

PATIENT

Jackson Botha

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

8 years

WEIGHT

77 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

INVOICE

13452

DATE

3/8/28

PRESENTING CLINICAL SIGNS

I saw dog on 3/6/22. Lethargic, shaking, not wanting to eat. Gingiva normal. Palpable abdominal mass. Evident on xray and on a preliminary in house ultrasound. Radiographic Findings Chest films grossly clean Primary Question/Differential to Be Answered in This Exam Prior to considering surgery, interested whether evidence of hemangiosarcoma in Right atrium and/or lungs.

Abnormal PE/Chem/CBC/UA Results: Chemistry panel normal. No anemia (PCV 42%) Platelets mildly decreased at 126,000

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.93 cm in diameter.

The area of the aortic trifurcation was free of pathology.

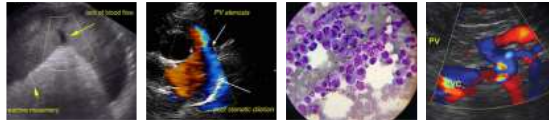
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 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 3.3 cm length x 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.72 cm width at the caudal pole.

Spleen

A mass appearing to derive from the medial spleen extending into the area of the mid-abdomen with secondary capsule expansion and disruption was present and measured approximately 7.0-8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.



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Liver/ Gallbladder

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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 mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules were noted. 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 contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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Pancreas

The pancreas base and right pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Regional hyperechoic mesentery was present. Small pockets of scant perisplenic to peritoneal free fluid were present. No overt lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass, associated regional perisplenic hyperechoic mesentery and small pockets of scant peritoneal free fluid
- Gastric ingesta
- Heterogeneous pancreas
- Minor hepatic parenchymal remodeling - subjectively benign

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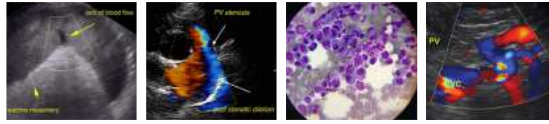
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of primary splenic mass. The splenic mass meets neoplastic criteria such as sarcoma, round cell neoplasia or other, while the possibility of benign etiologies such as hematoma, hyperplasia, hematopoiesis, granuloma, or similar could also be possible. Suspect concurrent micro reactive to inflamed perisplenic omentum. Potential for omental adhesions was not definitively visualized yet cannot be definitively excluded. No overt evidence of intra-abdominal



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metastasis was noted, although potential for micrometastasis / non-sonographically evident metastasis cannot be definitively excluded.

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Pending echocardiographic assessment and without overt evidence of thoracic metastasis on provided radiographs, splenectomy with gross inspection of the perisplenic omentum, as well as abdominal organs would be warranted.

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The heterogeneous pancreas is nonspecific, likely consistent with patient variant or minor age-related pancreatic changes, and is considered Incidental if no clinical signs suggestive of mild pancreatitis are noted.

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Likewise, the presence of gastric ingesta likely suggests post prandial presentation unless documented NPO.

