



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Stella Kaiser  
1 month history of intermittent decreased appetite, soft stool, decreased energy, history of pancreatitis, pain on abd palp, love PVC, tachycardia meds: pred, famotidine, cerenia, gabapentin, ursodiol, zycortal

**SPECIES**

Canine  
Abnormal PE/Chem/CBC/UA Results: Please see attached labs\ Splenic mass was noted on US in 2021 measuring 3.5cm in diameter.

**BREED**

HCT 0.314, BUN 13, Creatinine 185, ALP 766, CPL 336  
Port Water Dog

**SEX**

FS

**AGE**

12 yrs

**WEIGHT**

23.5 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

Dr. Webster

**INVOICE**

16717

**DATE**

4/28/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present. Pinpoint hyperechoic cortical foci were present which may indicate pinpoint areas of cortical fibrosis, microinfarction, or mineralization. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.8 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized with no overt pathology. The left adrenal gland subjectively measured 0.79 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 2.5 cm length x 0.43 cm width at the caudal pole.

**Spleen**

A moderately sized mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The remainder of the spleen was sonographically unremarkable with a 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 mild nonuniform hyperechoic peri splenic omentum was present.

**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



<b>PATIENT</b>	margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.
Stella Kaiser	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Mild variably echogenic non-shadowing gastric ingesta was present in the stomach.
