



PATIENT

Karlie Edwards

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

8 Years 6 Months

WEIGHT

26.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

14877

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Karlie has been favoring her back/legs and owner wanted AUS for piece of mind
Abnormal PE/Chem/CBC/UA Results: CBC and Chem NAF, Xrays :1. Mild right stifle effusion and mild arthritis compatible with an intra-articular injury such as a partial/complete cruciate rupture and/or meniscal damage. This may be the primary cause of the clinical signs. 2. Unremarkable left stifle and tarsi. 3. Unremarkable pelvis. 4. Unremarkable cervical and thoracolumbar spine. 5. Unremarkable thorax. 6. Constipation in an otherwise unremarkable abdomen. DACVR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 7.3 cm in length. The right kidney measured 6.5 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 3.0 cm in length x 0.69 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 3.0 cm in length x 0.88 cm width at the caudal pole.

Spleen

The spleen exhibited normal overall size and primarily maintained symmetrical capsule contour. Solitary mildly expansive isoechoic to centrally hyperechoic nodular mass was present in the subjective mid to cranial spleen, measuring approximately 3.5 cm in diameter. No evidence of concurrent cystic or cavitated component to the mass. The mass appeared to mildly distort the medial capsule contour with primarily maintained symmetrical yet rounded medial capsule contour. Splenic vascularity was normal.

Liver

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. Primarily anechoic content with mild luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with 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.

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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.

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Free Abdomen

No omental masses, perisplenic or omental lymphadenopathy. No evidence of splenic mass rupture and secondary peritoneal free fluid or evidence of hemorrhage.

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Heart

A rapid view of the heart revealed overtly normal cardiac structure and function. In light of sedation, normal left and right heart chamber sizes without evidence of left or right heart volume overload. The right atrium and auricle were free of pathology. Subtle decreased LV fractional shortening secondary to sedation was present yet not considered clinically significant.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Small, mildly expansive centrally hyperechoic to nodular solid splenic mass
- Otherwise, unremarkable abdomen
- Overtly normal cardiac structure and function in light of sedation- no evidence of structural cardiomyopathy, arrhythmogenic disease or cardiac/pericardial neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed small splenic mass was nonspecific with general considerations, including hyperplasia, hematopoiesis, granuloma, splenitis with potential for neoplasia (i.e., sarcoma, round cell neoplasia or other). Subjectively, the presentation of the splenic mass was not obviously consistent with neoplastic criteria, however, the potential for neoplasia is certainly possible and cannot be excluded.

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Assuming normal clotting status, ultrasound guided FNA of the splenic mass for screening cytology, using a 25-gauge needle, could be considered. Prophylactic splenectomy with submission of tissue for histopathology would be a more aggressive approach, whereas sonographic monitoring for evidence of progression with initial recheck in 4 weeks would be an alternative reasonable option.

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No overt evidence of additional abdominal visceral pathology or evidence of intraabdominal or cardiac metastasis.