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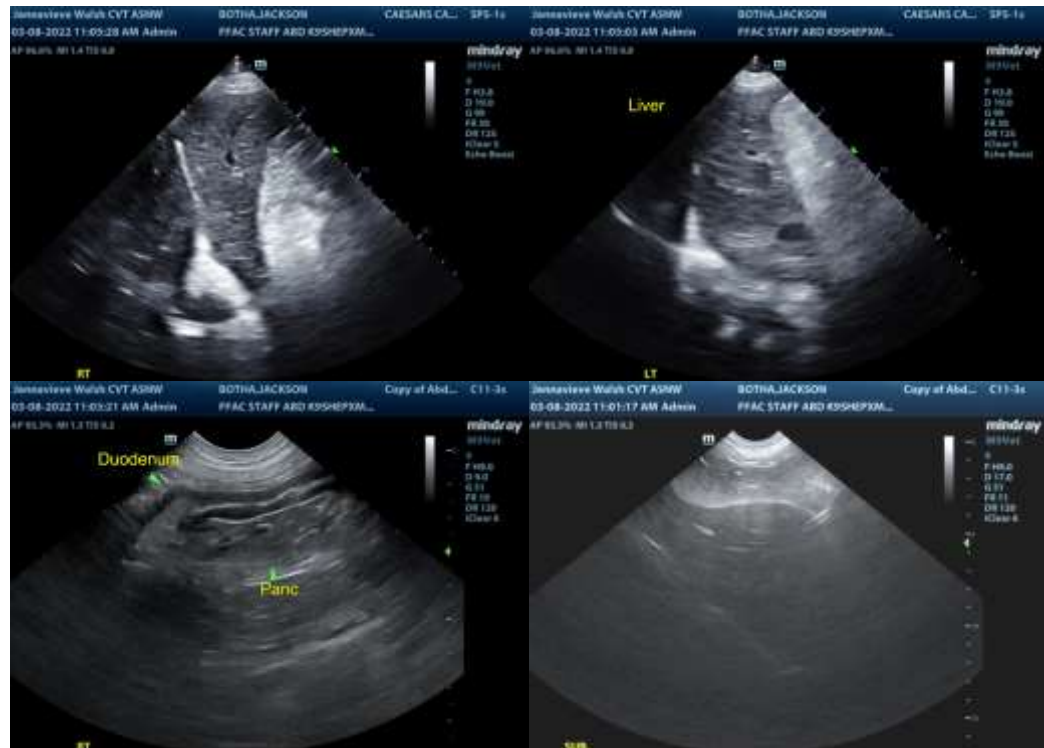
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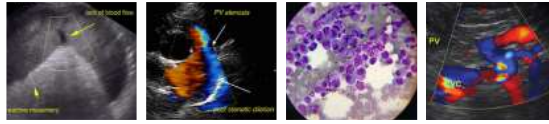
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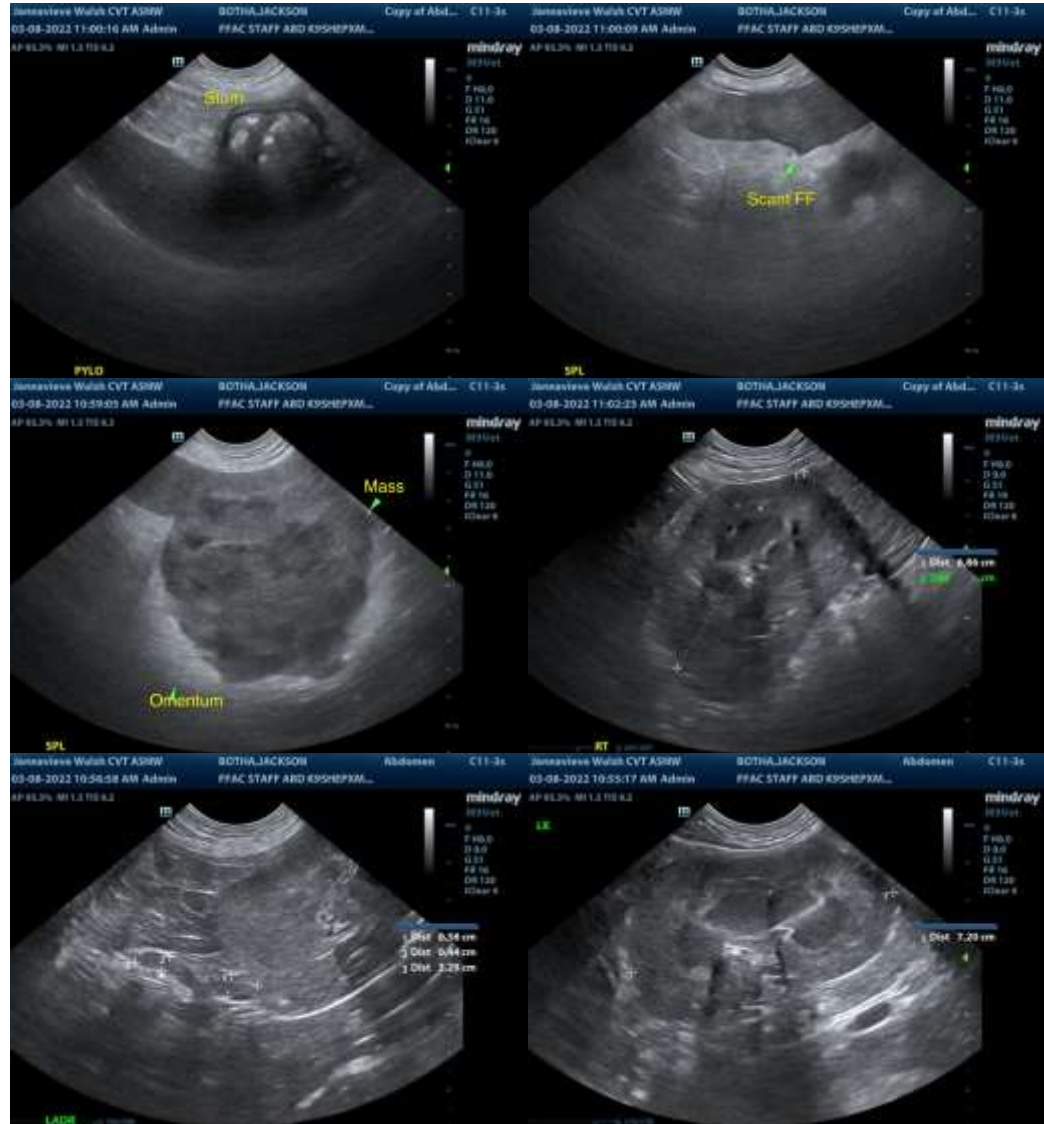
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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