

PATIENT

Rio Taylor

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

10 years

WEIGHT

102 lbs.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

16488

DATE

3/30/23

PRESENTING CLINICAL SIGNS

Seen 3/23/2023 for symptoms of PU/PD. Otherwise acting normal and eating well. Physical exam at this time was normal. BW /UA performed (results below). Started Clavamox. Recheck 3/28 as P now lethargic and not eating. No improvement on Clavamox. Torbugesic IV for sedation.

Abnormal PE/Chem/CBC/UA Results: PE (3/28): T 104.2°F. Abdomen is tense and difficult to palpate. PE (today): BAR, nervous, mm pink. BW (3/24): Alb 2.6, ALP 385, WBC ct 24k, w/20k Neutrophils and 1.3k Monos. UA: SG 1.001 RADS (attached): mid-abdominal mass, caudal to the stomach. Lateral thorax rad looks clear.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the residual prostate.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses was noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Pinpoint areas of medullary mineral were noted. The left kidney measured 8.8 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

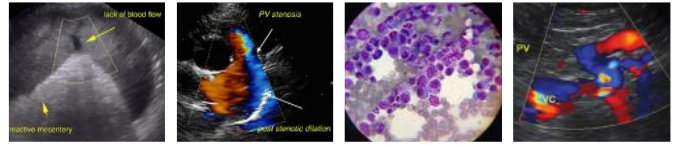
The left adrenal gland exhibited borderline prominent size, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry were present. No evidence of left adrenal neoplastic criteria was noted. The left adrenal gland measured 4.7 cm length x 1.1 cm width in the caudal pole. The right adrenal gland was not definitively visualized owing to the patient's size and conformation.

Spleen

A large, irregular, nonhomogeneous to nodular, cavitated mass noted in the mid to cranial abdomen primarily within the area of the spleen caudal to the liver measuring approximately 18.0 cm in diameter was present. Mild peripheral nonuniform to hyperechoic surrounding omentum was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver exhibited uniform subjective mild increased hepatic parenchyma echogenicity with mild to moderate coarse echotexture and evidence of minor parenchymal remodeling. No visualized hepatic masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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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.

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

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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.

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Free Abdomen

No overt evidence of significant or visualized perisplenic or omental lymphadenopathy was noted, although mild lymphadenopathy possibly obscured by the intraabdominal mass is possible. No evidence of peritoneal effusion was visualized.

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Transdiaphragmatic view of the heart revealed no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Large, nonhomogeneous / nodular, cavitated mass area of the spleen, surrounding peripheral nonuniform mildly hyperechoic omentum
- Hepatic parenchymal remodeling - subjectively benign
- Chronic renal changes exhibiting pinpoint medullary mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The confirmed intraabdominal mass is most likely splenic in origin, given its location. Non splenic origin of the intraabdominal mass, given its size with potential impingement upon the spleen is thought less likely. Neoplastic criteria with primary consideration for sarcoma is favored. No obvious evidence of major organ i.e., hepatic, renal metastasis is noted, although the possibility of regional omental seeding or nonobvious lymphatic metastasis cannot be definitively excluded.

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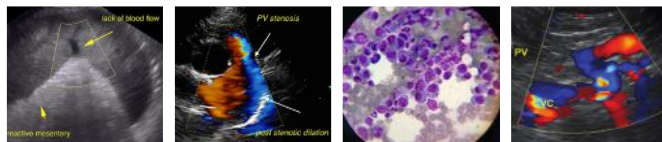
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Assuming no evidence of pathology on three-view chest radiographs and without overt pericardial effusion, laparotomy with expectation towards splenectomy, gross inspection of the perisplenic omentum, and liver +/- hepatic biopsies could be considered. Guarded prognosis.

