


PATIENT

Charlie McGovern

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderbogat

INVOICE

16377

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Abdominal mass seen on rads. P presented for decreased appetite and distended abdomen-suspect mass is associated with spleen.

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 minor urinary bladder sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. 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.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and mild asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild nonuniform medullary echogenicity was present with mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia was present. The left kidney measured 7.3 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was mildly flattened in shape yet exhibited normal size. The left adrenal gland measured 3.1 cm length x 0.49 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

Spleen

A moderately sized to expansive, irregular, nonhomogeneous, mildly nodular mass involving the subjective cranial spleen with secondary capsule expansion and disruption was present and measured approximately 11.0 -12.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The remainder of the spleen exhibited mild generalized enlargement with parenchyma heterogeneity. Likely mild nonhomogeneous splenic vein thrombus was noted in the perisplenic to intra-splenic splenic vein measuring approximately 4.0 cm in diameter. Potential vascular invasion associated with neoplastic criteria cannot be excluded.

Liver/ Gallbladder

The liver exhibited potential for borderline to mild enlargement 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. No overt hepatic masses or nodules were noted. 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 to moderate, nonorganized, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.



| | |
|--|---|
| PATIENT | <i>Gastrointestinal</i> |
| Charlie McGovern | The stomach presented sonographically normal visualized gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material. |
| SPECIES | |
| Canine | The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal and segmental jejunal non-shadowing ingesta / chyme was present with no signs of obstruction or foreign material. |
