

**PATIENT**

Ditka Masonholder

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

12 years

WEIGHT

10 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jessica Fishbauger

INVOICE

13678

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Regurgitating food immediately after eating. Acting fine otherwise. When owner changed diet to chicken mixed with water and smaller, frequent meals, he was able to keep the food down.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 all normal values (platelet count was slightly decreased at 154 but was a slow, difficult blood draw). Radiographs show a large mass within the abdomen taking up most of the space, causing the regurgitation issues.

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.

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 was maintained. 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. Pinpoint areas of medullary mineral were present in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 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 1.3 cm length x 0.55 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 0.57 cm width at the caudal pole.

Spleen

A primarily homogeneous, spherical mass exhibiting intermittent areas of intra-mass cysts to potential areas of cavitation in the mid to cranial spleen with secondary capsule expansion and disruption was present. These cysts were primarily thinly walled and symmetrical containing anechoic fluid. No evidence of perisplenic reactive mesentery or evidence of splenic mass rupture was noted. The non-affected spleen exhibited symmetrical contour with maintained finely textured homogeneous parenchyma.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty. Minor retained anechoic fluid was present. The pylorus wall width measured 0.6 cm. The ventral gastric body wall width measured 0.4 cm.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Primarily homogeneous to focally cystic / cavitated splenic mass
- Mild gastritis pattern, sonographically unremarkable small bowel
- 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). The splenic mass appeared to be located in the area of the left caudal stomach, although direct involvement or impingement upon the stomach was not definitively evident. Assuming no evidence of thoracic pathology on three view chest radiographs with ideally a quick sonographic assessment of the heart to rule out evidence of pericardial disease, splenectomy with gross inspection of the stomach with potential for gastrointestinal biopsies depending on gross inspection would be warranted. No overt evidence of intra-abdominal or perisplenic metastasis was noted.

Conservatively, a continued bland or hydrolyzed diet with smaller more frequent feedings and as-needed gastroprotectants would be reasonable.

