



PATIENT

Molly Burt

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed female

AGE

10.84 years

WEIGHT

27.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

10147ag

DATE

03/08/2022

PRESENTING CLINICAL SIGNS

History: Slowing down then an acute decompensation. Lethargic, pale MM, unable to stand

Abnormal PE/Chem/CBC/UA Results: PCV15.3%, Abdominal mass, renal numbers elevated. Abdominal effusion, suspect splenic mass on xrays, microcardia due to hypovolemia/shock. Sternal lymphadenopathy secondary to peritoneal disease

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Multiple cortical infarcts were present in both kidneys along with focal areas of nonobstructive medullary mineral. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.

Spleen

The spleen exhibited generalized enlargement primarily owing to multi focal variably sized to expansive nonhomogeneous to mixed echogenic masses. Concurrent mildly expansive nonhomogeneous nodules were noted within the mid spleen. An example of a caudal splenic mass measured 9.0 cm in diameter. An example of a cranial splenic mass measured 5.1 cm in diameter. Regional perisplenic hyperechoic mesentery with potential for suspected adhesions was observed. Moderate volume cellular peritoneal free fluid was noted. Overt lymphadenopathy was not definitively evident

Liver

The liver presented with mild generalized enlargement. The liver exhibited mild parenchymal remodeling with subjectively normal echogenicity compared to the spleen and renal cortices. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt concurrent hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained nonshadowing ingesta/chyme without signs of 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 exhibited mild concurrent chyme present in the duodenum lumen.

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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 was evident.

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Regional perisplenic hyperechoic mesentery with moderate volume cellular peritoneal free fluid and potential for omental splenic adhesions was observed.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Potential mild pseudohypertrophy of the left ventricle as well as overall subjective reduced cardiac size potentially owing to hypovolemia was present. Overt evidence of cardiac masses or pericardial effusion was not definitively evident.

Free Abdomen

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative spleen with multifocal variably sized to expansive nonhomogeneous masses.
- Regional perisplenic hyperechoic mesentery with moderate volume cellular peritoneal free fluid-consistent with hemoabdomen. Potential for omental splenic adhesions.
- Vacuolar hepatopathy pattern with minor hepatic parenchymal remodeling.
- Mild gallbladder debris (non-mucocele).
- Bilateral chronic renal changes exhibiting multiple cortical infarcts and mild nonobstructive medullary mineral.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, the spleen including multiple splenic masses is consistent with neoplastic criteria such as sarcoma, round cell neoplasia or other. The potential for benign etiologies is considered unlikely. Overt evidence of major organ metastasis was not definitively evident yet given the sonographic presentation of the perisplenic omentum, potential for regional omental seeding or non sonographically evident metastasis/micro metastasis may be possible in this case.

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Given the overall clinical presentation including significant anemia, high likelihood of aggressive malignant splenic neoplasia (specifically sarcoma) and the potential for non sonographically evident omental seeding/metastasis including reported sternal lymphadenopathy an unfavorable prognosis is indicated.

