



PATIENT

Greta
Sammies Friends

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

14 years

WEIGHT

12.6 lbs.

PRESENTING CLINICAL SIGNS

Hospital name: BGVH Owner's first and last name: Sammies Friends Shelter Species: Canine
Gender(altered?) FS Age: 14yr Weight in #: 12.6 Breed: Dachshund History: Owner surrendered patient and has severe dental disease Physical exam findings: enlarged abdominal cavity and severe periodontal disease, U/S confirms very large splenic mass Abnormal CBC values: nRBCs 4, Platelet increase 410,000 Abnormal Chemistry Values: ALT 217, ALP 588, BUN 34, BUN/Cr ratio 43, Na+ 156, PSL 442 Abnormal UA Values: increased WBCs and RBCs in urine Radiograph Findings(email radiographs if available): Radiographic Findings Cardiovascular and pulmonary structures are within normal limits. There is no evidence of discrete soft tissue pulmonary nodules or other abnormal infiltrates. In the viewable abdomen there is a very large rounded mass of approximately 10 cm diameter occupying much of the mid abdomen. The liver is mildly diffusely enlarged. There is no impression of ascites. There are multiple pieces of thin metallic wire in the hepatic and gastric region, likely incidental (these wire foreign bodies are generally previously ingested barbecue brush bristles which have migrated from the stomach/bowel into the adjacent soft tissues. They are very commonly seen and rarely of clinical importance). Conclusion Normal cardiopulmonary structures, negative for gross evidence of pulmonary metastatic disease. Very large mid abdominal mass. Mild hepatomegaly. Steve Harnagel, DVM, DACVR | 916-554-0599 | VMI@RemedyView.com 02/4/2022 9:35:58am Reason for Ultrasound: try to understand if there is liver involvement or spread to heart before considering splenectomy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

13863

DATE

2/9/22

Urinary System

The urinary bladder was normal in size and tone. A small non-homogeneous mass was noted in the area of the trigone, measuring approximately 1.1- 1.3 cm x 0.75 cm.

The area of the aortic trifurcation 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. Small cortical cyst present in both kidneys. The left kidney measured 5.2 cm in length. The right kidney measured 5.3 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 0.83 cm width at the caudal pole and 0.61 cm width at the cranial pole.

The right adrenal gland was mildly enlarged in size. The right adrenal gland measured 2.0 cm in length x approximately 1.4 cm width. A well-defined, hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule appeared to occupy the majority of the right adrenal parenchyma. The nodule measured 1.6 cm x 1.2 cm in diameter.



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Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 7.0 – 8.0 cm in diameter. 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. The liver exhibited subtle discreet hypoechoic nodules in addition to generalized parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, small, thinly walled parenchymal cyst present.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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 were evident.

Free Abdomen

Regional perisplenic reactive mesentery present. No overt evidence of splenic mass rupture and secondary hemoabdomen, although small pockets of scant perisplenic effusion suspected. No overt lymphadenopathy.

Heart

A rapid view of the heart was normal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small urinary bladder mass. Neoplasia, transitional cell carcinoma or other focal cystitis.
- Confirmed, large nonhomogeneous to cavitated splenic mass



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- Hepatic parenchymal remodeling, exhibiting subtle discreet parenchymal nodules and small cysts

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- Mild chronic renal changes
- Mild right adrenomegaly, exhibiting indistinct parenchymal nodule- nonspecific, functional versus nonfunctional adenoma, hyperplasia, lipogranuloma, primary versus metastatic neoplasia possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

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The hepatic parenchymal changes may indicate age-related parenchymal remodeling with areas of nodular to regenerative hyperplasia, hematopoiesis or small lipogranulomas. Potential for hepatic metastasis, however, cannot be definitively excluded. Screening blood pressure recommended to assess for evidence of hypertension. If present, urine catecholamine levels could be considered or full adrenal work up, if clinical signs suggestive of adrenal hyperfunction are present. Screening BRAF assay could be considered.

