



PATIENT

Fenris Ludwig

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

7 years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet
Hospital

REFERRING VET

Dr. Montano

INVOICE

16359

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Lethargic with profuse diarrhea Large splenic mass seen on POCUS Contemplating surgery to remove spleen

Abnormal PE/Chem/CBC/UA Results: Normal RBC parameters

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 was noted.

The residual prostate was free of pathology.

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 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 6.9 cm in length. The right kidney measured 6.9 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 0.51 cm width at the caudal pole and 0.53 cm width at the cranial pole. The area of the right adrenal gland was free of overt pathology.

Spleen

A large, nonhomogeneous to mild mixed echogenic, nodular, mildly cystic to cavitated mass was noted in the subjective mid to cranial spleen measuring approximately 10.0 cm in diameter. Subtle perisplenic hyperechoic omentum was noted primarily around the splenic mass without evidence of splenic mass rupture and/or secondary perisplenic / peritoneal free effusion. The remainder of the spleen was sonographically normal exhibiting a finely textured homogeneous parenchyma and symmetrical capsule contour.

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 containing primarily anechoic content with mild, focally congealed yet nonorganized, hyperechoic, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



PATIENT

Fenris Ludwig

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

7 years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet
Hospital

REFERRING VET

Dr. Montano

INVOICE

16359

DATE

3/14/23

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. The colon exhibited subjective luminal gas in the transverse to descending colon.

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

No omental masses or lymphadenopathy was noted. No evidence of perisplenic or peritoneal effusion was noted.

Rapid view of the heart revealed no overt evidence of neoplastic criteria associated with the pericardial regions or in the area of the right atrium / auricle. No evidence of pericardial effusion was noted. Overtly normal left and right heart chamber sizes with subjective normal to adequate cardiac myocardial functionality were noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass - nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other), no overt evidence of intraabdominal or cardiac metastasis
- Sonographically unremarkable gastrointestinal tract
- Gallbladder debris - not consistent with mucocele criteria
- Sonographically normal liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intraabdominal or cardiac metastasis was noted. No evidence of gastroenterocolic mural pathology was present.

Assuming no evidence of pathology on three-view chest radiographs, laparotomy with splenectomy, gross inspection of the liver and perisplenic omentum +/- gastrointestinal biopsies are warranted. Empirical gastrointestinal support which may include dietary therapy, high colony count probiotics, and empirical deworming +/- antibiotic protocol, given the diarrhea, is recommended.