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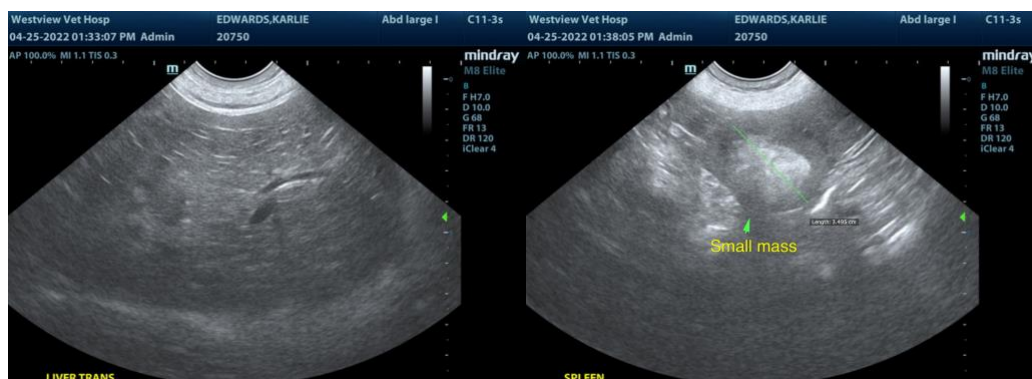
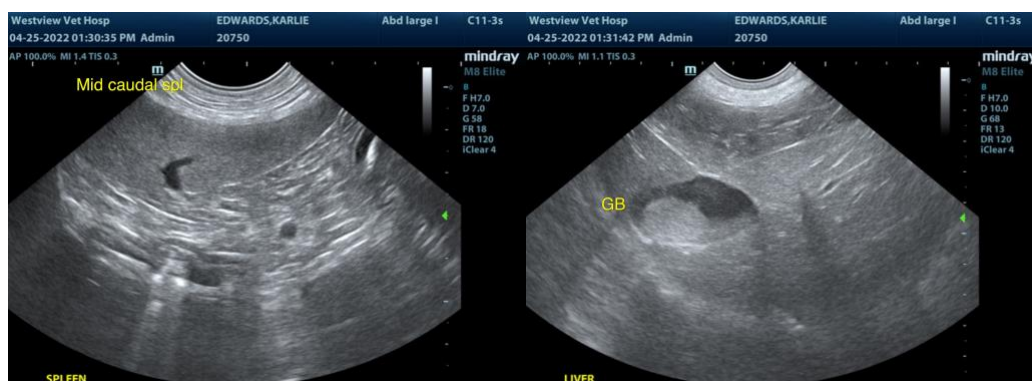
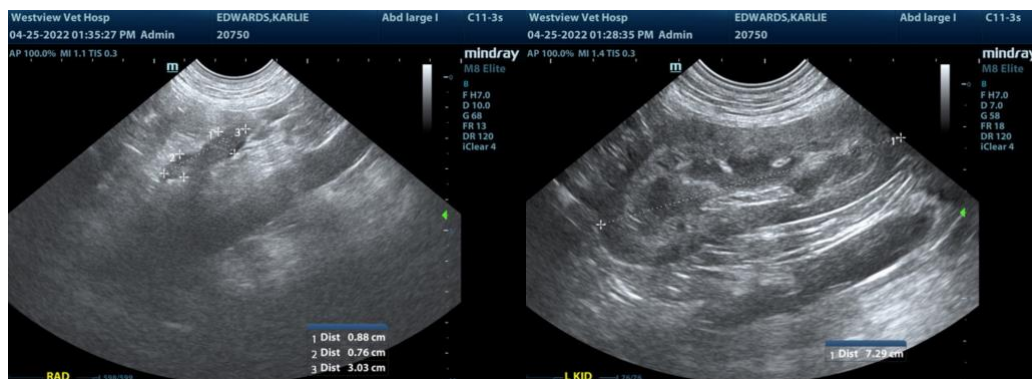
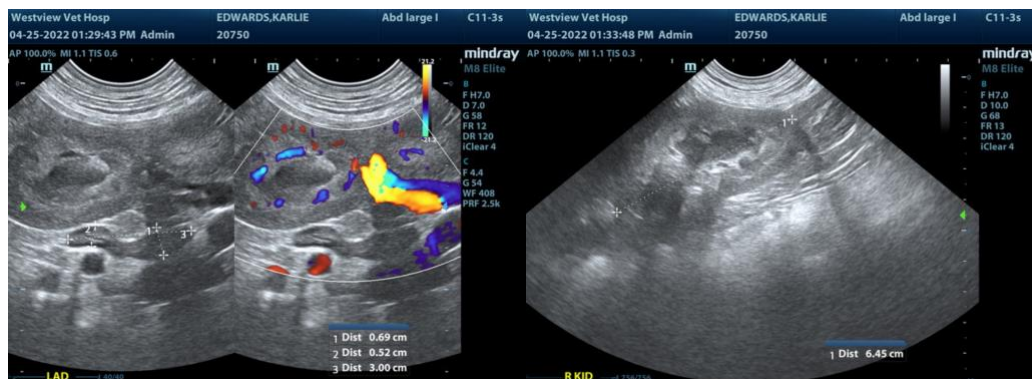
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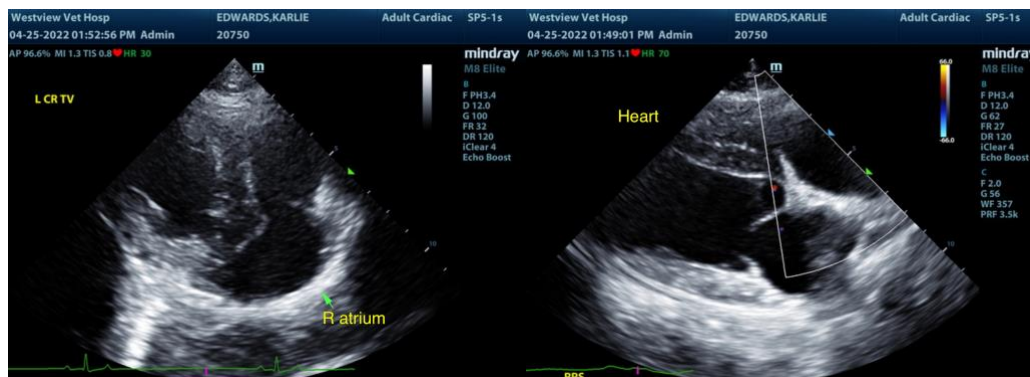
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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