



PATIENT	PRESENTING CLINICAL SIGNS
Whisper Robinson	Pet had a few seizures over the weekend which is a first for her. She has had bouts of diarrhea in the past (most recently in January), which responded to medication management. I palpated what I suspect is the liver being enlarged and an abdominal mass. I noted in January that there was possible organomegaly. Radiographic Findings Chest/Abdomen: Appears to be an abdominal mass present
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC/CHEM 17: mild lymphopenia, mild alt elevation
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Jack Russell Terrier	Urinary System
SEX	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
FS	
AGE	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. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.
16yr	
WEIGHT	
20.20lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 1.9 cm length and 0.45 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length and 0.48 cm width in the caudal pole. No adrenal tumors.
IMAGING PERFORMED BY	Spleen
Jenna Walsh CVT	The spleen exhibited mild generalized enlargement involving the mid to caudal spleen with a mildly expansive isoechoic focally nodular mass lesion measuring ~ 5.0 cm x 5.0 cm. The remainder of the spleen exhibited finely textured homogenous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	Liver/Gallbladder
Santa Clara Animal Hospital	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 moderate coarse echotexture and evidence of remodeling. 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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic debris in the cranial lumen gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Elsbree	
INVOICE	
13418ag	
DATE	Gastrointestinal
04/04/2023	



PATIENT	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.
Whisper Robinson	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Jack Russell Terrier	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
SEX	<i>Free Abdomen</i>
FS	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
16yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
20.20lb	<ul style="list-style-type: none"> • Mild splenomegaly with caudal non-homogenous nodular mass. • Mild hepatomegaly exhibiting mild non-uniform remodeled parenchyma-subjectively benign. • Gallbladder debris (non-mucocele). • Structurally normal GI tract/colon. • Heterogenous pancreas-suspect age related changes and incidental, potential for low grade to chronic pancreatitis possible.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No obvious evidence of intra-abdominal or cardiac metastasis.
IMAGING PERFORMED BY	Potential for low grade chronic inflammatory hepatopathy is possible given the mild ALT elevation. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Jenna Walsh CVT	
HOSPITAL NAME	Assuming no pathology on chest radiographs and secondary to further workup of recent seizure activity, splenectomy +/- hepatic biopsies could be considered. Sonographic monitoring of the splenic mass given relatively stable presentation without evidence of mass rupture would be a more conservative approach pending additional diagnostics.
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PATIENT