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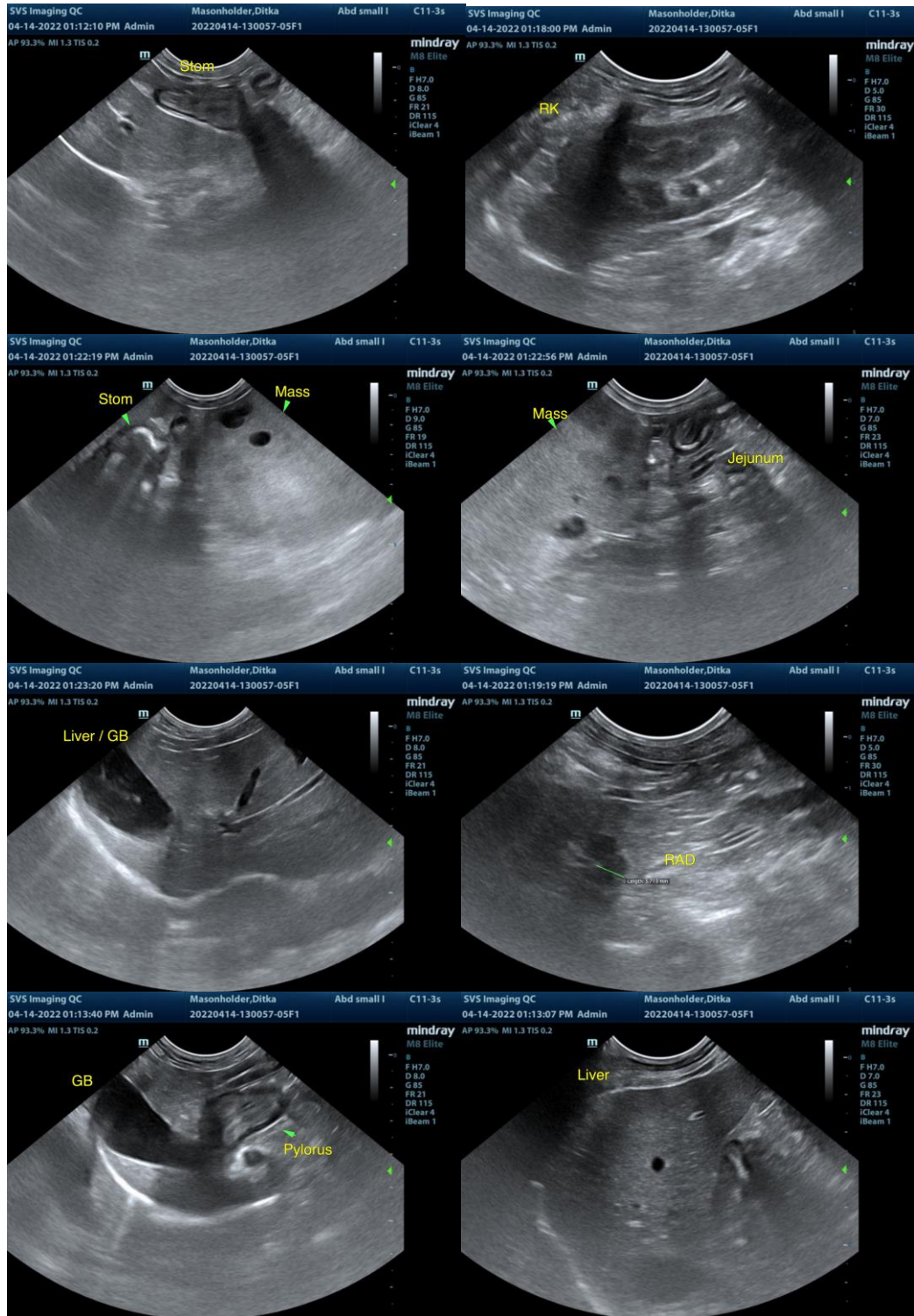
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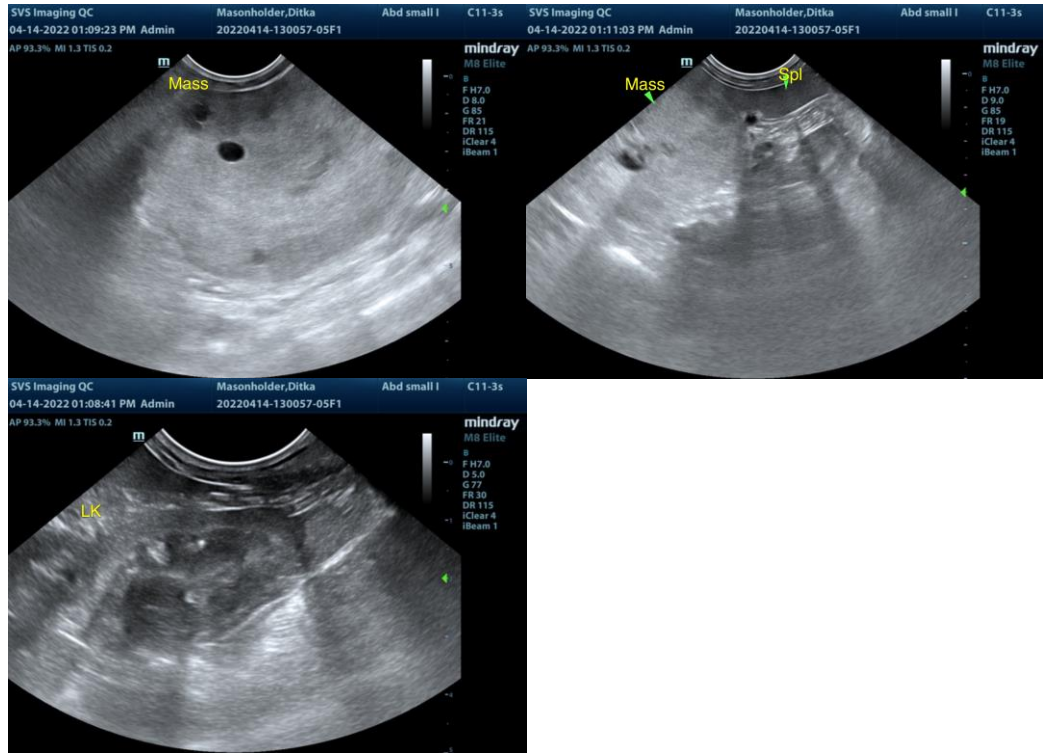
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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