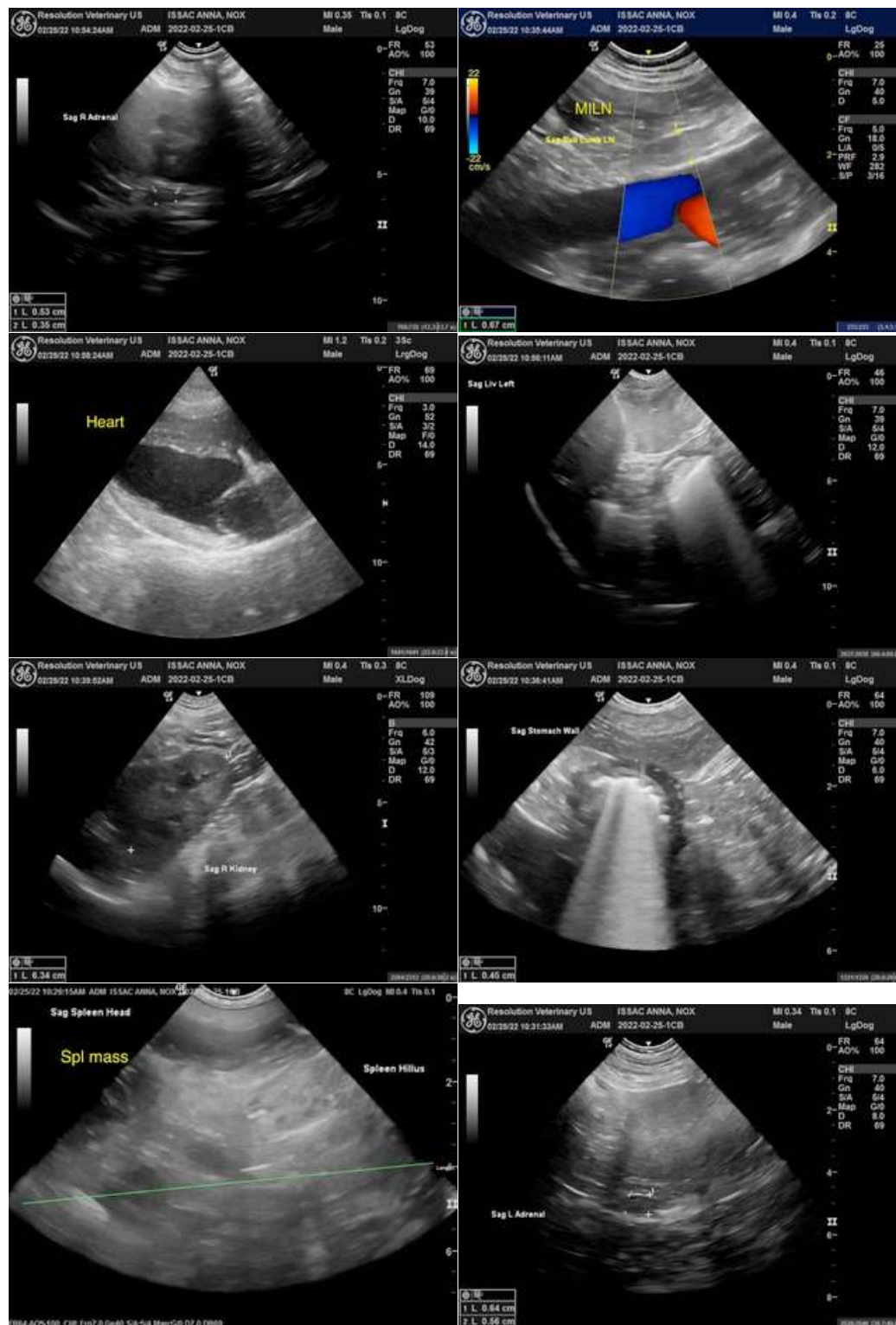
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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