



**PATIENT PRESENTING CLINICAL SIGNS**

**Flight Martin**  
History: NAF on PE Hx idiopathic reaction to prednisone with weight loss and inappetence resp;ved with d/c med Previous U\S report noded nodule on spleen that owner would like confirmed significance with FNA

**SPECIES**

Canine  
Abnormal PE/Chem/CBC/UA Results: none at this time (alt and ggt slight elevated in nov.) Current Medications none. Radiographic Findings none

**BREED**

Greyhound

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

92.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Albany AH

**REFERRING VET**

Dr. Fletcher

**INVOICE**

21329

**DATE**

2/28/23

**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 were noted. Aortic trifurcation was normal.

The residual prostate was free of pathology.

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 6.7 cm in length. The right kidney measured 7.3 cm in length. Previously noted small cortical cysts was present in the right kidney.

**Adrenal Glands**

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

**Spleen**

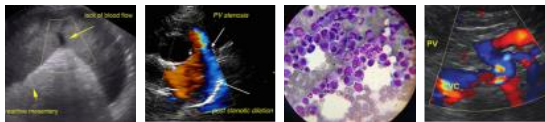
The discernable spleen exhibited finely textured homogenous parenchyma and maintained symmetrical capsule contour. Within the area of the caudal spleen and mid abdomen, a progressive previously noted mass was present, exhibiting mild asymmetrical margination and nonhomogenous parenchyma with an intramass hyperechoic nodule, exhibiting dirty acoustic shadowing. The overall mass measured approximately 9-10 cm in diameter, while the intramass nodule measured 4.6 cm in diameter.

**Liver**

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.

**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.

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 was evident.

**Free Abdomen**

Scant perisplenic free fluid was noted. No evidence of overt lymphadenopathy was noted.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

- Progressive nonhomogenous/nodular mass, most consistent with splenic origin
- Normal liver
- Sonographically unremarkable gastrointestinal tract
- Static chronic renal changes with small right kidney cyst
- Scant perisplenic free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Benign vs malignant etiologies for the mass are possible, although the mass was not definitively consistent with neoplastic criteria. The mass did not appear to be of enterocolic origin given the lack of current gastrointestinal signs or reported progressive weight loss, and did not appear to involve the bilateral kidneys, adrenal glands or liver. Minor potential for non-splenic origin of the mass is considered less likely. Correlation with pending FNA cytology of the mass is recommended. No overt evidence of additional visceral pathology is present. Pending cytology, and assuming no evidence of pathology on three view chest radiographs, laparotomy with gross inspection of the mass and expectation toward partial or complete splenectomy could be considered. Otherwise, continued sonographic monitoring of the mass, with initial recheck in 4-6 weeks, is recommended.



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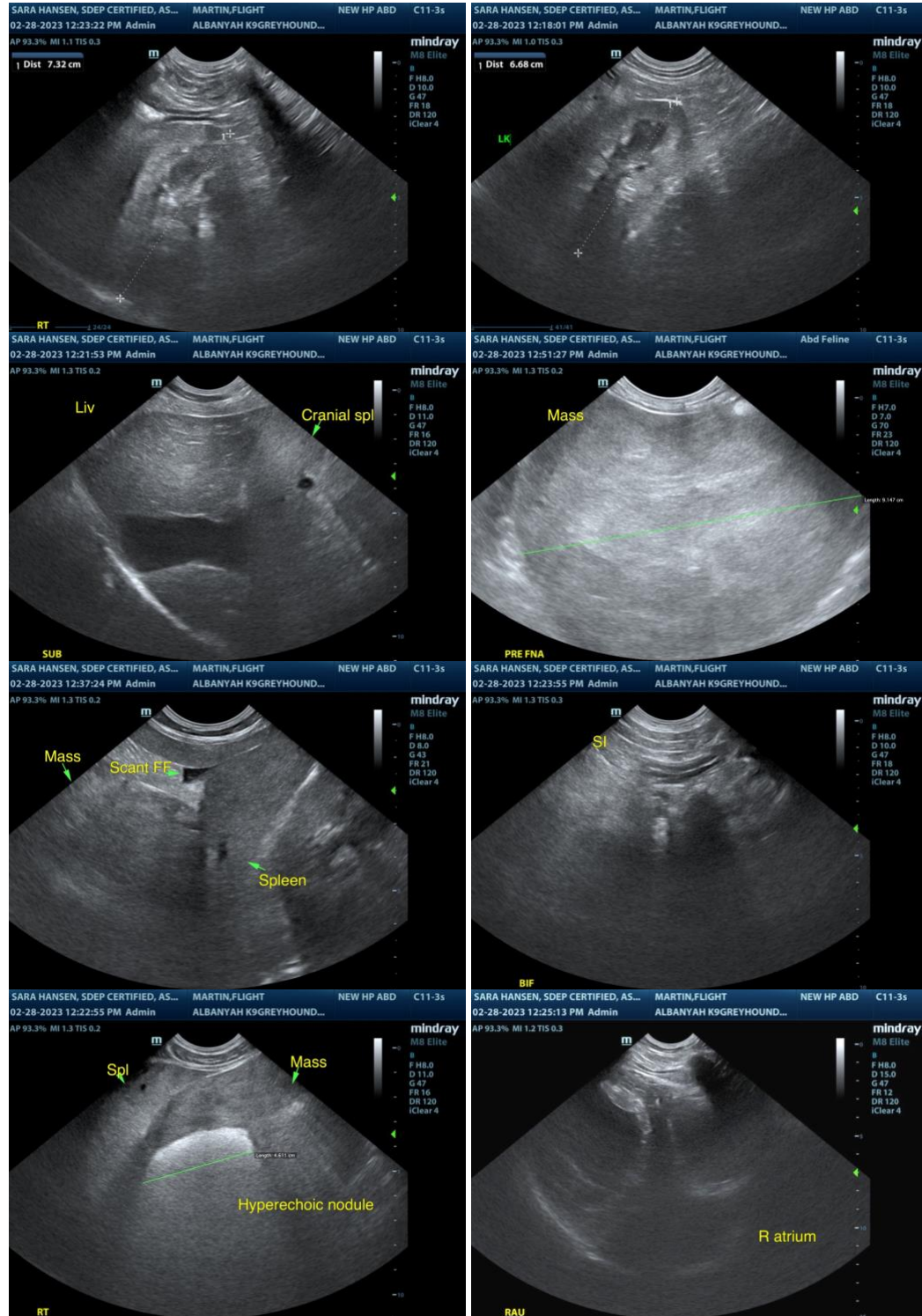
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The information and recommendations provided are based on the images presented by the



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**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)**  
**info@SonoPath.com**