



PATIENT

Penny Lazarus

PRESENTING CLINICAL SIGNS

Fell down stairs 2 weeks ago; concerned hemoabdomen - splenic hematoma vs hemangiosarcoma

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 5.23, HCT 37, hgb: 12.4. Rad report sonopath 4/25/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Poodle

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

13 Years

The kidneys were indistinctly visualized owing to abdominal discomfort yet appeared to exhibit mild to possible moderate chronic changes expected for age.

WEIGHT

66 Pounds

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited generalized enlargement with areas of mild capsule asymmetry and folding. A moderately sized, irregular, non-homogeneous, hypoechoic splenic mass was noted measuring approximately 10-11 cm in diameter. Surrounding hyperechoic perisplenic omentum noted with intermittent scant perisplenic to peritoneal effusion. No overtly visualized evidence of significant omental lymphadenopathy.

INTERPRETED BY

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

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 with anechoic content and mild non-organized luminal debris. No evidence of inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

New Bridge VP

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.

REFERRING VET

Dr. Glennon

INVOICE

47004

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.

DATE

4/28/23

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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ULTRASONOGRAPHIC FINDINGS

- Enlarged folded spleen with non-homogeneous hypoechoic splenic mass, perisplenic hyperechoic omentum and scant perisplenic/peritoneal effusion.
- Sonographically unremarkable liver.
- Mild gallbladder debris (non-mucocele).
- Subjective mild to moderate chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is sonographically most suggestive of neoplasia such as sarcoma, round cell neoplasia, or other. Benign etiology such as hematoma secondary to trauma, hyperplasia, hematopoiesis, hemangioma, etc. are possible yet thought less likely. No obvious evidence of intraabdominal major organ metastasis, although the possibility of micrometastasis or early regional perisplenic omental seeding cannot be definitively excluded.

Assuming no evidence of pathology on 3-view chest radiographs, regardless of splenic mass etiology, splenectomy is recommended, given the potential for progressive splenic pathology and/or progressive hemoabdomen going forward. Gross inspection of the liver and perisplenic omentum at the time of surgery is suggested.

