



PATIENT

Calvin Pu

SPECIES

Canine

BREED

Cockapoo

SEX

M/I

AGE

11 years

WEIGHT

18.6 lbs.

PRESENTING CLINICAL SIGNS

Splenic lesion seen at ER clinic after presenting "off color". P has been fine since. Possible 5% weight loss in the past few months.

Abnormal PE/Chem/CBC/UA Results: Chem revealed mild iCa++ drop at ER clinic, but otherwise nsf. Grade VI/VI pansystolic L basilar murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 prostate was enlarged in size with an intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.7 cm diameter. Small, thinly walled, intraparenchymal cysts were present containing anechoic fluid.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited subtle incidental prominent cortex. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.2 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 0.47 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 0.51 cm width at the caudal pole.

Spleen

A moderately sized, mass exhibiting irregular margination involving the cranial spleen with secondary capsule expansion and disruption was present and measured ≈6.0–6.5 cm. The parenchyma of the mass was nonhomogeneous to mixed echogenic without areas of cavitation. The non-affected spleen was sonographically unremarkable. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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. The gallbladder

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC - VBF

REFERRING VET

Dr. Sorbo

INVOICE

16598

DATE

4/13/23



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

Calvin Pu

SPECIES

Canine

BREED

Cockapoo

SEX

M/I

AGE

11 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC - VBF

REFERRING VET

Dr. Sorbo

INVOICE

16598

DATE

4/13/23

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta, sonographically consistent with food without signs of 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 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

No omental masses, overt lymphadenopathy, or evidence of peritoneal effusion / hemoabdomen were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjectively, no overt evidence of significant cardiac chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Mild hepatomegaly - subjectively benign
- Benign prostatic hyperplasia with small parenchymal cysts
- Mild chronic renal changes

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 is favored.

No overt evidence of cardiac or intrabdominal metastasis. Subjectively, the heart appeared to be stable. Pending echocardiographic review and assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver and perisplenic omentum is warranted.



PATIENT

Calvin Pu

SPECIES

Canine

BREED

Cockapoo

SEX

M/I

AGE

11 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC - VBF

REFERRING VET

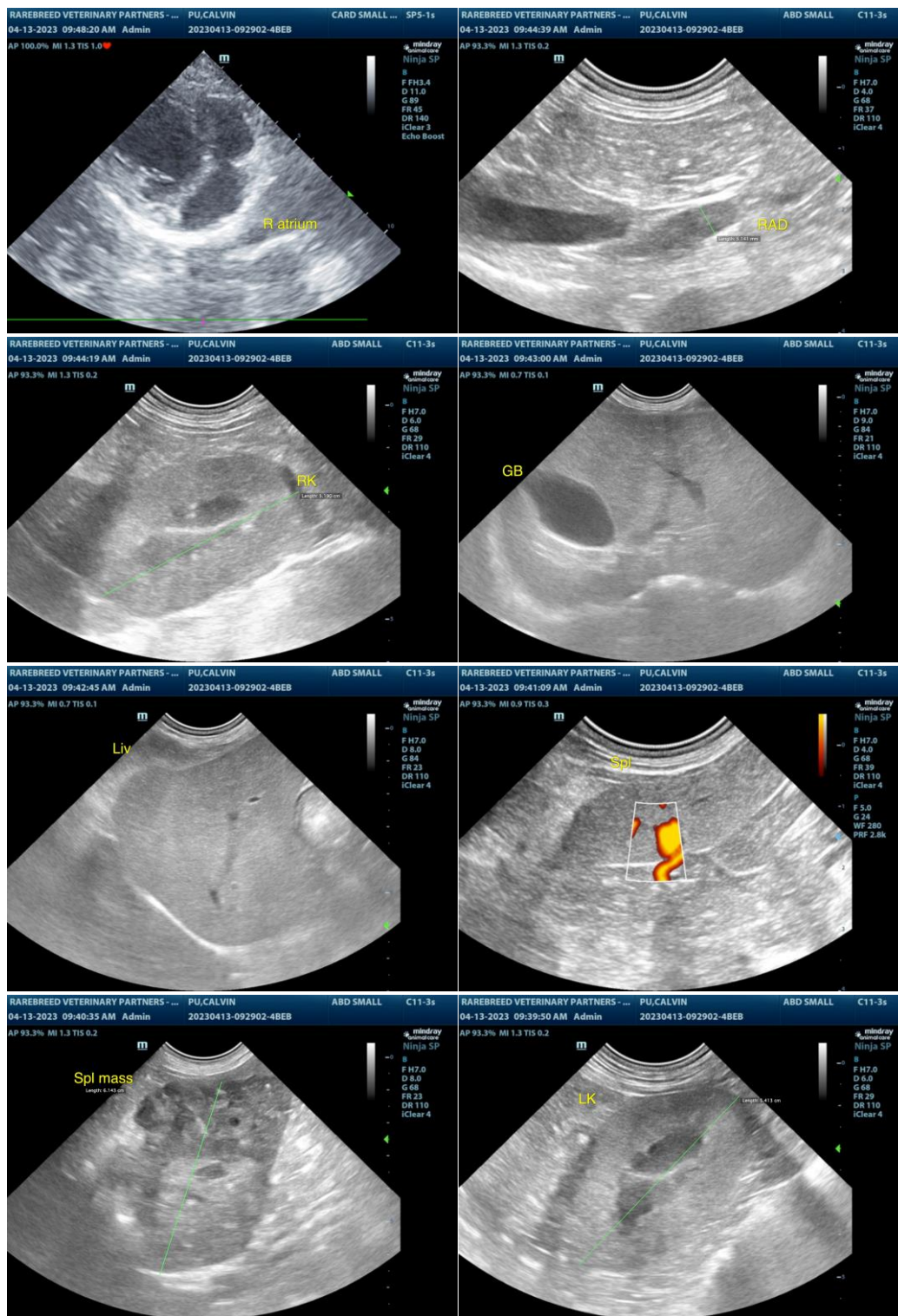
Dr. Sorbo

INVOICE

16598

DATE

4/13/23





PATIENT

Calvin Pu

SPECIES

Canine

BREED

Cockapoo

SEX

M/I

AGE

11 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC - VBF

REFERRING VET

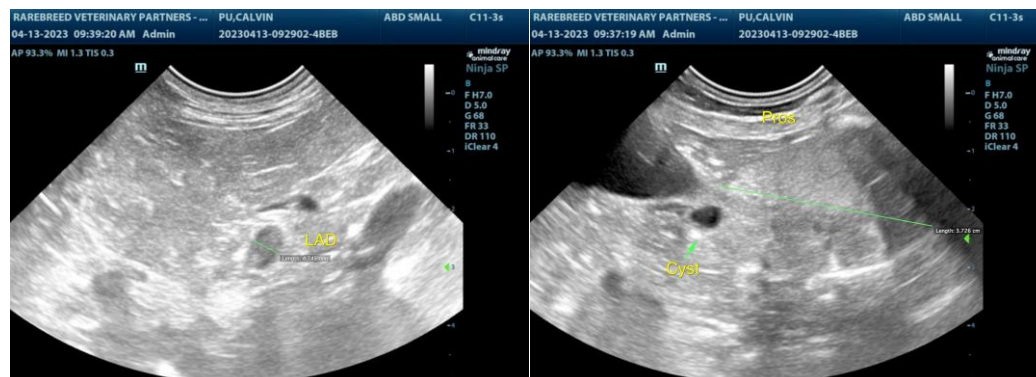
Dr. Sorbo

INVOICE

16598

DATE

4/13/23



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