



**PATIENT**

Olive Fiala

**SPECIES**

Canine

**BREED**

Heeler Mix

**SEX**

FS

**AGE**

13.5 y

**WEIGHT**

59 lbs.

**PRESENTING CLINICAL SIGNS**

Survey thoracic radiographs for chronic cough caught the cranial abdomen, showing a cranial abdominal mass. Patient did have a singular seizure episode 2 months ago. CONCLUSIONS: 1. A diffuse bronchial and interstitial pattern is suggestive of inflammatory or infectious lower airway disease such as bronchitis. Pulmonary hemorrhage, parasitism, or nonspecific pneumonitis could appear similar. There is no sign of lobar bronchopneumonia or aspiration pneumonia. 2. No thoracic lymphadenopathy or nodular pulmonary metastasis is seen. There is also no sign of cardiovascular disease. 3. In the cranial abdomen, there is a splenic mass effect. This is concerning for splenic neoplasia, hematoma, or extramedullary hematopoiesis. Poor serosal detail is suggestive of spontaneous hemorrhage. Transudate or peritonitis could appear similar. 4. Incidentally, shoulder osteoarthritis is present. 5. Subcutaneous fat opacities ventral to the thorax/abdomen are likely incidental lipomas.

RECOMMENDATIONS: It is noted that labwork is pending. Abdominal ultrasonography is warranted to confirm the probable splenic mass and guide sampling of the suspected peritoneal effusion. Supportive care for possible bronchitis/pneumonitis seems reasonable. A laryngeal examination and airway sampling could be considered if respiratory signs persist. Nature of abdominal mass and potential prognostication

Abnormal PE/Chem/CBC/UA Results: ALP 746 TT4 0.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

BetterVet - Eugene

**REFERRING VET**

Dr. Rensema

**INVOICE**

16360

**DATE**

3/14/23

**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 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. The left kidney measured 6.4 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 2.7 cm length x 0.86 cm width at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm length x 0.85 cm width in the caudal pole.



**PATIENT**

**Spleen**

Olive Fiala

A moderately sized to large, irregular to nodular cavitated splenic mass measuring approximately 12.0-13.0 cm in diameter was present in the subjective mid to caudal spleen. The cavitated areas of the splenic mass contained primarily anechoic to mildly echogenic fluid and may indicate areas of intra-mass hemorrhage or possible necrosis. The remainder of the spleen exhibited maintained capsule integrity with minor capsule asymmetry and generalized parenchyma heterogeneity with intermittent separate nondisruptive hyperechoic splenic nodules.

**SPECIES**

Canine

**BREED**

Heeler Mix

**Liver/ Gallbladder**

**SEX**

FS

The liver exhibited potential for mild enlarged size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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, nonorganized, hyperechoic gallbladder debris. No evidence of gallbladder distention or inflammatory criteria was noted. The cystic and common bile ducts were normal.

**AGE**

13.5 y

**WEIGHT**

59 lbs.

**Gastrointestinal**

**INTERPRETED BY**

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

The stomach presented sonographically normal visualized gastric wall layering. The lumen of the stomach contained moderate ingesta exhibiting subtle distal acoustic shadowing. Sonographically, the ingesta was consistent with food.

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.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**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.

**HOSPITAL NAME**

BetterVet - Eugene

**Free Abdomen**

No omental masses, or lymphadenopathy were noted. No evidence of splenic mass rupture and secondary peritoneal effusion / hemoabdomen was noted.