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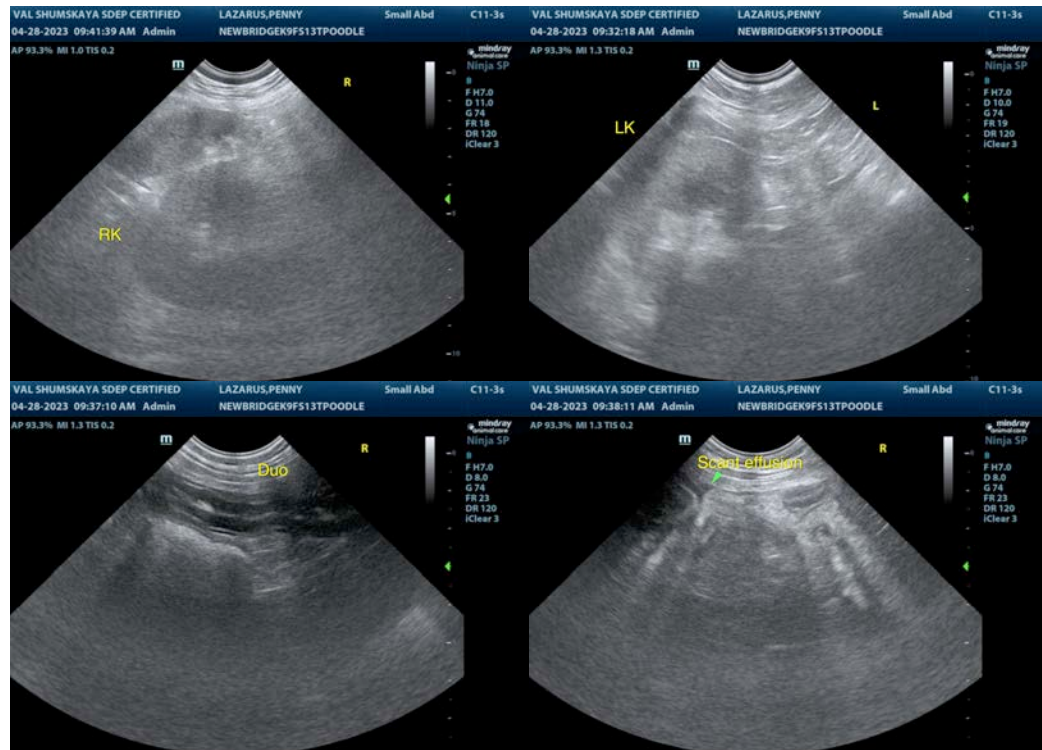
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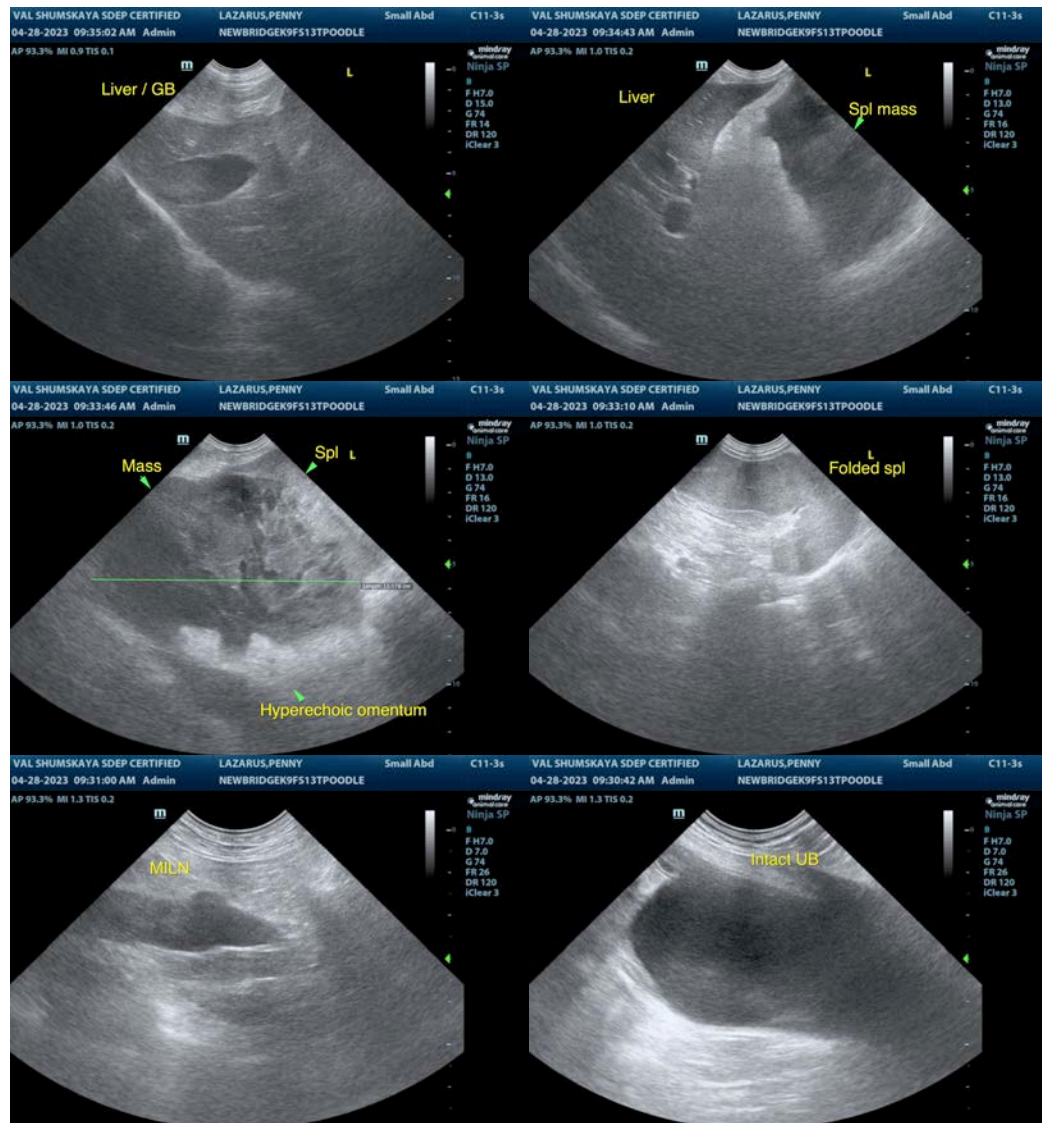
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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