



**PATIENT**

Bella Tracy

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

63 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Chase Veterinary Clinic

**REFERRING VET**

Lauren Brown, DVM

**INVOICE**

16553

**DATE**

4/8/23

**PRESENTING CLINICAL SIGNS**

PE- Possible cranial abdominal mass. Radiographic conclusions: 1. Diffuse Broncho interstitial pattern - This likely represents age-related fibrosis which is exacerbated by the patient's expiratory phase of respiration, however heartworm disease, eosinophilic bronchopneumopathy, metastatic bronchitis are also considered. 2. The soft tissue opacity caudal to the stomach is concerning for a splenic mass, however a pedunculated hepatic mass or pancreatic mass is also considered. 3. Microhepatia - Differentials include a normal patient variant, chronic hepatitis, portosystemic shunt and less likely cirrhosis. 4. Extra thoracic soft tissue nodule - Both benign and malignant etiologies are considered. Elevated ALT 254, ALP 344, AST 57. Reticulocytes 223.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, 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 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 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 6.2 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole and 0.64 cm width at the cranial pole.

**Spleen**

The spleen exhibited generalized enlargement. A mass in the subjective mid to craniomedial spleen caudal to the stomach with secondary capsule expansion and disruption was present and measured approximately 9.0 cm diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. Surrounding hyperechoic omentum was noted. The remainder of the spleen exhibited symmetrical capsule contour and subtle parenchyma heterogeneity. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. Mild increased yet indistinct portal vascular borders were noted. No hepatic intraparenchymal nodules or masses were noted. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and 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, variably echogenic, progressively shadowing ingesta and luminal gas without signs of 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.

***Pancreas***

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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***Free Abdomen***

No overt omental lymphadenopathy was present. Scant to minor perisplenic to peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Confirmed splenic mass with regional perisplenic hyperechoic omentum and scant to mild volume peritoneal free fluid
- Hepatopathy - subjectively chronic
- Normal gallbladder
- Mild chronic renal changes
- Gastric ingesta - sonographically consistent with food

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored. No overt evidence of intraabdominal metastasis was noted.

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Considerations for the liver may include vacuolar hepatopathy, chronic inflammatory / immune-mediated parenchymal disease, toxic hepatopathy, i.e., copper, or other hepatopathy without overt evidence of primary or metastatic neoplasia.

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Assuming no evidence of pathology on three view chest radiographs with ideally brief sonographic assessment of the heart and normal clotting status, splenectomy with hepatic biopsies could be considered.