| BREED | |
| Labrador Retriever | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| SEX | <i>Pancreas</i> |
| MN | 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. |
| AGE | |
| 7 years | <i>Free Abdomen</i> |
| WEIGHT | No overt visualized omental lymphadenopathy or masses were present. Mild regional nonuniform hyperechoic perisplenic omentum and scant primarily perisplenic effusion was present. |
| | Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Suspect mild pericardial fat. |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <ul style="list-style-type: none"> • Nonhomogeneous / nodular splenic mass with likely concurrent splenic vein thrombus • Regional perisplenic mild nonuniform hyperechoic omentum and scant perisplenic effusion • Hepatic parenchymal remodeling with possible borderline / minor hepatomegaly • Gallbladder debris (non-mucocele) • Bilateral nonspecific chronic renal changes with pyelectasia • Sonographically unremarkable gastrointestinal tract with mild gastric ingesta • Minor urinary bladder debris |
| IMAGING PERFORMED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Shari Reffi, CVT | The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria i.e., sarcoma, round cell neoplasia favored. Potential for regional vascular invasion or omental seeding cannot be definitively excluded. No obvious evidence of hepatic or cardiac metastasis. |
| HOSPITAL NAME | Full CBC/Chemistry panel/Urinalysis +/- C/S, if evidence of inflammatory sediment, is suggested. A |
| Andover AH | Assuming no evidence of pathology on three-view chest radiographs and pending blood work with a primary assessment of renal values, splenectomy with gross inspection of the perisplenic omentum, and liver could be considered. However, an extremely guarded prognosis is likely indicated. |
| REFERRING VET | |
| Dr. Vanderbogart | |
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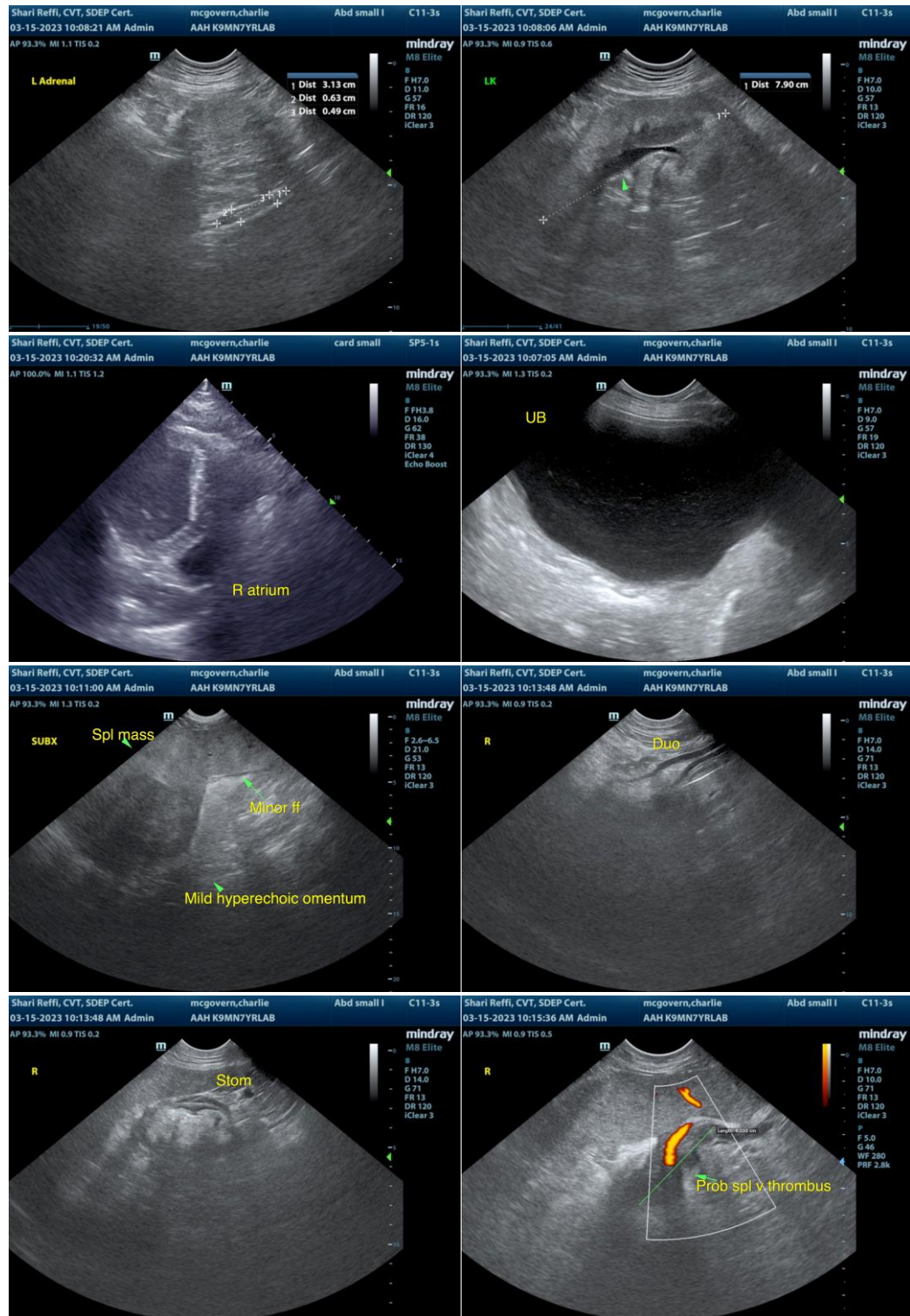
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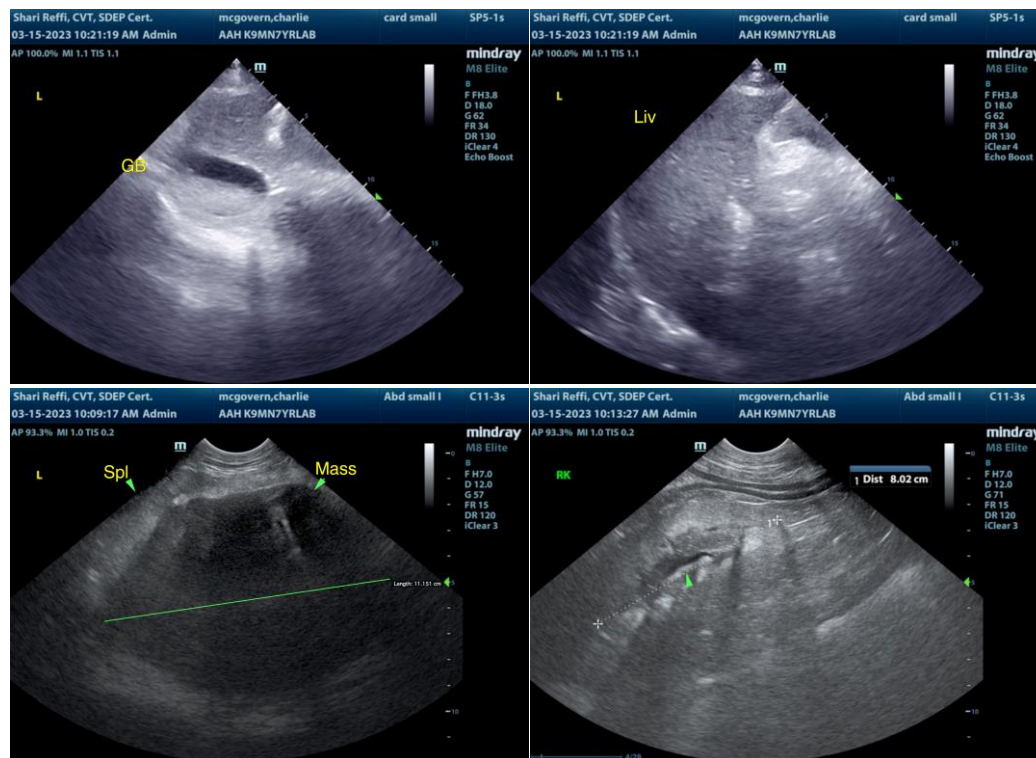
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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