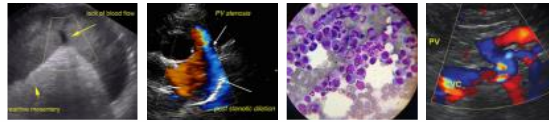




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charlie Boney	Pt presented for bloody urine. Abdomen tense and abdominal mass palpated Current Medications amoxicillin Primary Question/Differential to Be Answered in This Exam is the mass splenic or hepatic?
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Bloody urine - UA pending FAST scan - no free fluid. large mass in cranial abdomen. unclear what it is associated with
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Labrador Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra 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.
MN	
<b>AGE</b>	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 8.5 cm in length. The right kidney measured 8.2 cm in length.
12yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
62.2lb	
<b>INTERPRETED BY</b>	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology.
	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left adrenal gland was not definitively visualized.
Jenna Walsh CVT	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.84 cm width in the caudal pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Santa Clara Animal Hospital	A large mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured at least 20 cm in diameter. The mass appeared to originate from indistinctly visualized yet intact spleen and extended cranially into the right abdomen to efface the caudal liver. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
<b>REFERRING VET</b>	
Dr Zulauf	
<b>INVOICE</b>	<b>Liver/Gallbladder</b>
13639ag	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. No visualized nodules or masses. The capsule of the liver was symmetrically
<b>DATE</b>	
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<b>PATIENT</b>	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 non-organized mild hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Charlie Boney	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained subtly shadowing hyperechoic ingesta with no signs of ileus, obstruction or foreign material.
<b>BREED</b>	The small intestine was indistinctly visualized owing to displacement secondary to the splenic mass.
Labrador Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	
MN	<b>Pancreas</b>
<b>AGE</b>	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.
12yr	
<b>WEIGHT</b>	<b>Free Abdomen</b>
62.2lb	Scant perisplenic free fluid was present. Hyperechoic perisplenic omentum was present, no overt visualized significant lymphadenopathy.
<b>INTERPRETED BY</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>• Large cavitated splenic mass.</li><li>• Mild hepatic parenchyma remodeling.</li><li>• Gallbladder debris (non-mucocele).</li><li>• Intact mild age related renal changes.</li><li>• Scant perisplenic free fluid.</li><li>• Sonographically unremarkable urinary bladder.</li></ul>
Jenna Walsh CVT	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>HOSPITAL NAME</b>	The confirmed abdominal mass is most consistent with splenic location with neoplasia i.e., sarcoma, round cell neoplasia or other considered probable. Benign splenic mass etiologies are considered less likely. No overt intra-abdominal major organ or cardiac metastasis visualized. The possibility of non-sonographically evident metastasis/micrometastasis cannot be definitively excluded.
Santa Clara Animal Hospital	
<b>REFERRING VET</b>	Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy and gross inspection of the liver and perisplenic omentum is warranted.
Dr Zulauf	
<b>INVOICE</b>	A definitive cause of the reported hematuria was not obvious. Cystocentesis for UA +/- C/S is recommended if not done.
13639ag	
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**PATIENT**

Charlie Boney

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

MN

**AGE**

12yr

**WEIGHT**

62.2lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Santa Clara Animal  
Hospital

