



**PATIENT**

Gina Donaldson

**SPECIES**

Canine

**BREED**

German Shepherd X

**SEX**

FS

**AGE**

12 y

**WEIGHT**

99 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Amazon Park AC

**REFERRING VET**

Dr. Jones

**INVOICE**

16433

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

History of decreased energy and appetite, swollen abdomen. Exam shows abdominal distension, no obvious pain.

Abnormal PE/Chem/CBC/UA Results: PCV 32%, mild regenerative anemia, PMN 24,000 ALT 232, normal GGT/ALT/albumin

**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 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 8.5 cm in length. The right kidney measured 8.6 cm in length.

**Adrenal Glands**

Both adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 1.0 cm width at the caudal pole. The right adrenal gland subjectively measured 0.64 cm width at the caudal pole.

**Spleen**

The visualized discernable spleen exhibited symmetrical capsule contour and finely textured, mildly heterogeneous parenchyma with normal subjective splenic vascularity.

**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 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 anechoic content with mild, nonorganized gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented sonographically unremarkable visualized gastric walls. The lumen of the stomach contained mild, hyperechoic, progressively shadowing ingesta without signs of obstruction or foreign material. Potential for mild cranial to craniodorsal gastric displacement, secondary to the hyperechoic intraabdominal mass, is noted.

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The visualized segments of the small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio. No overt evidence of small intestinal mechanical / metabolic ileus.

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

**SEX**

***Pancreas***

FS

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.

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***Free Abdomen***

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A large mild nonuniform hyperechoic intrabdominal mass measuring >20.0 cm in diameter and likely occupying the majority of the intrabdominal cavity was present. The mass appeared to directly connect and likely originate from the spleen. No overt evidence of significant peritoneal effusion, although scant amounts of perisplenic free fluid are possible. No overt or visualized intraabdominal lymphadenopathy was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Large, mild nonuniform hyperechoic intrabdominal mass most consistent with splenic origin
- Hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Overtly normal visualized gastrointestinal tract with mild gastric ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The intrabdominal mass consistent with splenic origin is nonspecific yet not overtly consistent with neoplastic criteria, although neoplastic etiologies for the mass are certainly possible. Large splenic myelolipoma, granuloma, hyperplasia, and atypical neoplasia are all potentials. No obvious evidence of additional intrabdominal neoplastic or metastatic criteria. The size of the intrabdominal mass may indicate some degree of gastrointestinal displacement, which may potentially be a contributing factor to the patient's gastrointestinal signs.

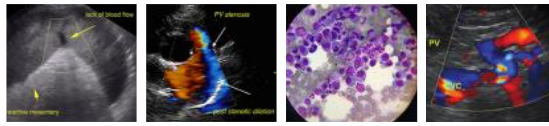
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Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation toward splenectomy, and gross inspection of the gastrointestinal tract, +/- hepatic biopsies could be considered.



