



PATIENT PRESENTING CLINICAL SIGNS

Punk Griffiths Abdomen was Painful upon palpation - no other symptoms Meloxicam Liquid PRN

SPECIES Abnormal PE/Chem/CBC/UA Results: Large, round mass type image shown on x-ray.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Chihuahua/Dachshund 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.

SEX

Neutered Male The residual prostate was symmetrically normal in size (0.74 cm in diameter) with uniform parenchyma and slight coarse echotexture.

AGE

12 Years The area of the aortic trifurcation was free of pathology.

WEIGHT

8.3 Pounds 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non-obstructive renolithiasis noted in both kidneys. The right kidney measured 3.7 cm. The left kidney measured 4.0 cm.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.7 cm length x 0.44 cm at the caudal pole. The left adrenal gland measured 1.5 cm length x 0.42 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

A moderately sized, primarily spherical mixed echogenic to non-uniform hyperechoic mass was noted in the area of the caudal spleen, measuring approximately 4.0-5.0 cm in diameter. Areas of the mass exhibited subtle progressive distal acoustic shadowing, possibly indicative of fibrosis or emerging mineralization. The remainder of the spleen was sonographically normal.

HOSPITAL NAME

West Salem AC

Liver

REFERRING VET

Dr. Bruton

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild to moderate primarily dependent hyperechoic, non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation. 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 echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.



PATIENT

Punk Griffiths

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

Canine

Pancreas

BREED

Chihuahua/Dachshund

The pancreas was normal in size with indistinct pancreatic contour. Non-homogeneous, hyperechoic pancreas base and right pancreatic limb parenchyma noted. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

Neutered Male

Free Abdomen

No evidence of peritoneal effusion/hemoabdomen. No overt lymphadenopathy.

AGE

12 Years

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

WEIGHT

8.3 Pounds

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic to non-homogeneous, hyperechoic caudal splenic mass.
- Minor hepatic parenchymal remodeling, benign.
- Gallbladder debris (non-mucocele).
- Moderate chronic renal changes with non-obstructive renolithiasis.
- Possible mild gastritis.
- Remodeled hyperechoic pancreas – pancreatic fibrosis with potential for chronic pancreatitis.

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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). Sonographically, the appearance of the splenic mass was not definitively consistent with neoplastic criteria, with strong possibility of neoplastic criteria. No overt intraabdominal or cardiac metastasis.

IMAGING PERFORMED BY

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Spec cPL could be considered if clinical signs consistent with chronic pancreatitis are present or arise. Given the abdominal discomfort, and without evidence of additional significant pathology, with largely intraabdominal geriatric changes, laparotomy with expectation towards splenectomy could be considered. Minor potential for non-splenic mass such as regional mid abdominal steatitis, granuloma, fat necrosis, etc., yet thought less likely.