**REFERRING VET**

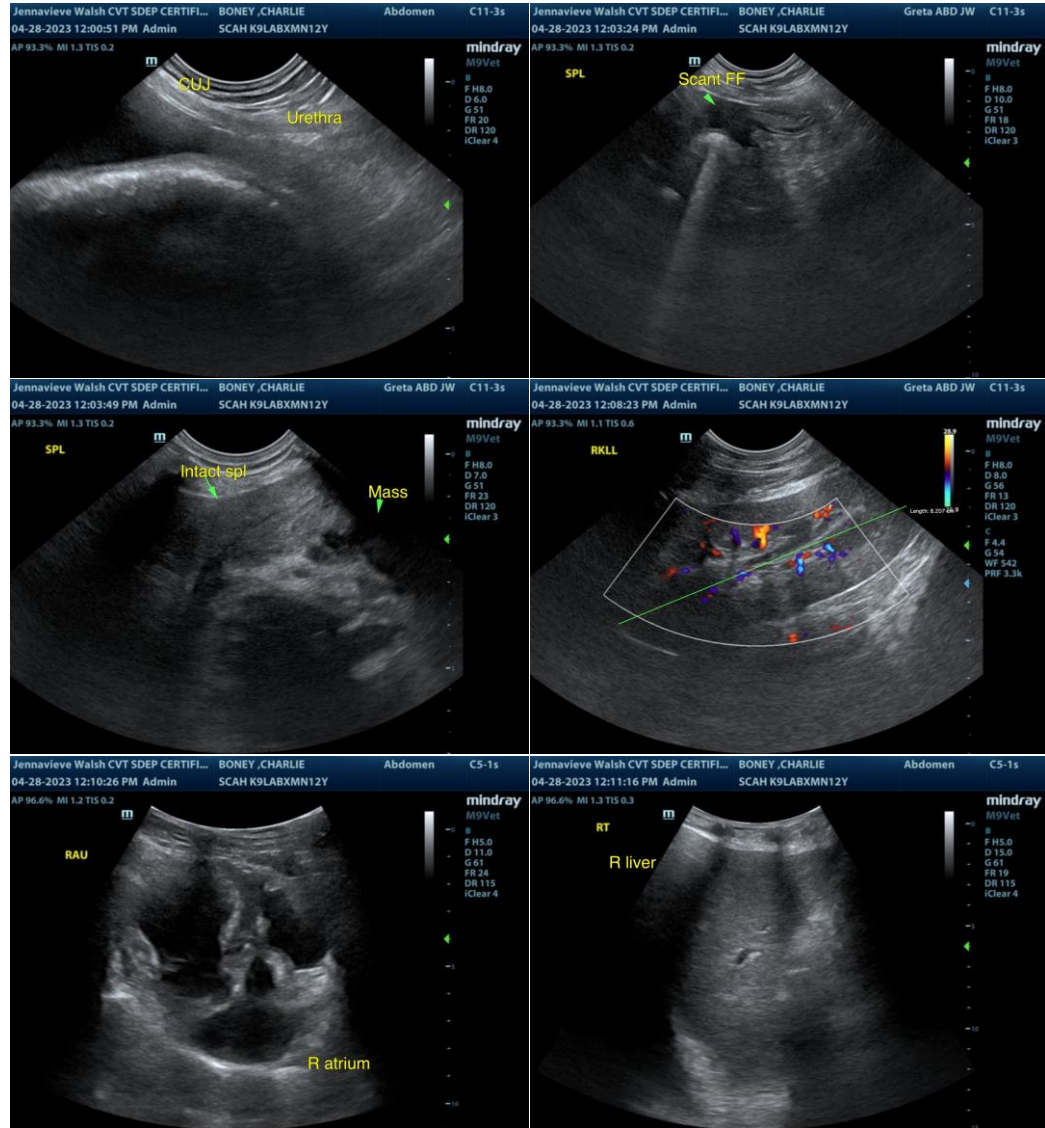
Dr Zulauf

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**PATIENT**

Charlie Boney

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

MN

**AGE**

12yr

**WEIGHT**

62.2lb

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**HOSPITAL NAME**

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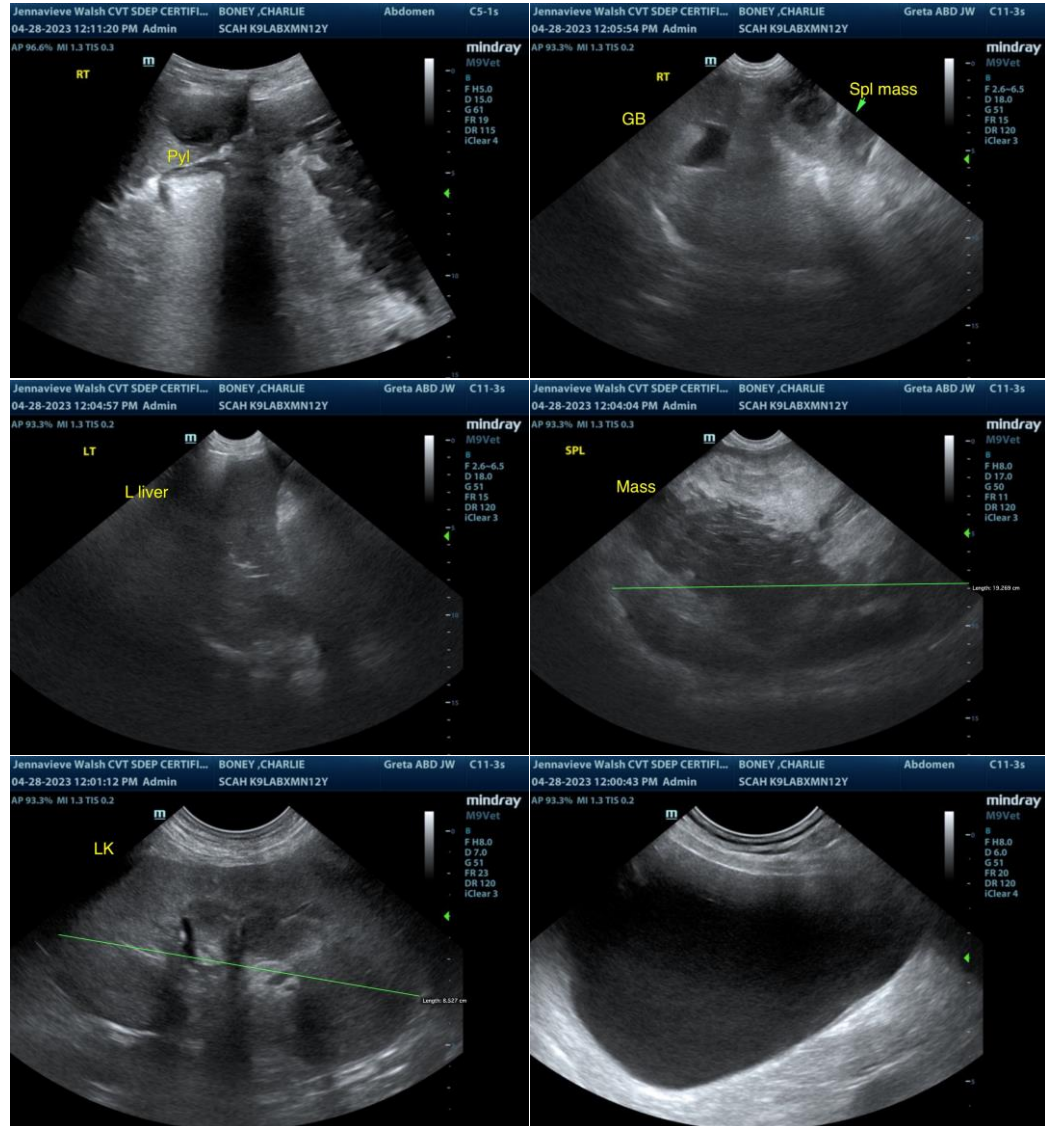
Dr Zulauf

**INVOICE**

13639ag

**DATE**

04/28/2023



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