



PATIENT

Minnie Gaspar

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

9yr

WEIGHT

48lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Tudor Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Tudor Suciu

INVOICE

13563ag

DATE

04/21/2023

PRESENTING CLINICAL SIGNS

Minnie was seen at the family vet on 4/10 for not doing well, she had bumps on her nipples and mammary glands, that were red, she also had high fever (105). Family vet noticed eye abnormalities and recommended ophtho consult (on 4/18 she was diagnosed with bilateral uveitis). Minnie was treated with a dexamethasone injection and sent home with Clavamox; she improved a little bit, the lumps were almost gone. On 4/18 Minnie didn't want to eat, she was shivering and she didn't want to move much. Temperature was high again (104.3F), and two small SQ nodules (4-5 mm each) were palpated on ventral abdomen. Accuplex 4 = negative x 4. Today (4/21), more small nodules were palpated on the ventral abdomen, within couple of hours they multiplied, some getting bigger. Temperature was normal today (102.5F). Appetite is decreased, as well as the energy level.

Abnormal PE/Chem/CBC/UA Results: Blood work (4/10) showed mildly increased globulins (3.7), normal WBC (7.7), normal neutrophils (5005) with moderate toxic changes and Dohle bodies; the monocyte count was increased (1001). Today CBC was normal, with mild thrombocytopenia (99).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

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 6.6 cm in length. The right kidney measured 6.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited normal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small yet mildly expansive non-homogenous mass lesion was present in the craniolateral spleen measuring ~ 3.5-4.0 cm in diameter. The mass lesion appeared to distort the associated capsule without evidence of escape. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

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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.

BREED

Pancreas

Lab Mix

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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Small mildly expansive non-homogenous splenic mass.
- Sonographically unremarkable liver and gallbladder.
- Early to mild age related renal changes.
- Structurally unremarkable GI tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the splenic mass there is no overt evidence of significant abdominal visceral pathology. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Assuming normal clotting status and using a 25g needle, a splenic mass FNA for screening cytology could be considered for further assessment.

Given no evidence of splenic mass rupture with maintained associated capsule contour, sonographic monitoring of the mass for evidence of progression with initial recheck in 3-4 weeks could be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirical splenectomy with gross inspection of the abdominal cavity would be a more aggressive approach. A CBC pathology review could be considered. Infectious disease serology may be indicated if evidence of progressive thrombocytopenia.