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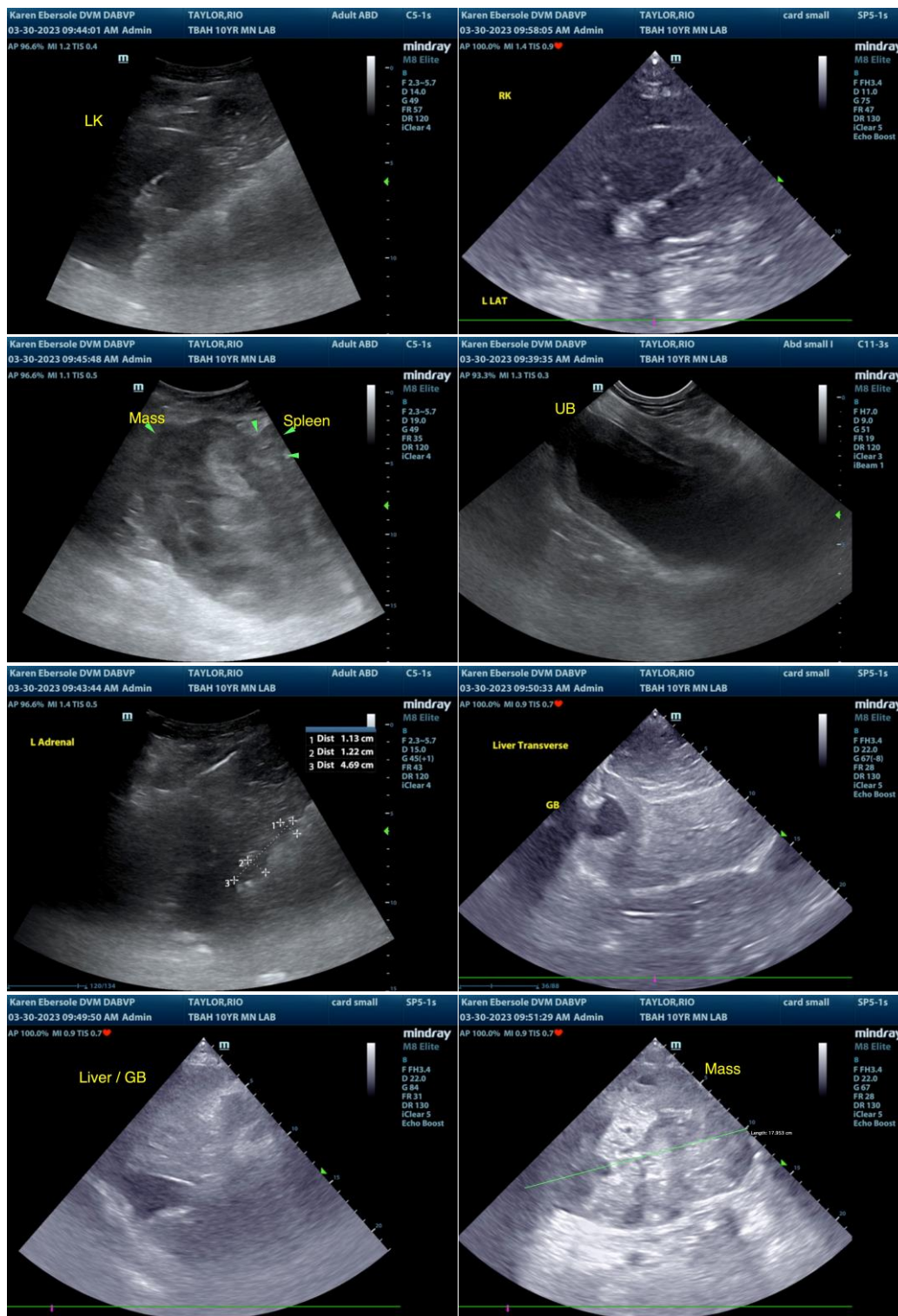
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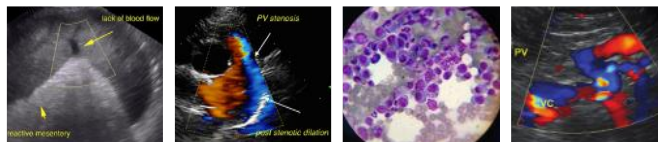
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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