



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Molly MacDonald	Hypoxia and weight loss last few months
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Regenerative anemia PCV 23 with marked elevation of pancreatic enzymes
Canine	
<b>BREED</b>	
Collie X	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Female Spay	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.
<b>AGE</b>	No overt or significant medial iliac or sublumbar lymphadenopathy was noted.
10	
<b>WEIGHT</b>	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 was present. Minor bilateral medullary mineral was noted. A moderately sized, thinly walled cyst containing anechoic fluid was present in the subjective mid to cranial left kidney measuring 3.9 cm in diameter. The overall left kidney measured 6.2 cm in length. The right kidney measured 5.5 cm in length.
30 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.79 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Belan	The spleen exhibited generalized enlargement with folding. Areas of mild capsule asymmetry were noted with generalized parenchyma heterogeneity. Mildly expansive to irregular, nonhomogeneous, cavitated mass was noted in the subjective mid-caudal spleen measuring approximately 5.0 cm in diameter.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Healing Traditions VC	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 to moderate, nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Vockeroth	
<b>INVOICE</b>	
16324	
<b>DATE</b>	
3/9/23	



**PATIENT**

Molly MacDonald

**SPECIES**

Canine

**BREED**

Collie X

**SEX**

Female Spay

**AGE**

10

**WEIGHT**

30 kg

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

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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.

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.

**Pancreas**

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

**Free Abdomen**

Intermittent midabdominal mesenteric nodes were present. The lymph nodes exhibited nonhomogeneous to mildly hypoechoic parenchyma and minor asymmetrical contour with borderline abnormal width: length ratio (approximately 0.5). An example of a lymph node measured 2.5 cm x 1.3 cm. No overt evidence of perilymphatic inflammation was noted. No evidence of perisplenic or generalized peritoneal free fluid was noted.

**Heart**

Rapid view of the heart revealed overtly normal left and right chamber sizes with subjective adequate LV function. Possible, although not definitive, nonspecific thickened right atrioventricular groove was noted potentially measuring approximately 2.0-3.0 cm diameter. Definitive cardiac or pericardial mass was not obvious. No evidence of pericardial effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Folded heterogeneous spleen with nonhomogeneous / cavitated mass
- Hepatic parenchymal remodeling
- Gallbladder debris (non-mucocele)
- Heterogeneous pancreas - patient / age-related variant, minor remodeling owing to previous inflammation, low-grade / chronic pancreatitis, all potentials
- Nonspecific intermittent midabdominal mesenteric lymphadenopathy - hyperplasia, potential lymphadenitis, or early neoplastic criteria
- Possible nonspecific thickened right atrioventricular groove
- Sonographically unremarkable gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria such as hemangiosarcoma is favored.



## PATIENT

Molly MacDonald

Although not definitive, potential for early mesenteric lymph node +/- cardiac metastasis may be of concern in this patient. Assuming normal clotting status screening splenic mass and if accessible lymph node FNA cytology could be considered.

## SPECIES

Canine

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

## BREED

Collie X

Pending additional diagnostics, and assuming no evidence of pathology on three view chest radiographs, splenectomy with lymph node biopsy / resection +/- hepato-pancreatic biopsy could be considered with serial sonographic monitoring of the heart. However, an extremely guarded prognosis is likely indicated.

## SEX

Female Spay

## AGE

10

## WEIGHT

30 kg

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## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

