

PATIENT

Buckley Stevenson

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

27.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

Dr. Fleur

INVOICE

13574

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- This patient presents for evaluation of a suspected splenic hemangiosarcoma, supported by clinical signs of abdominal distension, abnormal radiographs, and hematological changes noted on recent blood work.
- As of the day prior to presentation, the primary concern is a suspected splenic mass, potentially a hemangiosarcoma. Lab results from the previous day revealed an anemia, with a red blood cell count of 4.5, hematocrit of 0.31, and hemoglobin of 0.98. A monocytosis was also present. An ultrasound is planned to gather more information regarding the mass and hopefully somewhat to guide planning for a potential surgery.
- The patient has a history of a recurrent, persistent cough. He has been on long-term, low-dose (2.5 mg) prednisone for this condition. Despite the chronic steroid use, his liver values on recent chemistry panels were within normal limits.

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 6.8 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to abdominal mass.

Spleen

The visualized intact spleen exhibited normal size, symmetrical contour and homogenous parenchyma with adequate splenic vascularity.

Liver & Gallbladder

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

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 visualized segments of small intestine exhibited intact normal wall layering with normal wall layer ratio and empty intestinal lumen.

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

Pancreas

The pancreas was indistinctly to non-visualized owing to expansive mid abdominal mass.

Free Abdomen

An expansive cavitated to cystic mass was visualized occupying a majority of the abdominal cavity extending from the level of the cranial urinary bladder to approximate effacement of the ventral caudal liver and into the area of the spleen. The mass measured at least 17.0 cm in diameter but larger as the entire mass would not fit into a single viewing window. Mild surrounding hyperechoic omentum. Mild volume of echogenic peritoneal effusion was present. No visualized overt omental lymphadenopathy.

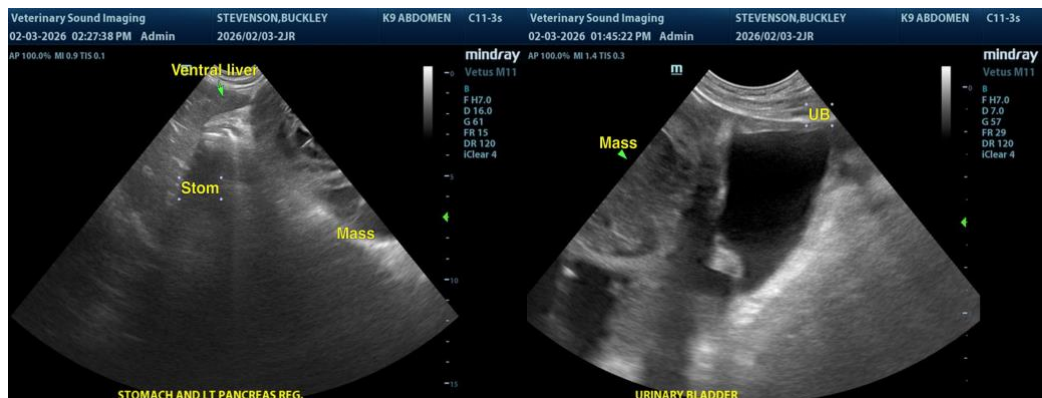
ULTRASONOGRAPHIC FINDINGS

- Large cavitated/cystic mass occupying a majority of the abdominal cavity.
- Sonographically unremarkable intact spleen.
- Sonographically unremarkable normal volume liver.
- Mild volume peritoneal effusion.
- Intact age-related kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary consideration for the large cavitated to cystic splenic mass, although definitive connection to the spleen was not obvious given expansive nature of the mass, a non-splenic to unspecified mass cannot be definitively excluded. The mass did not overtly appear to involve the gastrointestinal tract, bilateral kidneys or definitive liver. Given potential for neoplasia i.e. hemangiosarcoma, definitive evidence of a non-splenic intra-abdominal organ macro metastasis was not obvious. Micro metastasis or early omental seeding cannot be definitively excluded.

Assuming no pathology on three view chest radiographs and ideally with brief echocardiogram to rule out pericardial effusion or cardiac tumors, exploratory laparotomy with inspection of the mass and potential resection could be considered.