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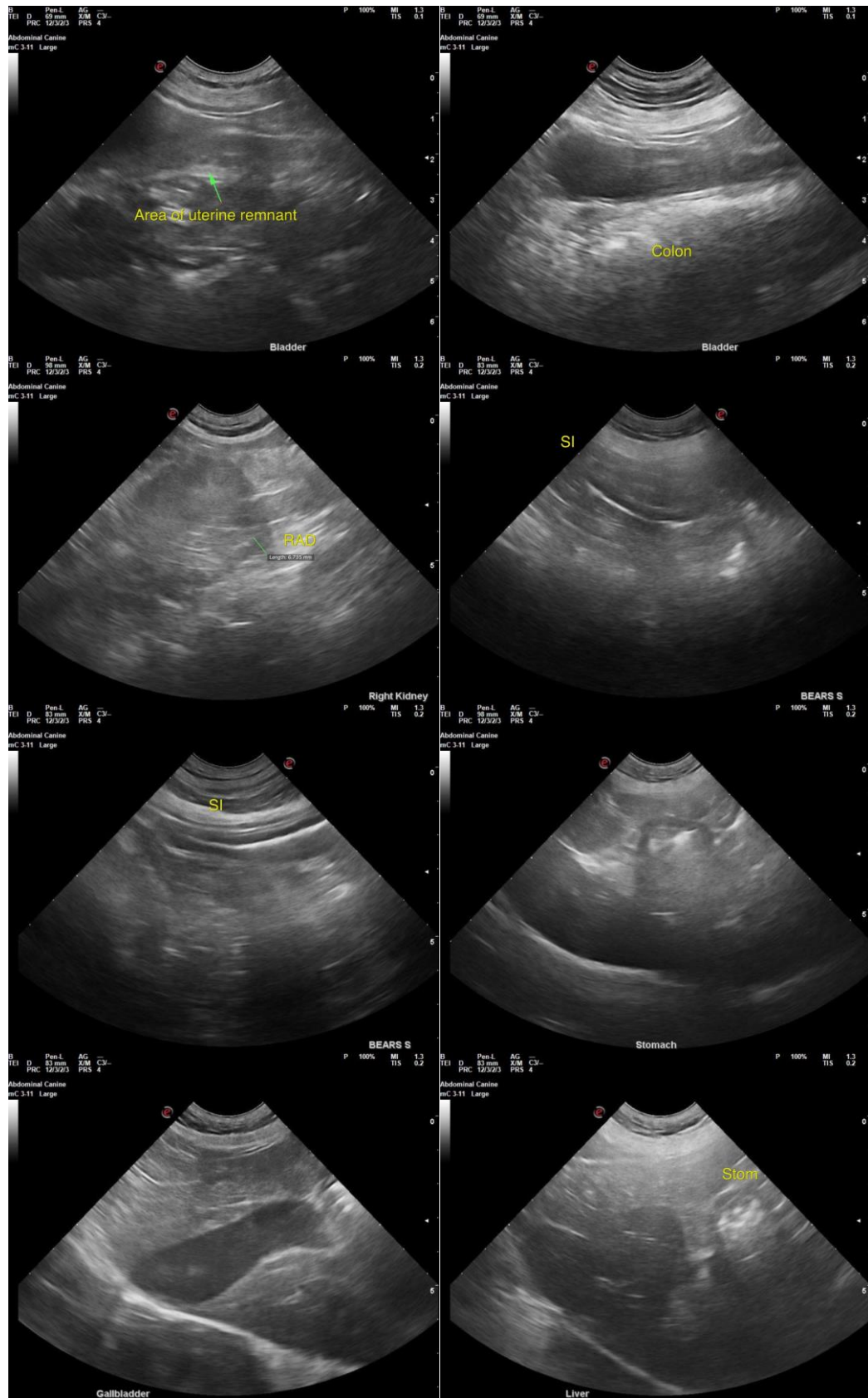
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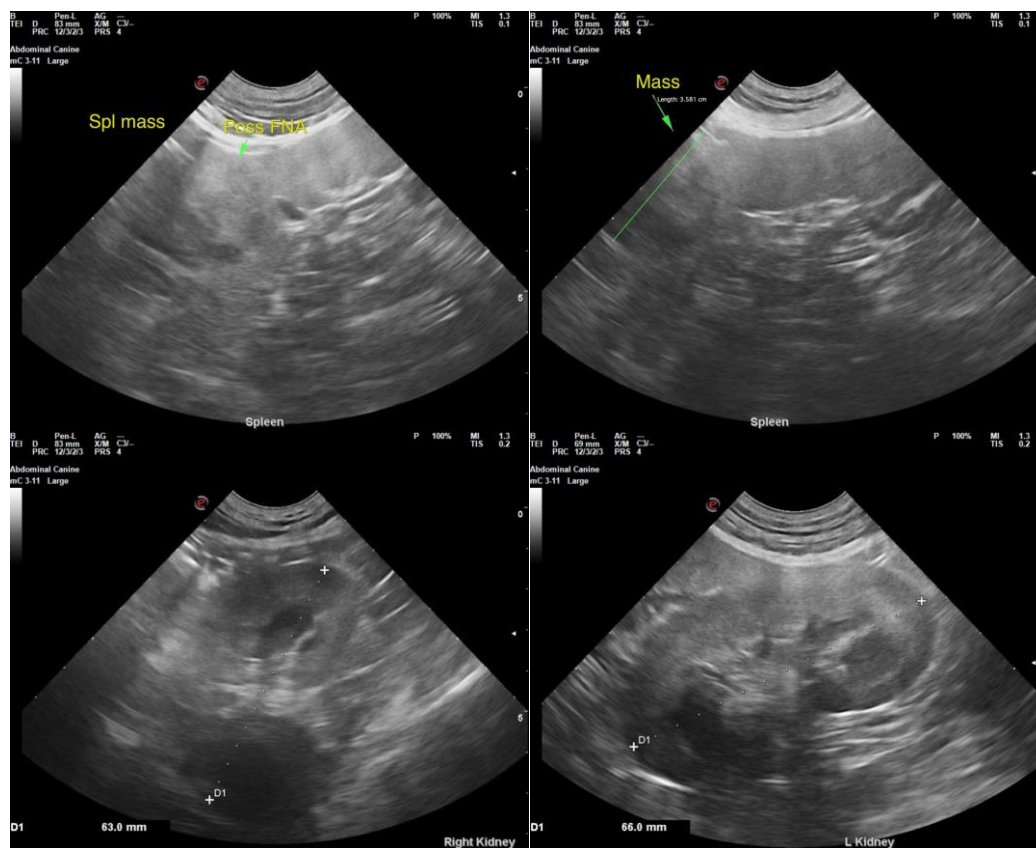
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com