**REFERRING VET**

Dr. Rensema

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

**INVOICE**

16360

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**DATE**

3/14/23

- Large, irregular nodular to cavitated splenic mass with concurrent suspect separated benign splenic myelolipomas



**PATIENT**

Olive Fiala

**SPECIES**

Canine

**BREED**

Heeler Mix

**SEX**

FS

**AGE**

13.5 y

**WEIGHT**

59 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

BetterVet - Eugene

**REFERRING VET**

Dr. Rensema

**INVOICE**

16360

**DATE**

3/14/23

- Hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

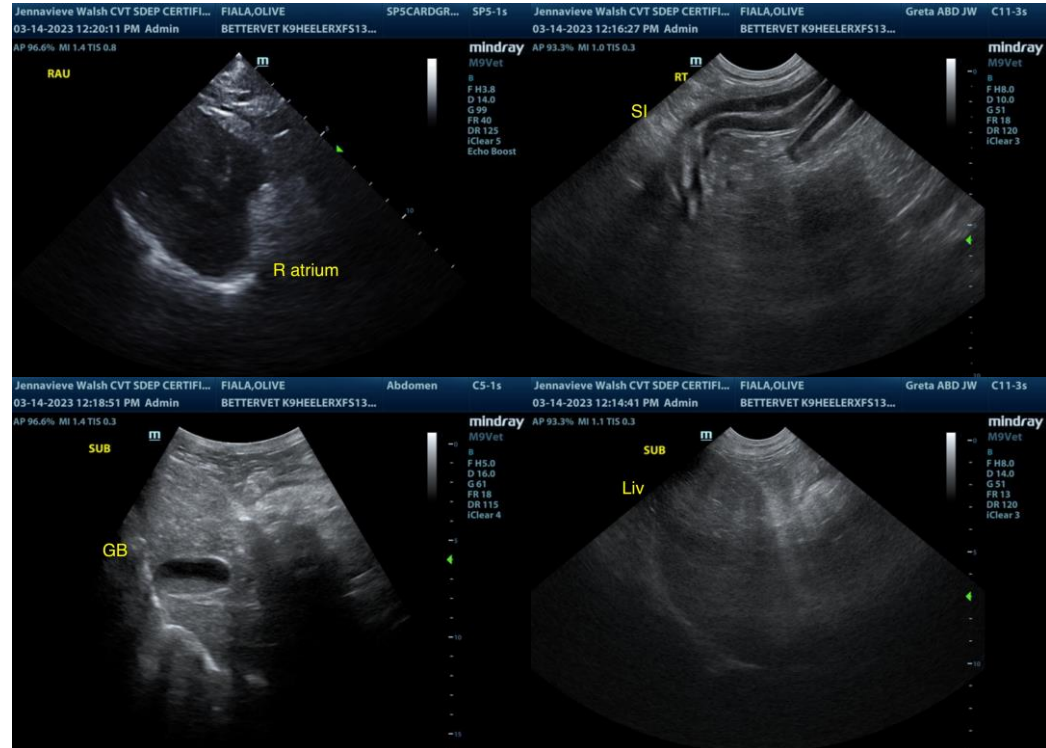
**Secondary Findings**

- Gastric ingesta - suspect recent meal ingestion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria for the splenic mass is favored, although not definitive. No overt evidence of intraabdominal or cardiac metastasis was noted.

Given no overt evidence of pulmonary metastatic disease, laparotomy with splenectomy, gross inspection of the liver and gallbladder +/- hepatic biopsies are warranted. Clotting status prior to surgical considerations is recommended. A guarded prognosis pending splenic histopathology is warranted.





