

**PATIENT**

Vinnie Moorman

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered male

AGE

7 years

WEIGHT

78 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETDr. Fitz's Bayside
Animal Clinic**INVOICE**

10236ag

DATE

03/25/2022

PRESENTING CLINICAL SIGNS

History: Vomiting, going on for 1-2 months, but now multiple times a day. Exam findings and abnormal lab values: Was seen at another vet. Deaf (chronic), tachycardic, painful in cranial abdomen. Abdominal x-rays show a mass mid abdomen, but I saw what may be a mass near the heart also on one of the views when reviewing the x-rays. I am concerned about hemangiosarcoma of the heart and spleen.

Abnormal PE/Chem/CBC/UA Results: HCT: 33.8 Hgb-12.2 TP:9.6, Albumin-5.1 ALT 149 T. Bili-4.7 all other labs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with multiple small dependent urinary bladder calculi. 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Nonhomogeneous to spherical mildly expansive nodule was present in the lateral right kidney cortex and medulla measuring 3.0 cm in diameter. No evidence of pelvic dilation was present. Overall, the right kidney measured 6.4 cm in length. The left kidney measured 6.7 cm in length.

Adrenal Glands

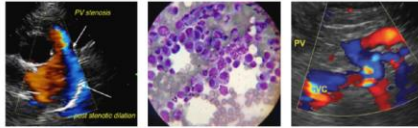
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement owing to multiple variably sized variably echogenic target lesion like nodules to masses. An example of a nodule measured 3.0 cm in diameter. An example of a mass measured 6.4 cm in diameter. Secondary asymmetrical capsule contour with contour disruption owing to the nodules and masses was observed.

Liver/ Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Subtle increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet subjectively prominent wall layering and mild subjectively reduced mural echogenicity. Wall layering appeared to be maintained in the stomach. The lumen of the stomach was mildly distended with gas. The ventral gastric body wall measured 0.65 cm in width.

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. Subjective propensity for mildly prominent segmental muscularis layer was noted. Potential for indistinct areas of intestinal hypoechoic mural hypertrophy and indistinct wall layering are possible. 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

Peri splenic and segmental peri intestinal reactive mesentery was observed. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small dependent urinary bladder calculi.
- Infiltrative splenic pattern exhibiting multifocal nonhomogeneous nodules to masses.
- Subjective mildly hypoechoic liver-nonspecific.
- Nonspecific gastroenteropathy.
- Right kidney nodular lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, sonographic abnormalities specifically in the spleen and right kidney are consistent with multicentric neoplasia with concern for potential early gastrointestinal and/or hepatic involvement. Assuming normal clotting status an ultrasound guided FNA of the spleen +/- right kidney nodule if accessible is warranted for screening cytology and further clarification with potential for oncology consult. This case does not appear to be surgical. Correlation with echocardiographic assessment is recommended.

Low grade or reactive inflammatory hepatopathy is also possible. No evidence of post hepatic obstruction. Empirical therapy for gastroenteritis would be reasonable.

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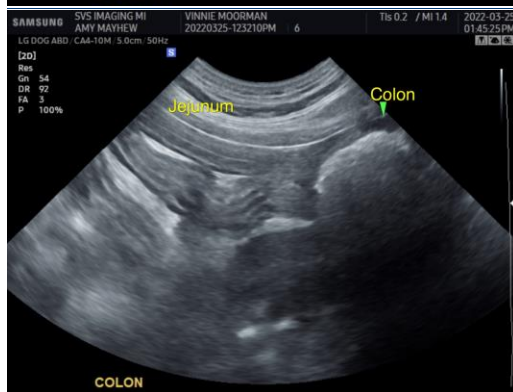
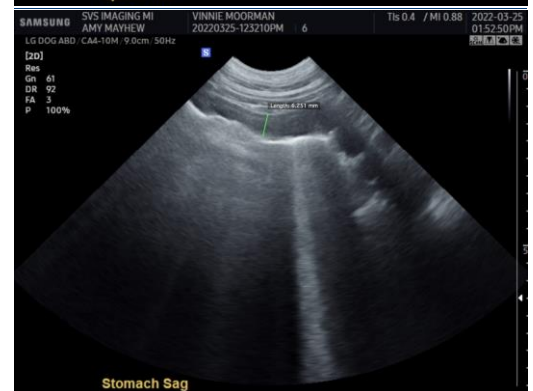
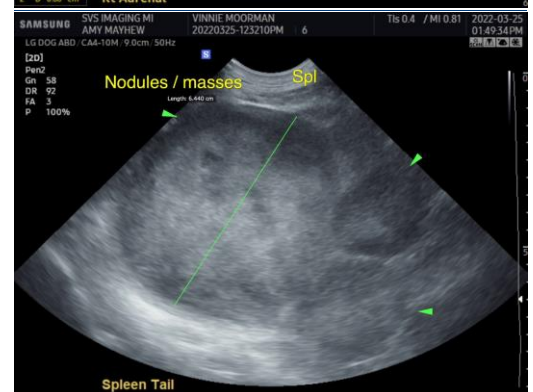
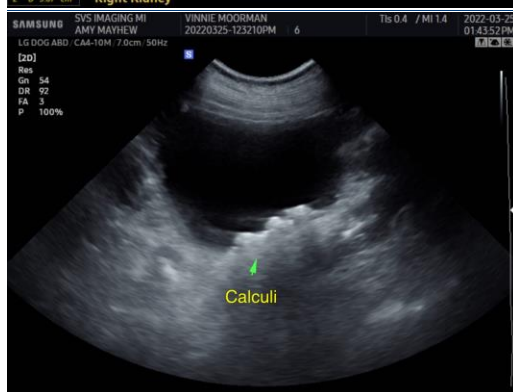
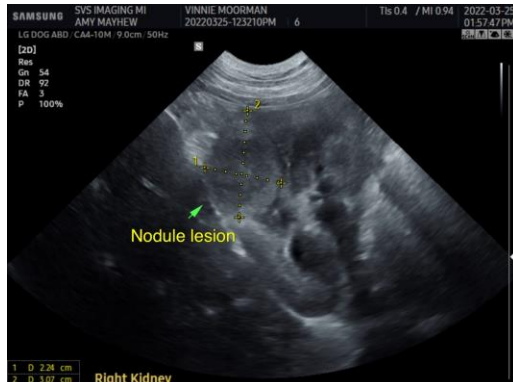
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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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.

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