

**PATIENT**

Lucy Krochak

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

58 lbs.

**PRESENTING CLINICAL SIGNS**

In a car accident with owners on 4/2/2023. Transported to specialty clinic, managed for hemoabdomen due to suspected splenic laceration/hematoma. At home and doing well now, specialty clinic recommended recheck AUS to R/O splenic mass that was ruptured vs splenic laceration/injury due to accident.

Abnormal PE/Chem/CBC/UA Results: PE: BAR, mm pink, stable, non-painful abdomen. CBC recheck today, results pending. HCT 21% while being stabilized for hemoabdomen and shock. AUS: ddx splenic hematoma/laceration vs. splenic mass that ruptured due to car accident. Hemoabdomen confirmed via Abd. tap.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The urinary bladder wall thickness measured 0.32 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. Anechoic urine was present in the lumen with no uroliths, blood clots or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

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 6.3 cm in length. The right kidney measured 6.0 cm in length.

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP (Canine/Feline  
Practice)

**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 left adrenal gland measured 2.3 cm length and 0.83 cm width in the caudal pole. The right adrenal gland measured 2.9 cm length and 0.58 cm width in the caudal pole.

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**Spleen**

**REFERRING VET**

Dr. Fortin

The spleen exhibited generalized enlargement with symmetrical capsule contour and subtle heterogeneity present in the mid to caudal spleen. Regional mid to cranial spleen exhibited mild irregular enlargement, capsule asymmetry and non-homogenous hypoechoic to mixed echogenic parenchyma. A discrete non-homogenous to isoechoic nodular lesion was present measuring 2.0 cm in diameter. The area of irregular spleen measured 5-6 cm. Pericapsular to surrounding associated mild non-uniform hyperechoic to focally hypoechoic omentum was present. Potential for persistent scant pockets of perisplenic free fluid or minor lymphadenopathy. Possible areas of ectopic spleen secondary to trauma possible. Subjective adequate splenic vascularity on power Doppler.

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**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



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta sonographically consistent with food 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.

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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 were evident.

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**Free Abdomen**

No evidence of significant or progressive peritoneal effusion/hemoabdomen.

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Possible mild cystitis.
- Regional mid to cranial irregular spleen with mixed parenchyma echogenicity and discrete non-homogenous nodule, intact mid to caudal spleen capsule with mild mid to caudal spleen parenchyma heterogeneity.
- Mild hepatic parenchymal remodeling- benign.

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**Secondary Findings**

- Mild gastric ingesta-sonographically consistent with food.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Considerations for the spleen may include resolving trauma given the patient history, hyperplasia, hematopoiesis, focal splenitis, hematoma, infarct or neoplastic criteria i.e., sarcoma, round cell neoplasia all of which may present in similar sonographic manner. Given no evidence of persistent to progressive hemoabdomen which appears to have overall resolved, splenic trauma would be a reasonable differential diagnosis.

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However, without knowledge of previous spleen appearance (possible comparison of the spleen to previous study is suggested if possible), prophylactic splenectomy with histopathology would be required for a definitive diagnosis and should be strongly considered in light of potential persistent splenic pathology and/or potential recurrent hemoabdomen going forward without evidence of additional abdominal pathology or subjective cardiac pathology. If surgery is not elected, continued sonographic monitoring of the spleen is recommended.