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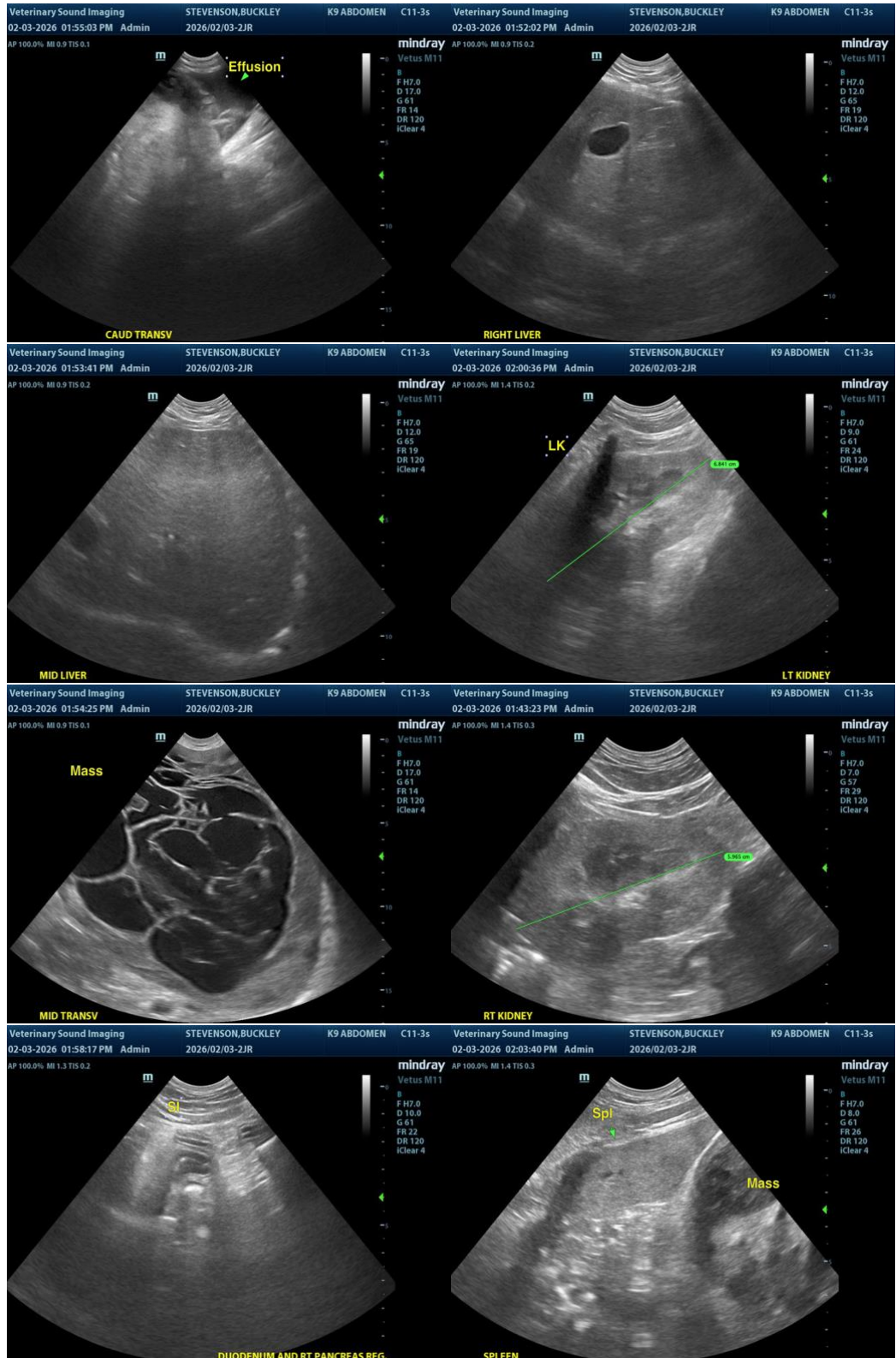
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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