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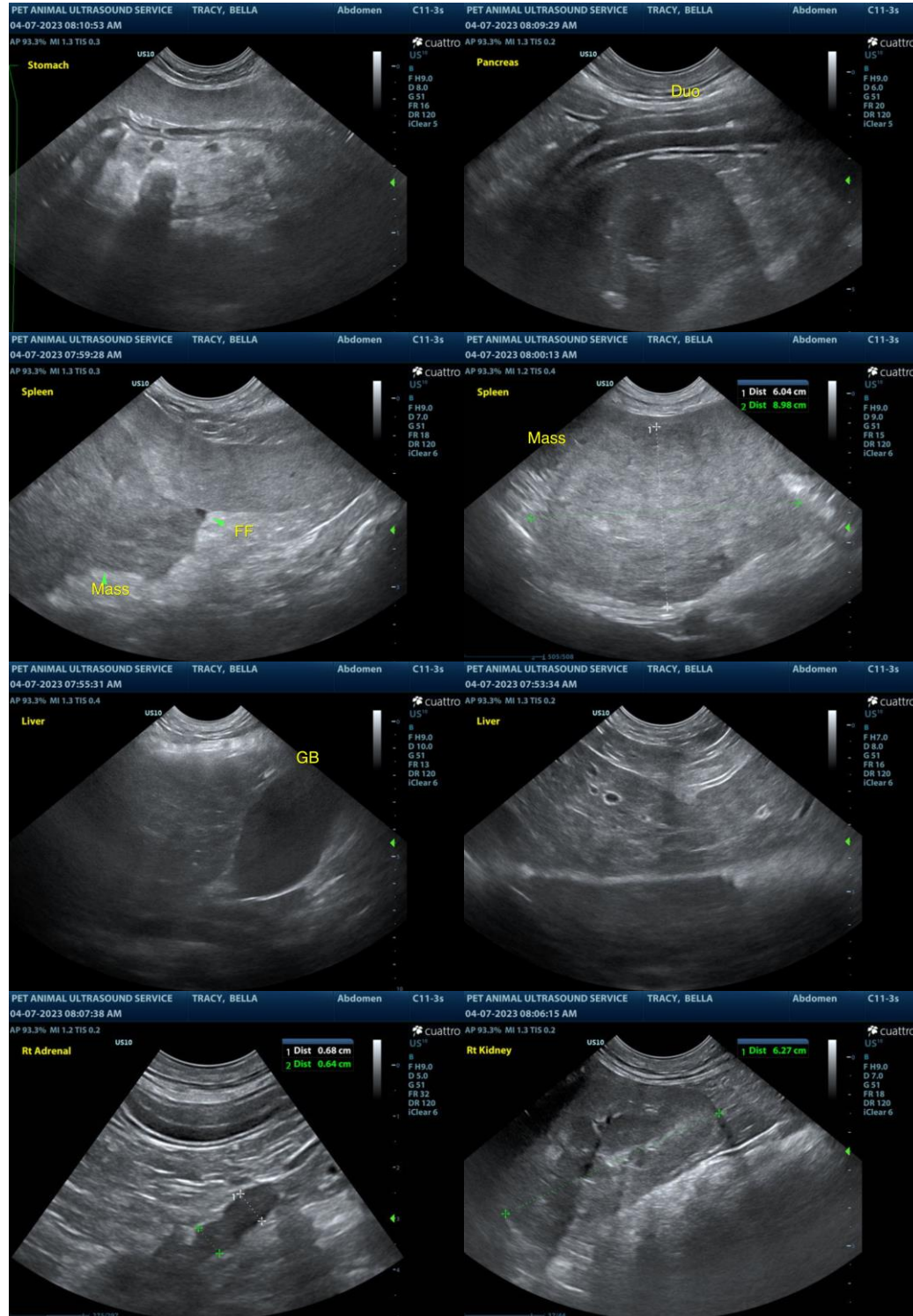
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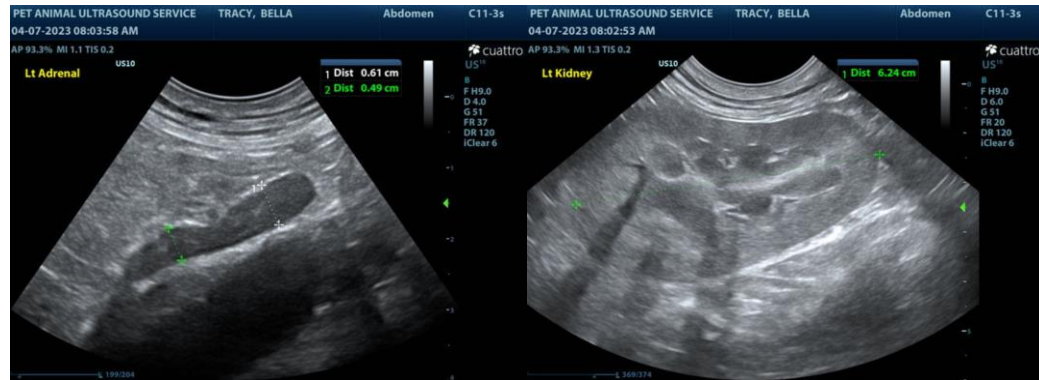
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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 DABVP (Canine and Feline)

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