PATIENT

Fenris Ludwig

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

7 years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet
Hospital

REFERRING VET

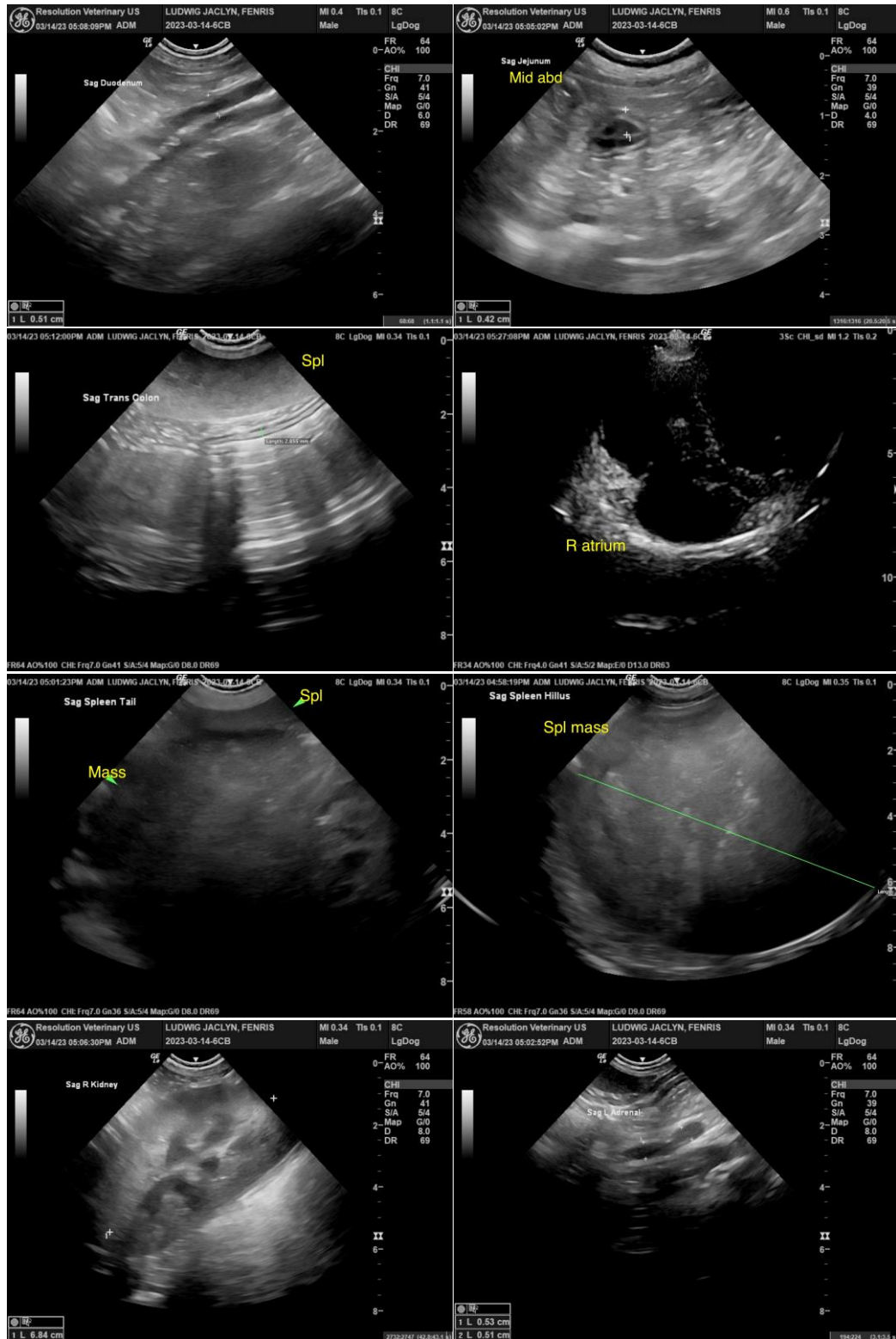
Dr. Montano

INVOICE

16359

DATE

3/14/23





PATIENT

Feris Ludwig

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

7 years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet
Hospital

REFERRING VET

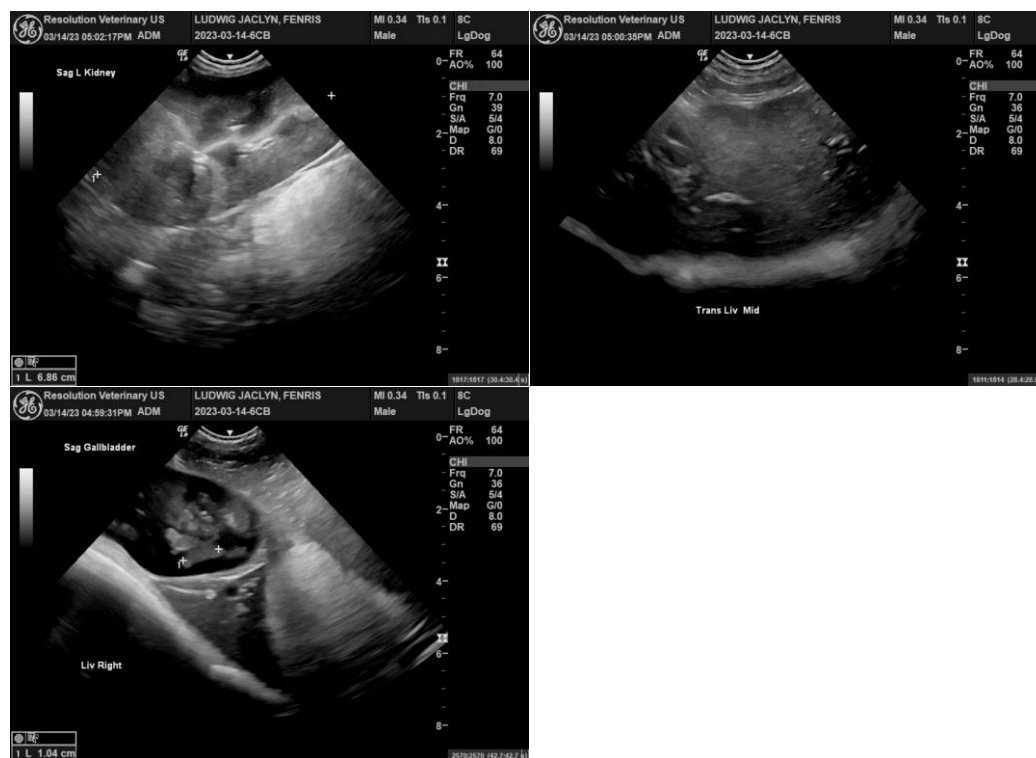
Dr. Montano

INVOICE

16359

DATE

3/14/23



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