



PATIENT

Rudy Hohlachoff

SPECIES

Canine

BREED

American Eskimo

SEX

Neutered Male

AGE

14 Years

WEIGHT

14.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Lauzon

INVOICE

46520

DATE

4/8/23

PRESENTING CLINICAL SIGNS

Presented to emergency clinic today for sore leg and was found to have pale gums.

Abnormal PE/Chem/CBC/UA Results: Pale gums, sore left hind leg Bloodwork: regenerative anemia X-rays: large abdominal mass Ultrasound: suspect splenic mass and gall bladder mucocele

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in the left kidney. The left kidney measured 5.0 cm. The right kidney measured 5.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the caudal pole.

Spleen

A large, mixed echogenic, mildly cystic to cavitated splenic mass was noted, measuring 12-13 cm in diameter, potentially mildly larger, as the entire mass would not fit into a single viewing window in the mid to caudal spleen. Hyperechoic nodules were noted diffusely throughout the mass. Spleen no involved with the mass exhibited mild parenchyma heterogeneity. Normal splenic vascularity.

Liver

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 margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-organized, mildly hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation.

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.

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.

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



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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.

Free Abdomen

Brief transdiaphragmatic views of the heart revealed no overt evidence of pericardial effusion.

Subtle perisplenic hyperechoic omentum noted. No evidence of peritoneal effusion. No evidence of overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large mixed echogenic splenic mass - hyperplasia, hematopoiesis, granuloma, neoplasia (sarcoma, round cell neoplasia, etc) possible
- Hepatomegaly - subjectively benign
- Moderate non organized gallbladder debris - not sonographically consistent with mature, inflamed mucocele
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Confirmed splenic mass with benign or neoplastic etiologies possible. No evidence of splenic mass rupture and secondary peritoneal effusion / hemoabdomen. No overt metastasis. Assessment of liver enzymes is recommended if not recently done. Assuming no evidence of thoracic pathology on radiographs, splenectomy with gross inspection of the gallbladder +/- liver biopsies or cholecystectomy is warranted.

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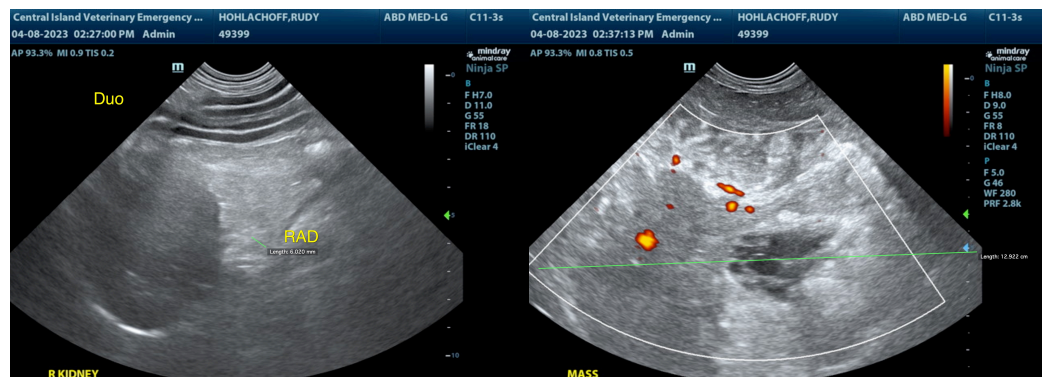
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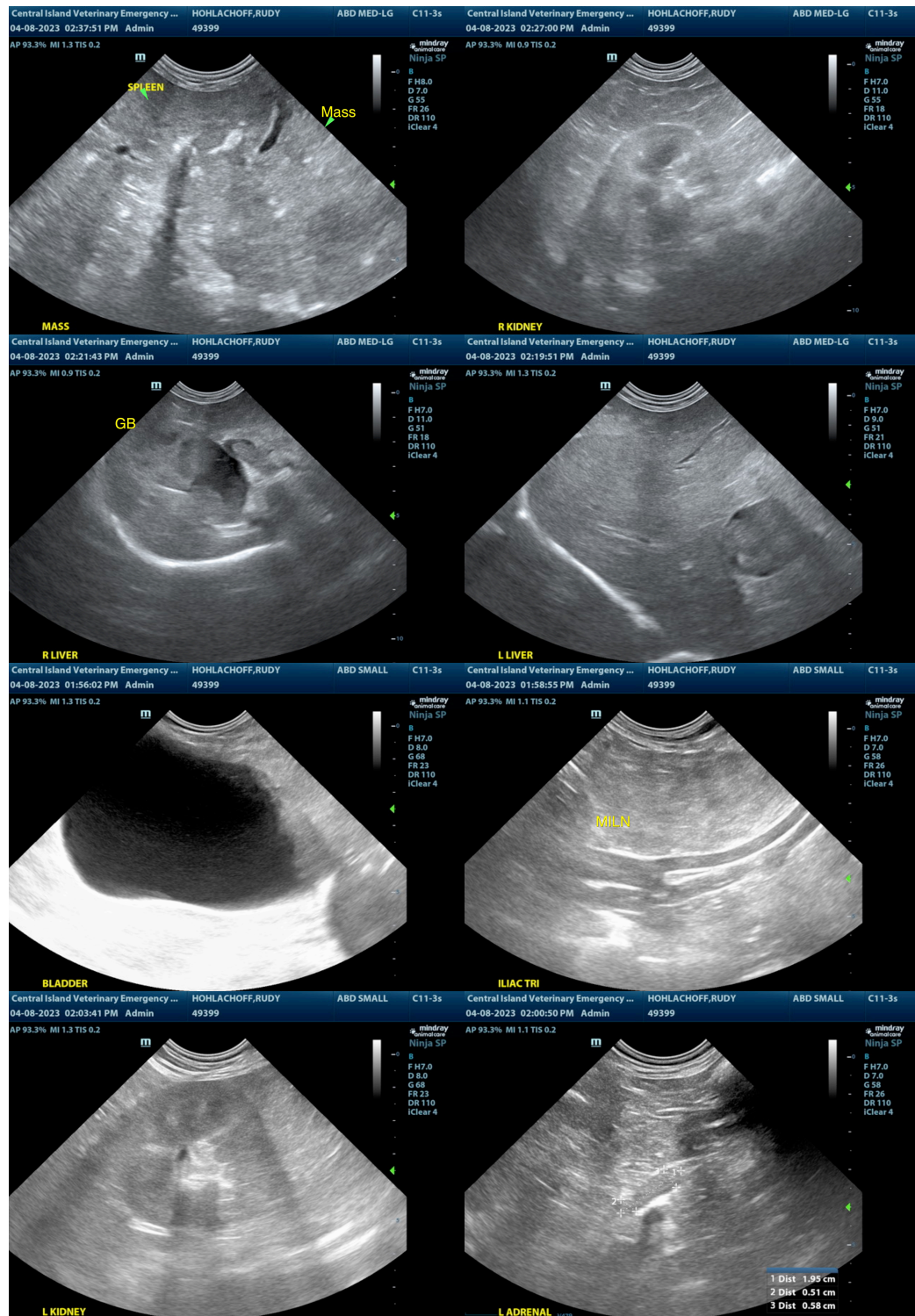
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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