



PATIENT

Stanley Cameron

PRESENTING CLINICAL SIGNS

was vomiting 2 weeks ago. now normal. rads were concerning for possible mass on spleen or pancreas.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TBIL 6 ALT not read Neutrophils 12.45 Glucose 8.01mmol/L
ALP 264 GGT 64 Obese but PE otherwise normal

BREED

Boston Terrier

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 were noted.

SEX

MN

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 5.4 cm in length. The right kidney measured 5.3 cm in length.

AGE

8yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

13kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 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 0.51 cm width.

INTERPRETED BY

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

Spleen

A mildly expansive well demarcated uniform hypoechoic splenic macronodule to small mass was present measuring 2.7 cm in diameter. The remainder of the visualized spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Goeres

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 was non-distended in size with primarily anechoic luminal content and mild non-organized variably echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Joshi

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gastric ingesta sonographically consistent with food with no signs of ileus, obstruction or foreign material.

DATE

04/14/2023



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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.

SPECIES

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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.

BREED

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive well-demarcated splenic macronodule/small mass.
- Non-specific benign hepatopathy.
- Gallbladder debris (non-mucocele).
- Sonographically unremarkable GI tract.

AGE

8yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13kg

In conjunction with submitted cytology, the macronodule/small mass is confirmed splenic location with considerations including hyperplasia, hematopoiesis, focal splenitis, small hematoma or potential emerging neoplasia such as round cell neoplasia or other. Sonographic monitoring of the nodule based on previous cytology for evidence of progression with initial recheck in 4 weeks would be reasonable.

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(Canine and Feline)

Considerations for the liver may include vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, non-obstructive cholestasis or other hepatopathy. Neoplastic criteria considered less likely. Assuming normal clotting status concurrent hepatic FNA for screening cytology could be considered for further assessment.

Prophylactic splenectomy with hepatic biopsies could be considered.

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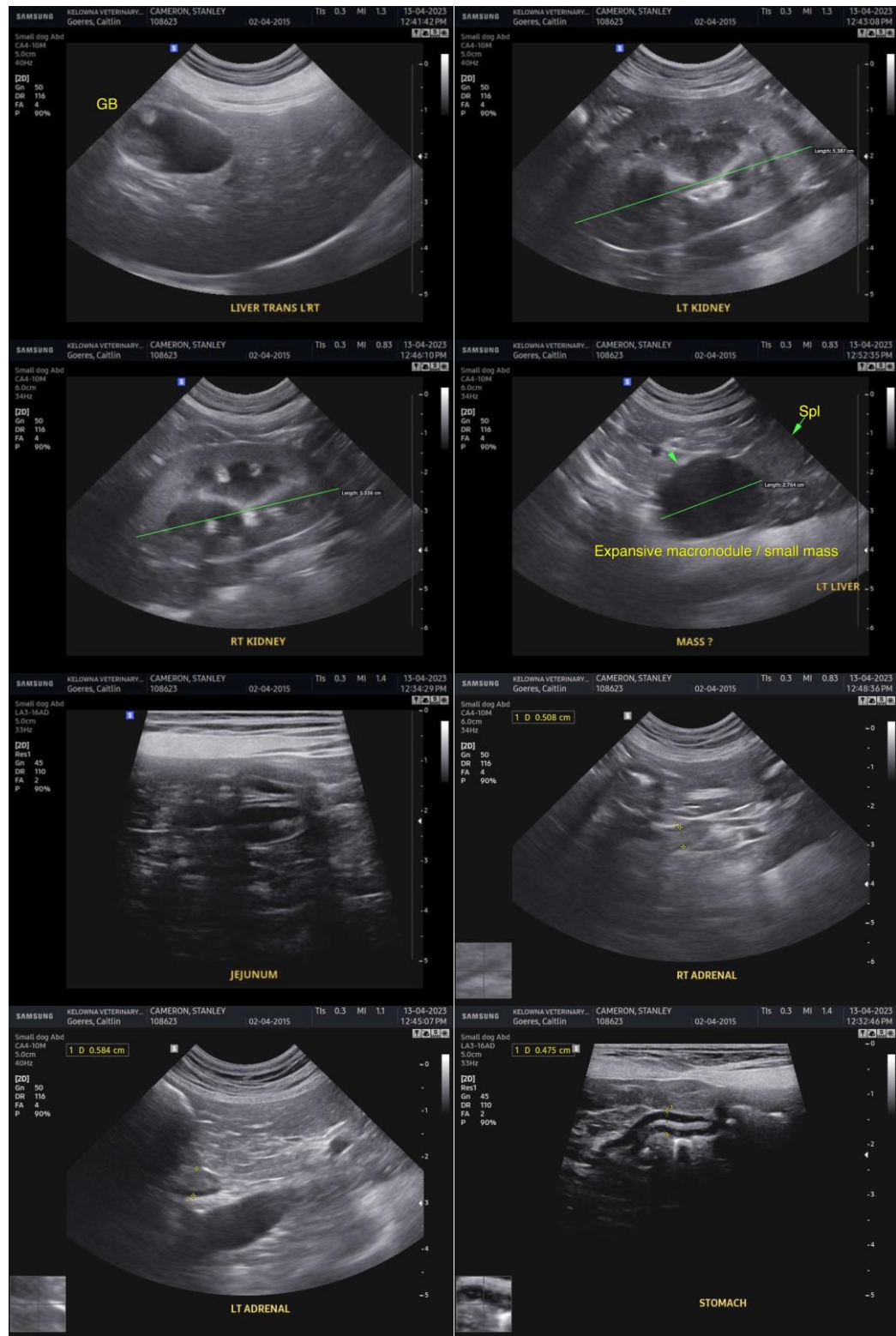
Joshi

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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.



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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.

SPECIES

Canine

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mac.daniel@sonopath.com

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