<b>BREED</b>	The visualized segments of small intestine were sonographically normal exhibiting intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Port Water Dog	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<b>Pancreas</b>
<b>AGE</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
12 yrs	<b>Free Abdomen</b>
<b>WEIGHT</b>	Mild volume peritoneal effusion was present. No overt lymphadenopathy was noted.
23.5 kg	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Nonhomogeneous cavitated splenic mass</li> <li>• Nonspecific hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern</li> <li>• Mild gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes</li> <li>• Mild pancreatic remodeling</li> </ul>
Kelly Reschny	<ul style="list-style-type: none"> <li>• Mild volume peritoneal effusion - suggestive of probable secondary mild hemoabdomen</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
East Credit VH	Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. No overt sonographic evidence of intraabdominal major organ or cardiac metastasis. However, non-sonographically evident metastasis / micrometastasis or early peri splenic omental seeding cannot be definitively excluded. Possible low-grade gastroenterocolitis and chronic pancreatitis, which may present as sonographically normal, are possible.
<b>REFERRING VET</b>	Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver, +/- hepatic biopsies, assuming normal clotting status, is warranted. Empirically, as-needed gastrointestinal support and conservative therapy for low-grade / chronic pancreatitis would be reasonable.
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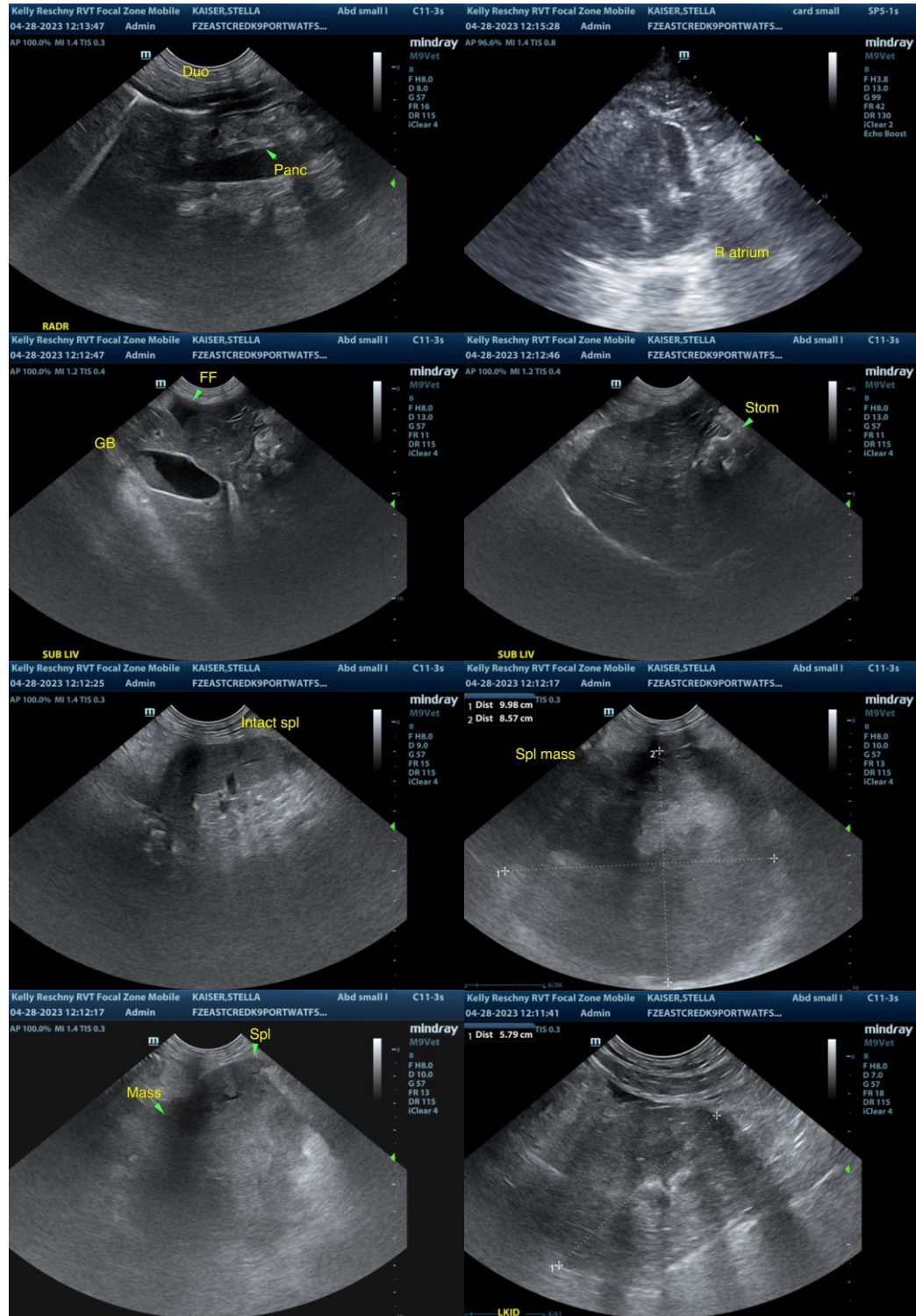
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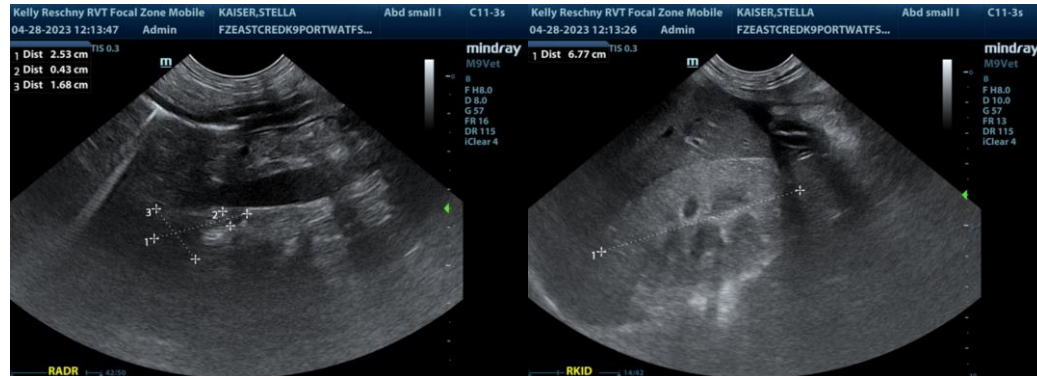
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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