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VC

## REFERRING VET

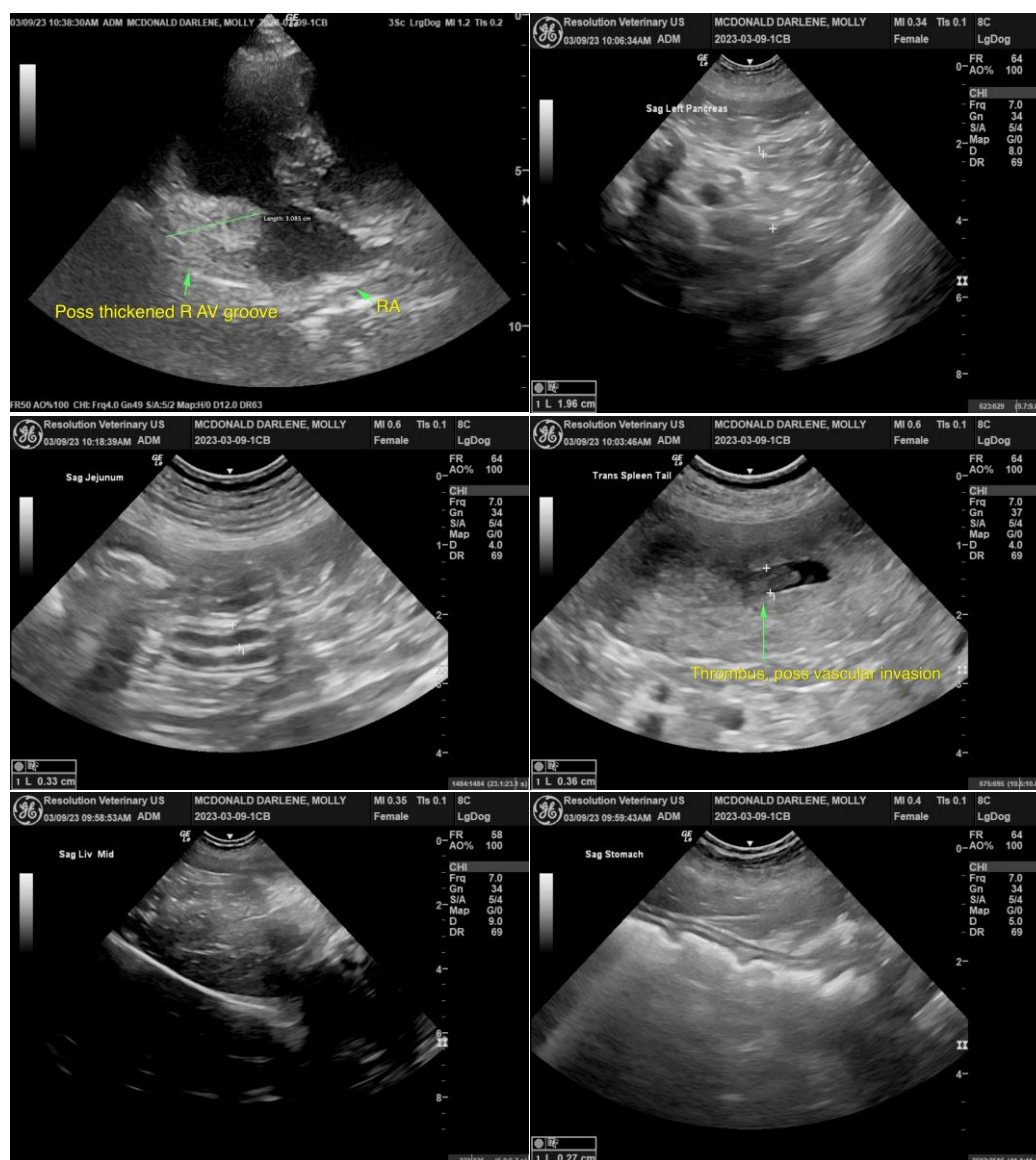
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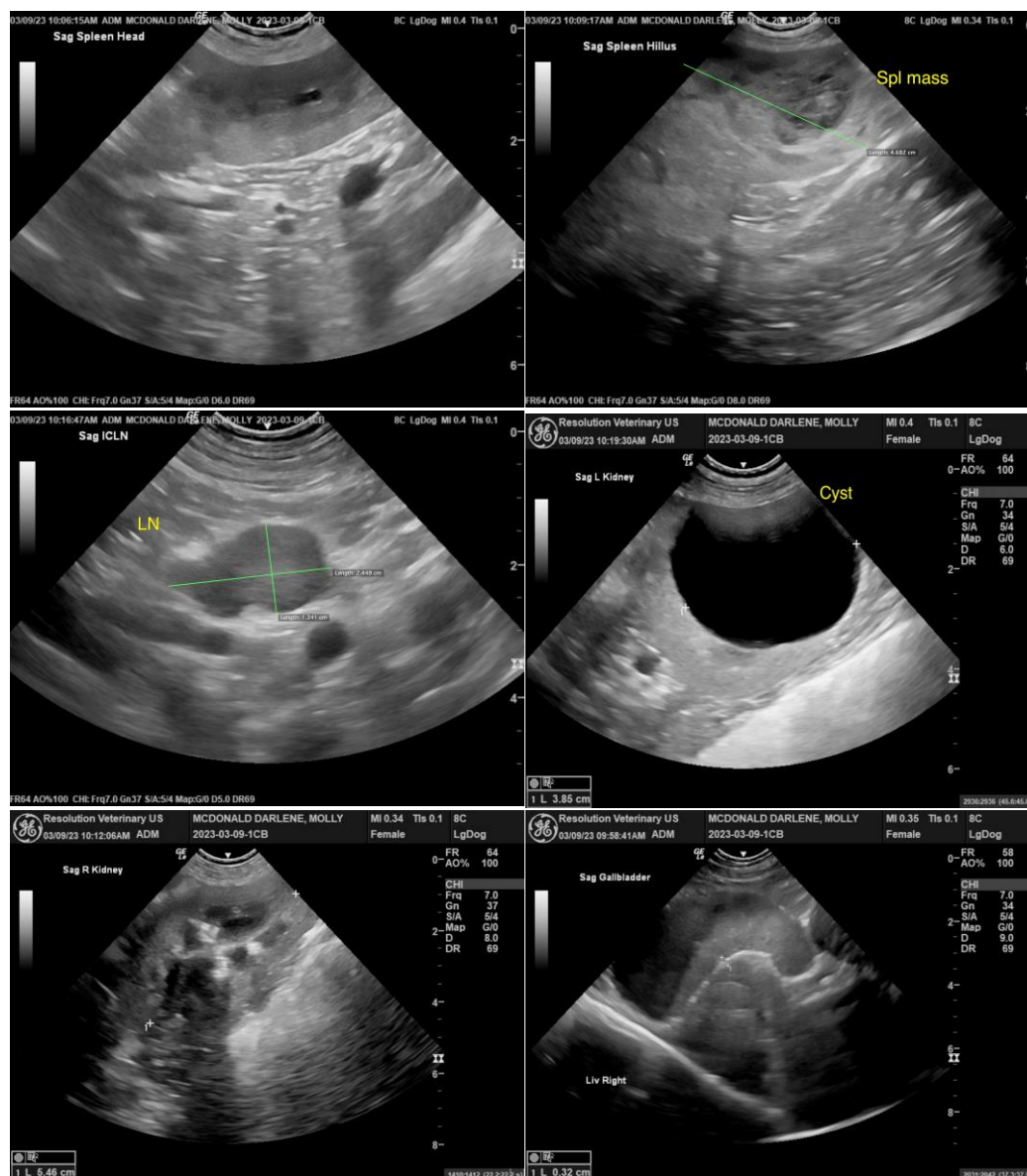
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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