



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Mastriano	Large abdomen mass palpated and seen on xray. Suspect intermittent bleeding. Current meds: gabapentin, entyce
SPECIES	Abnormal PE/Chem/CBC/UA Results: HCT 23, (PLT 77- suspect lab error)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mix	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsoapical urinary bladder wall thickness measured 0.9 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild 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.
SEX	
FS	
AGE	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. The left kidney measured 6.8 cm in length. The right kidney measured 6.9 cm in length.
12yr	
WEIGHT	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
58lb	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.3 cm length and 0.62 cm width in the caudal pole. The right adrenal gland measured 3.6 cm length and 0.69 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Jessica Miller	A large irregular non-homogenous to mixed echogenic cavitated mass occupying the majority of the mid abdomen was present with suspected connection to the discernable spleen measuring at least 20-22 cm in diameter.
HOSPITAL NAME	Liver/Gallbladder
Basking Ridge AH	The liver presented normal 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 echogenic debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Rotella	
INVOICE	Gastrointestinal
13526ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid with no signs of ileus, obstruction or foreign material.
DATE	
04/18/2023	



PATIENT

Daisy Mastriano

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

Pancreas

Canine

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

Free Abdomen

Mix

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

SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

FS

ULTRASONOGRAPHIC FINDINGS

AGE

12yr

- Large irregular cavitated mass occupying the majority of the mid abdomen-most consistent with splenic origin.
- Mild hepatic parenchyma remodeling-benign-
- Gallbladder debris (non-mucocele).
- Expected age related renal changes.
- Mild hypomotile stomach.
- Cystitis urinary bladder pattern.

WEIGHT

58lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Given the size of the confirmed intra-abdominal mass, non-splenic origin cannot be definitively excluded yet is thought less likely. Neoplastic criteria is favored for the mass although benign etiologies given the lack of concurrent or overt hemoabdomen is possible. No overt evidence of intra-abdominal or cardiac metastasis. Laparotomy with splenectomy could be considered if no pathology on three view chest radiographs. A guarded prognosis is indicated pending histopathology.