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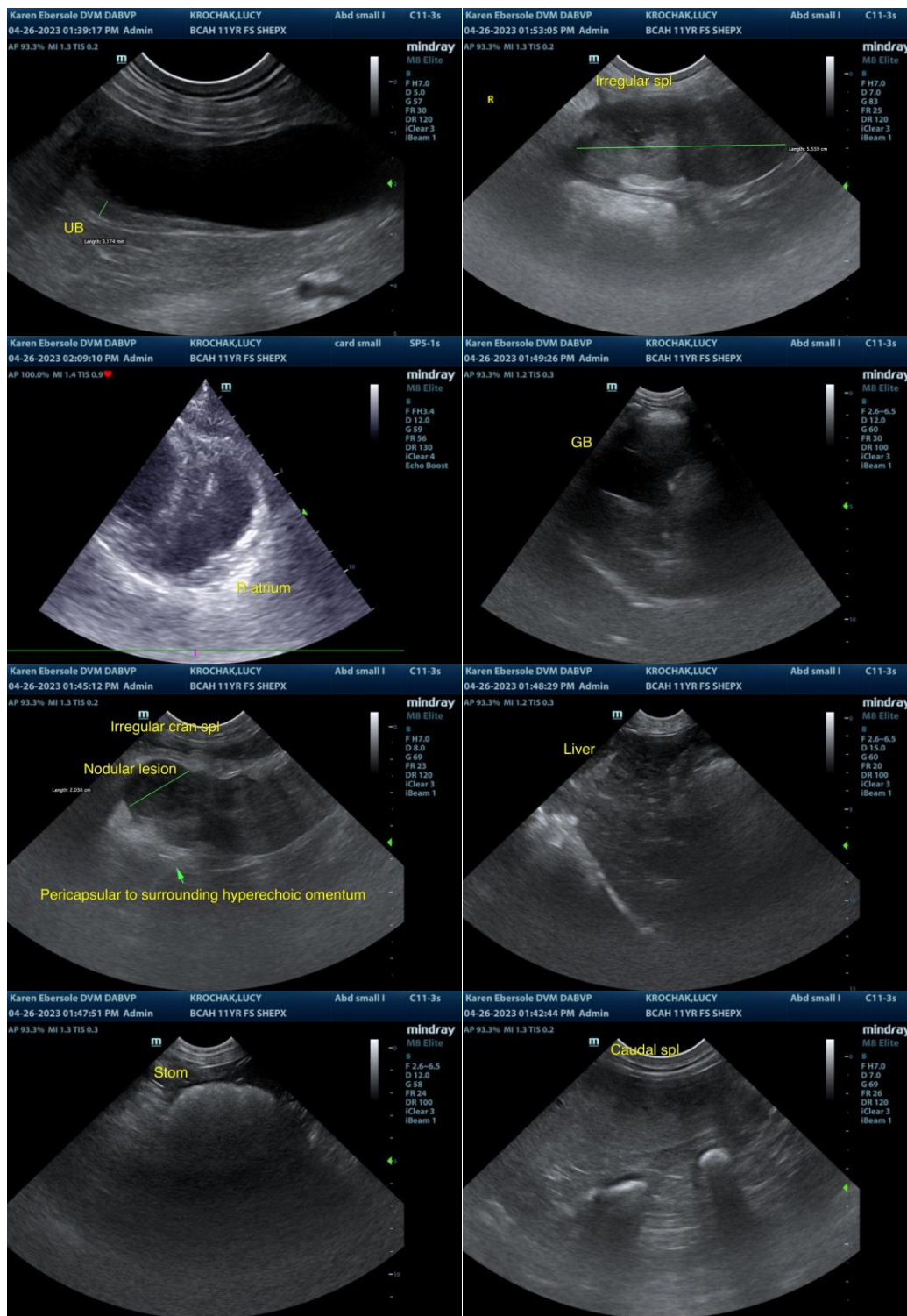
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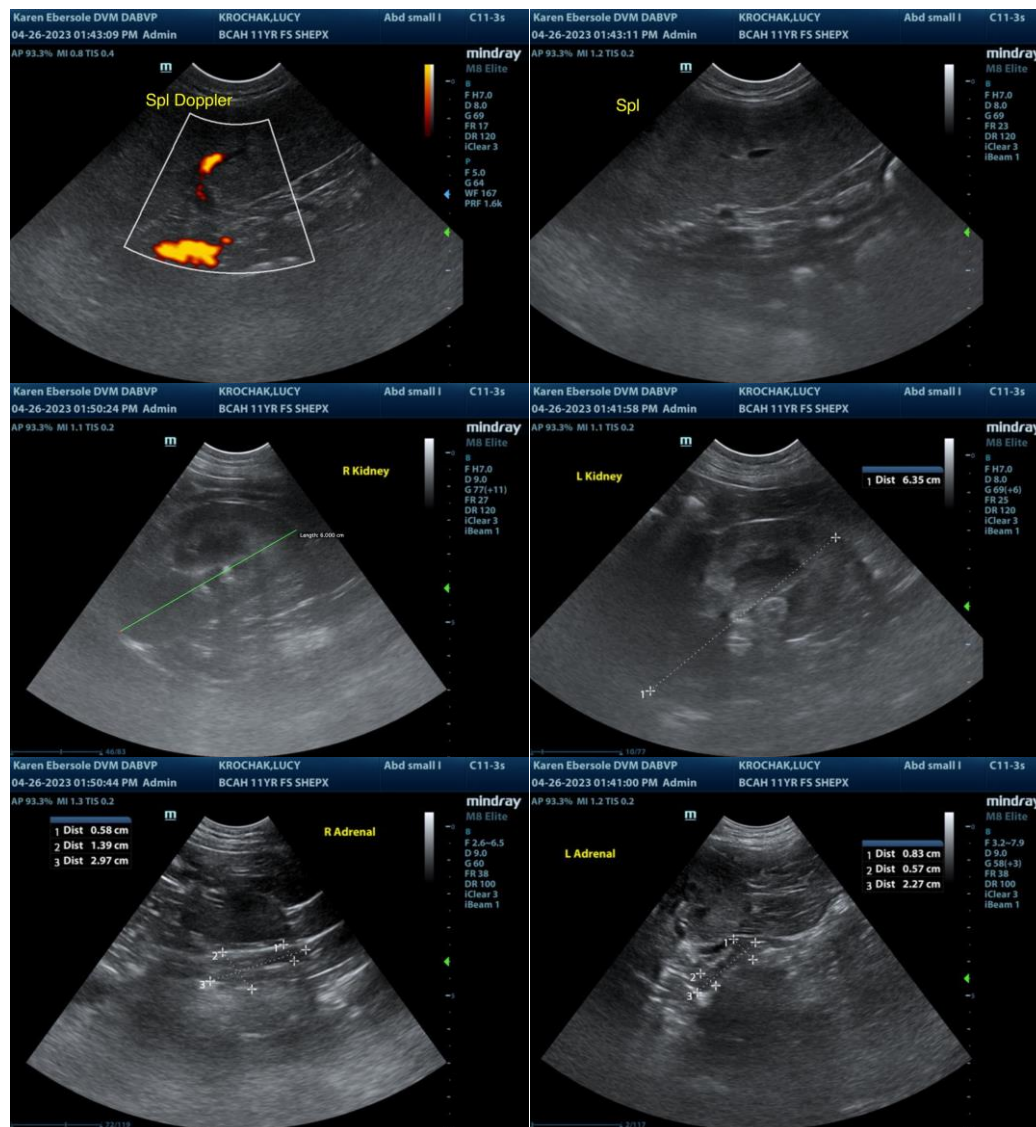
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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