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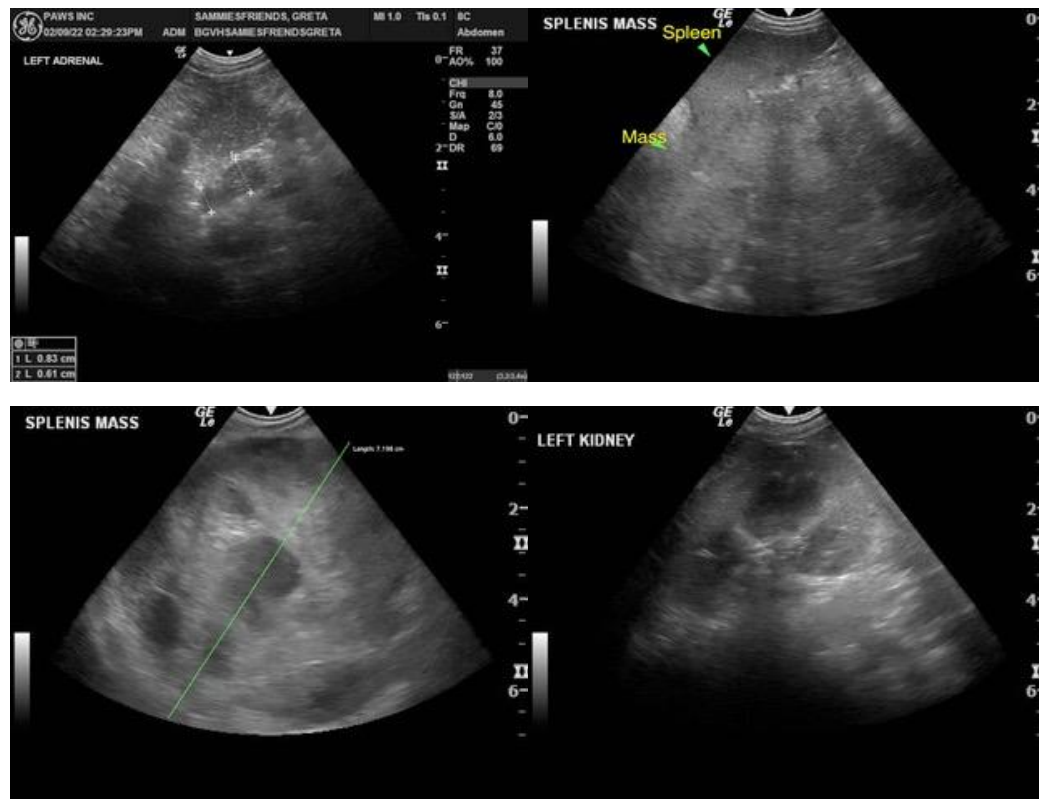
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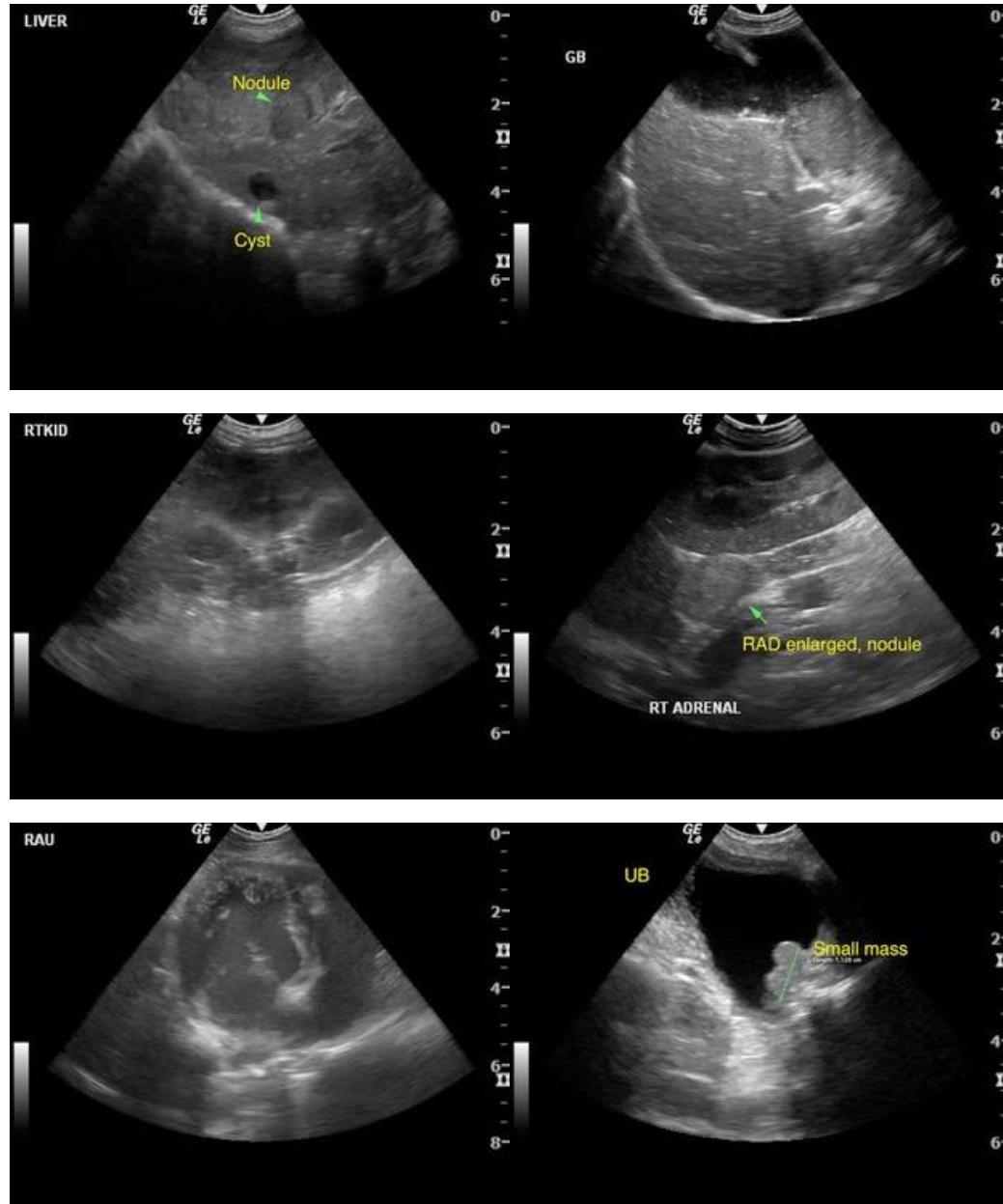
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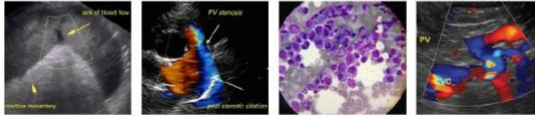
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com



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