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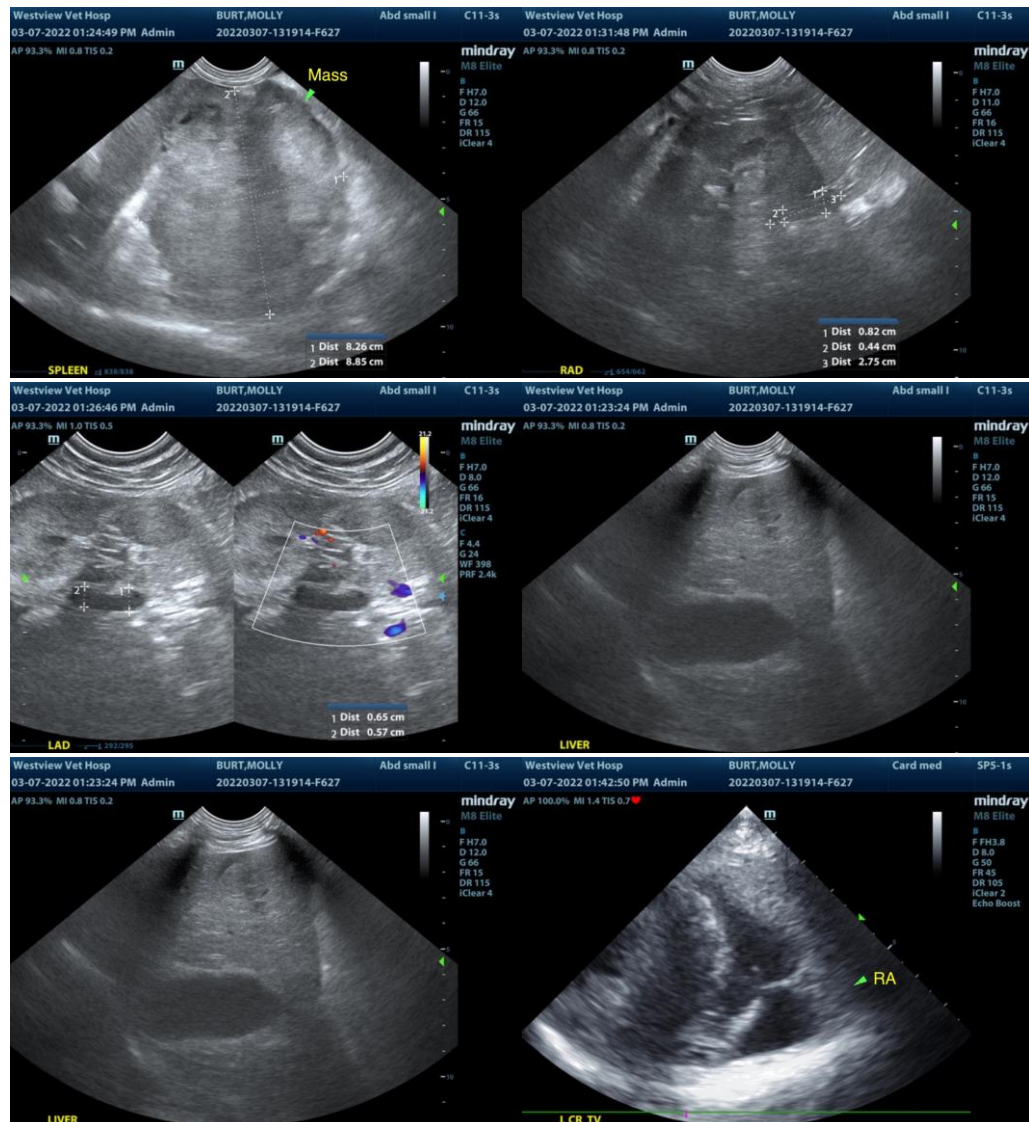
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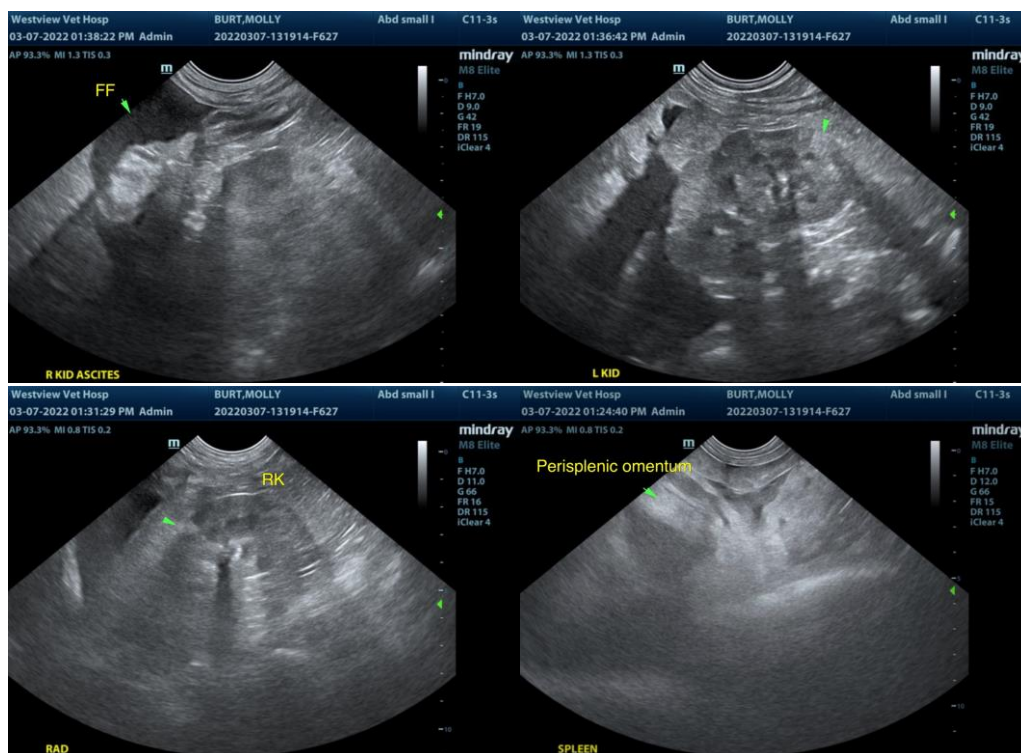
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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