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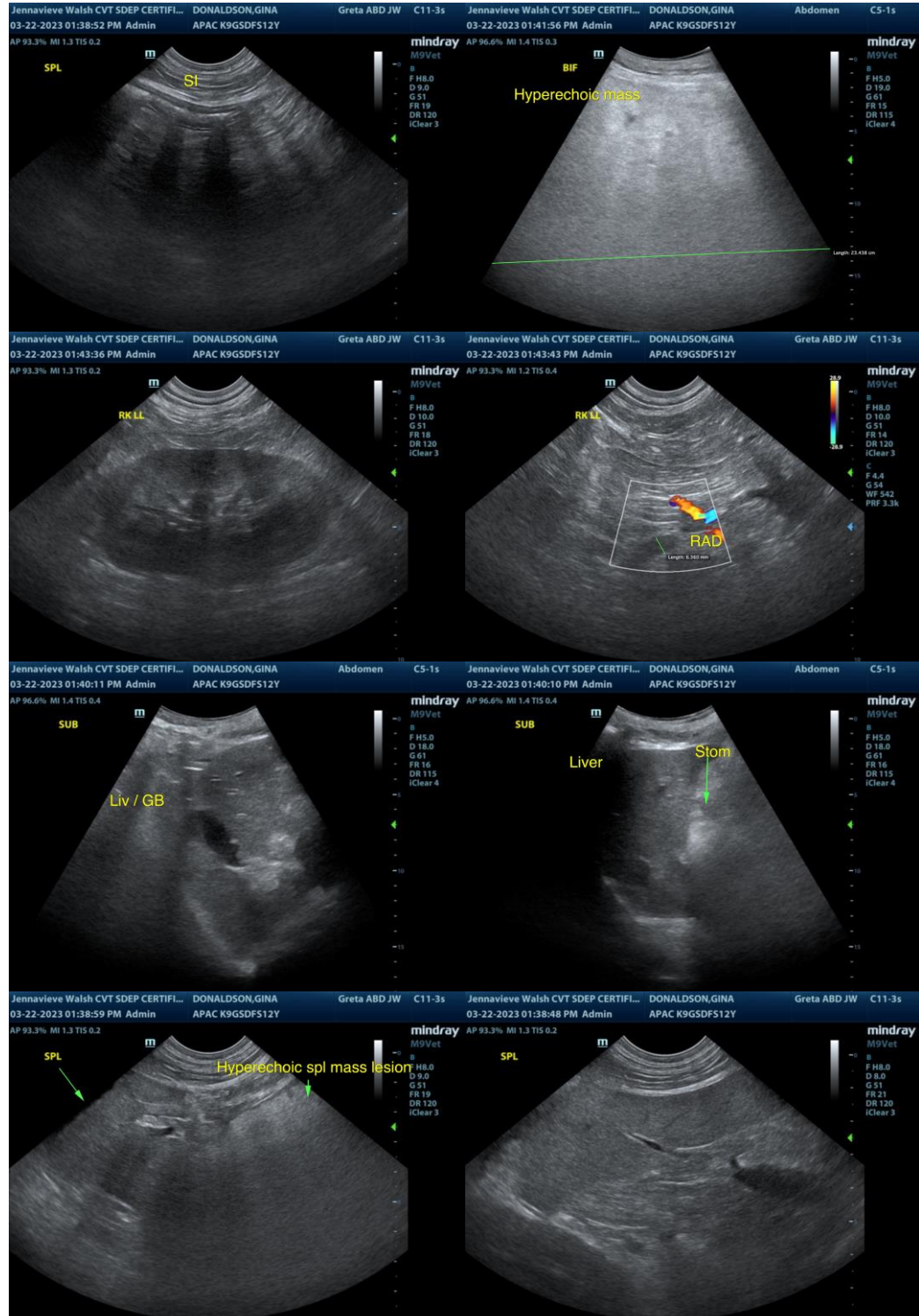
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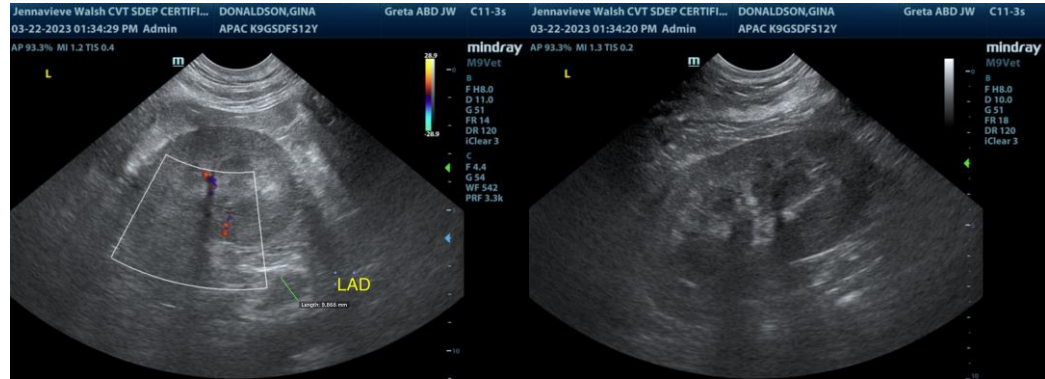
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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