IMAGING PERFORMED BY

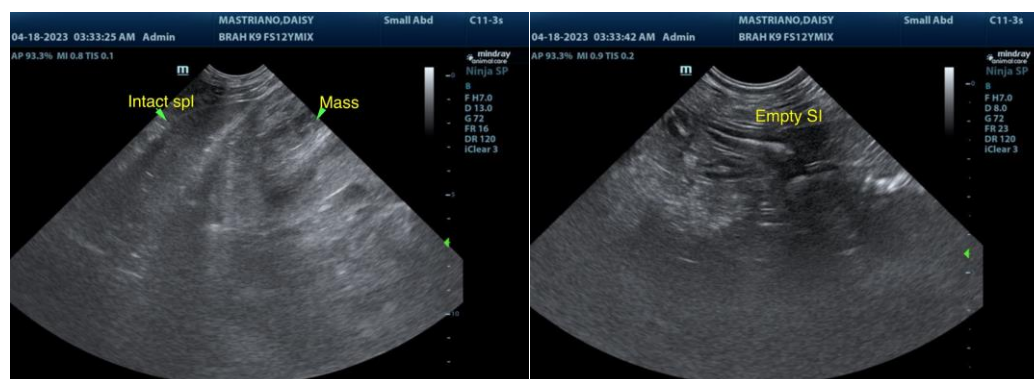
Jessica Miller

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella



INVOICE

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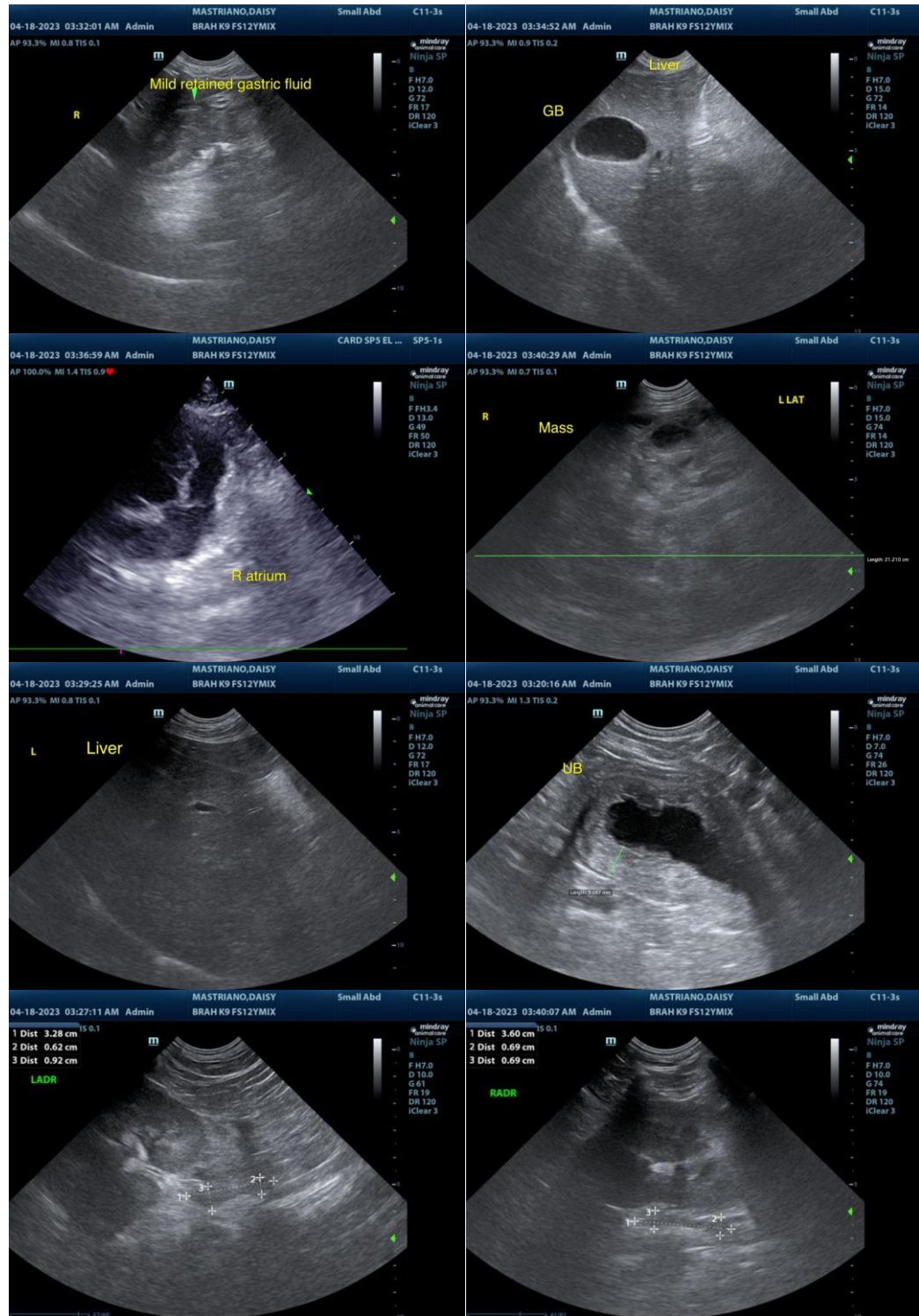
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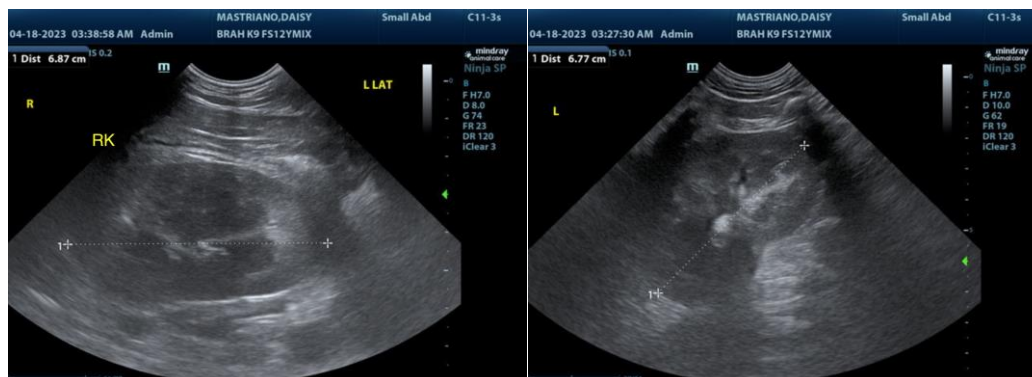
Dr. Rotella

INVOICE

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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)
mac.daniel@sonopath.com