Whisper Robinson

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

16yr

WEIGHT

20.20lb

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

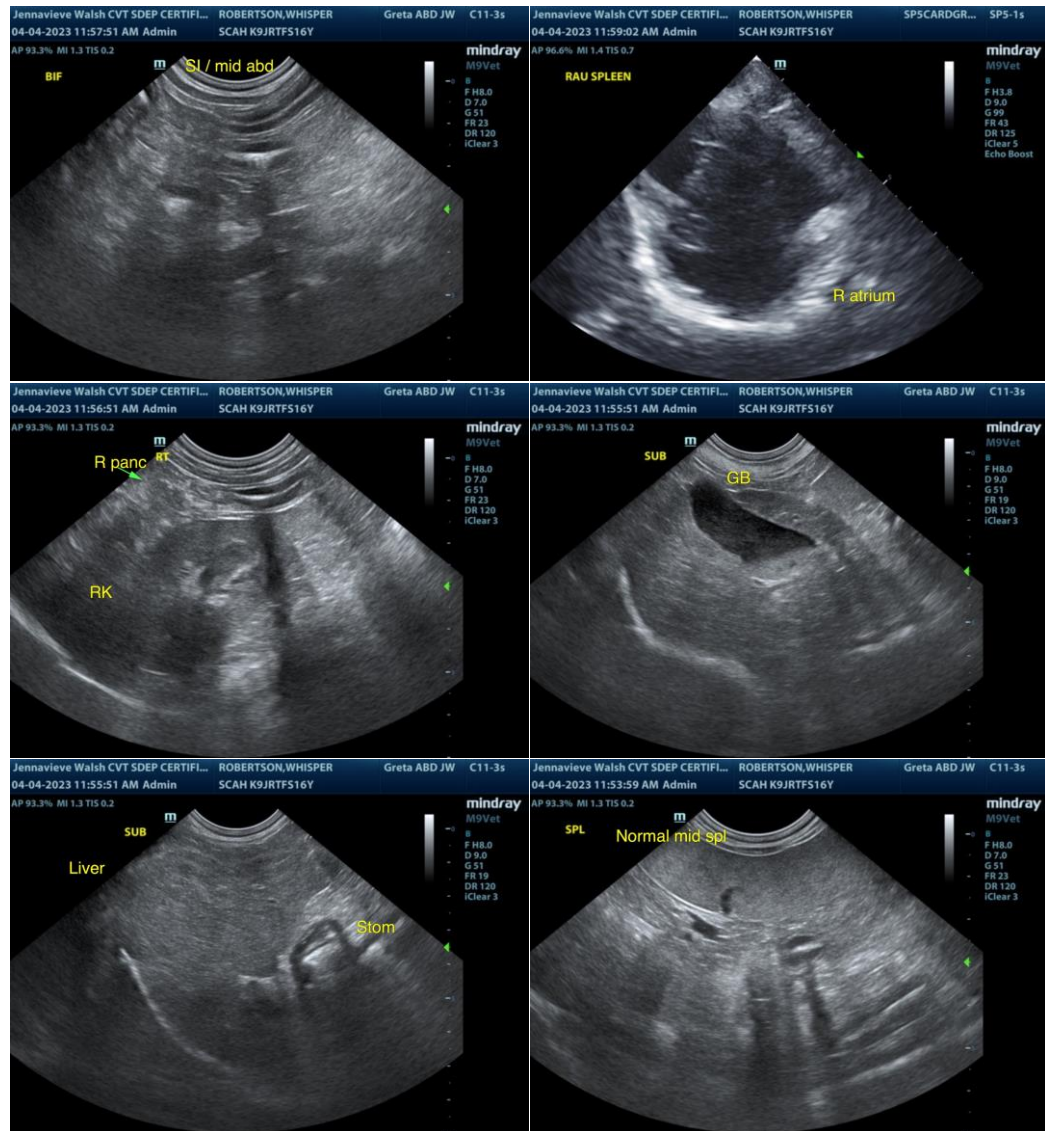
Dr. Elsabee

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Canine

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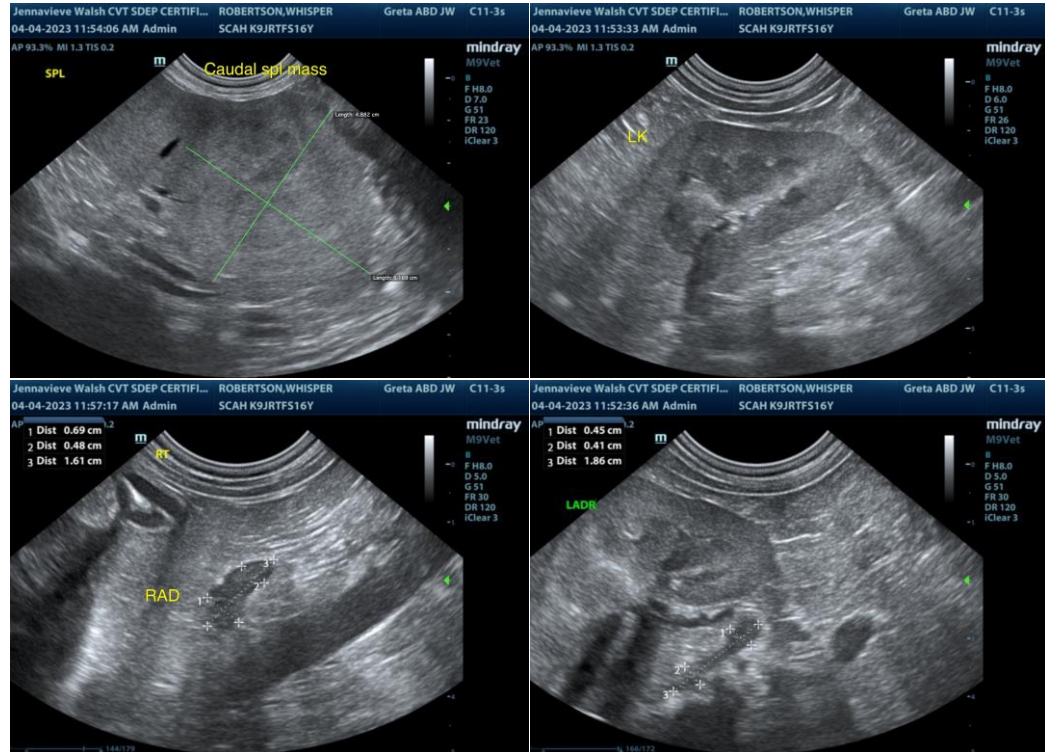
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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