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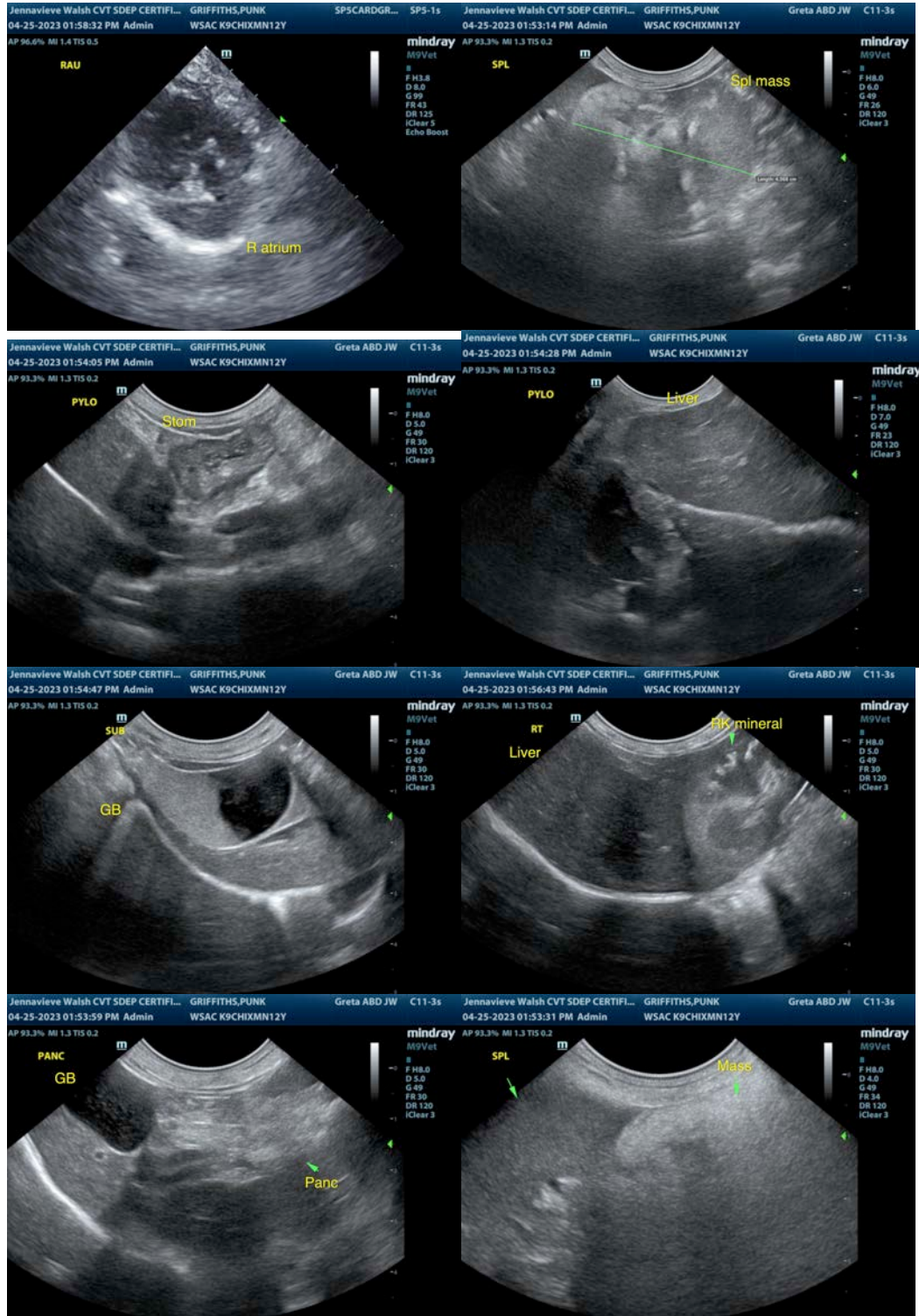
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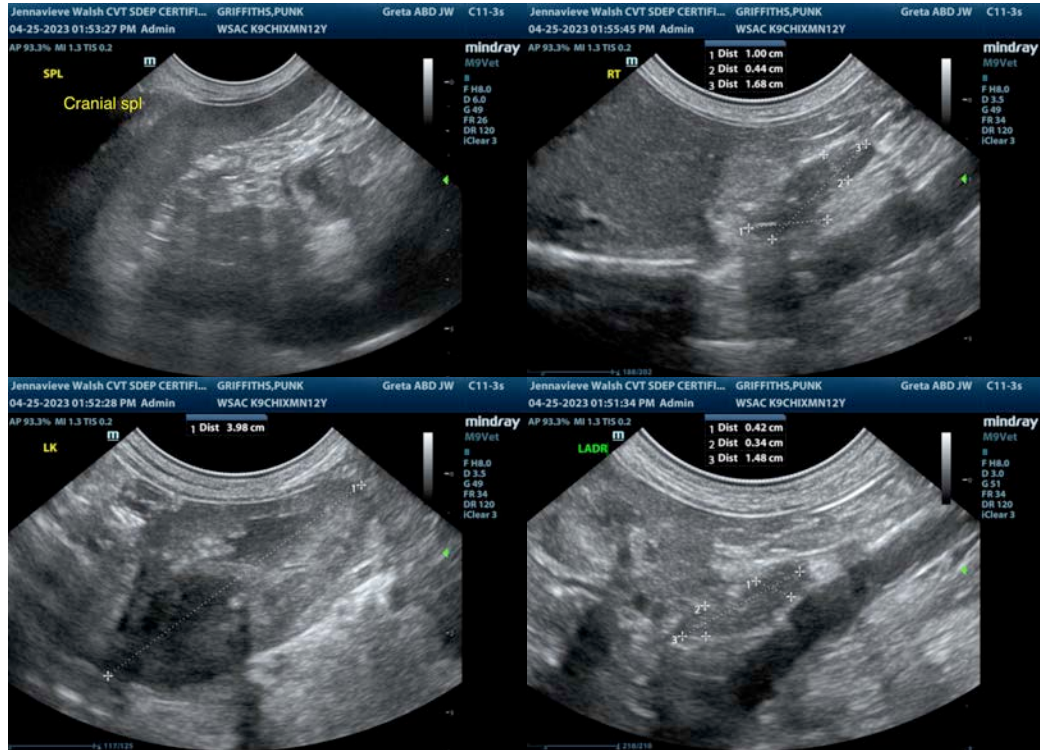
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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