**PATIENT**

Olive Fiala

**SPECIES**

Canine

**BREED**

Heeler Mix

**SEX**

FS

**AGE**

13.5 y

**WEIGHT**

59 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

BetterVet - Eugene

**REFERRING VET**

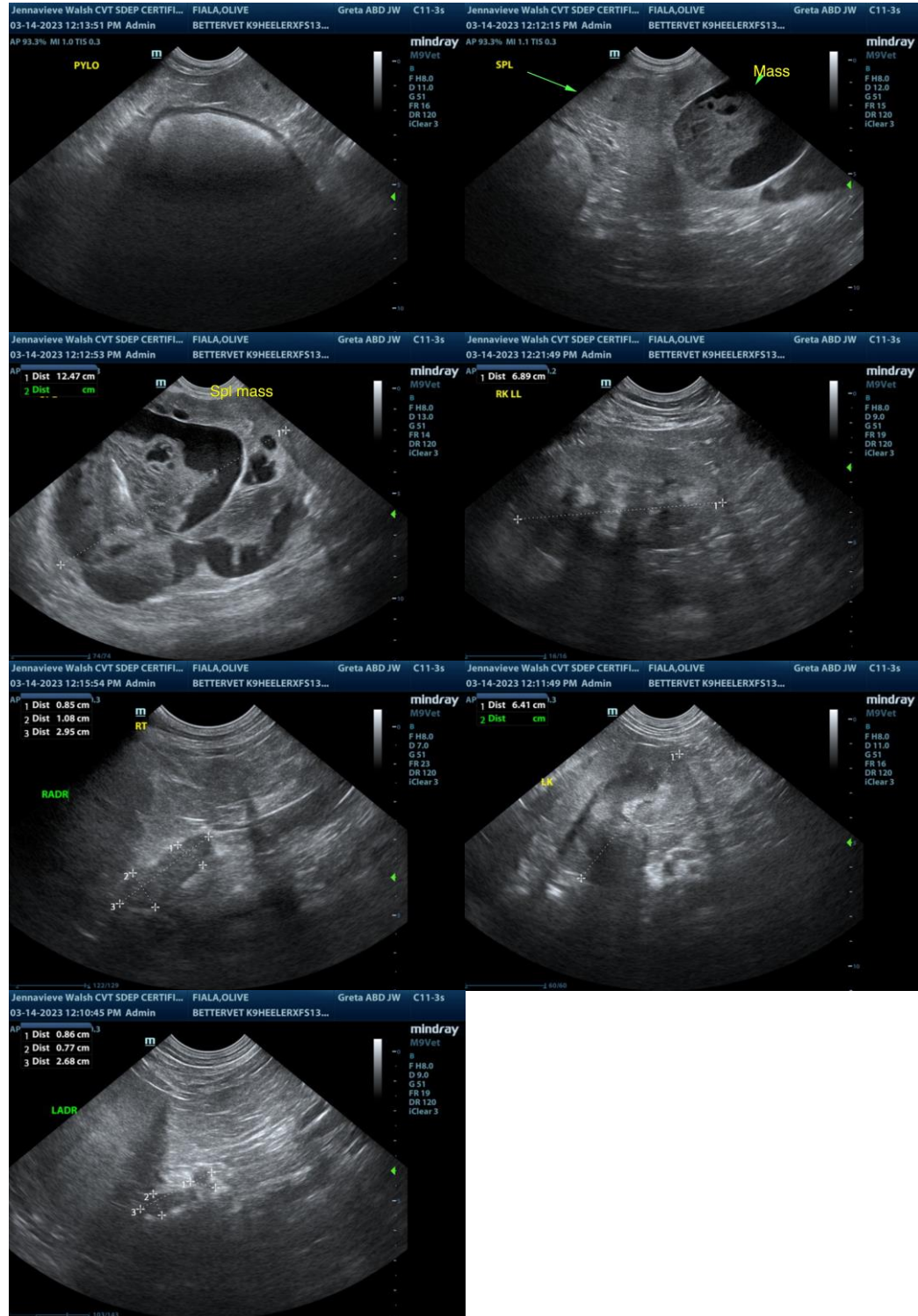
Dr. Rensema

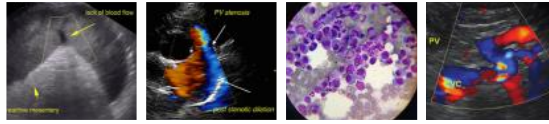
**INVOICE**

16360

**DATE**

3/14/23





**PATIENT**

Olive Fiala

**SPECIES**

Canine

**BREED**

Heeler Mix

**SEX**

FS

**AGE**

13.5 y

**WEIGHT**

59 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

BetterVet - Eugene

**REFERRING VET**

Dr. Rensema

**INVOICE**

16360

**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**