

PATIENT PRESENTING CLINICAL SIGNS

Drake Zeitler 4 day duration distended abdomen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED

Lab X

No obvious pathology in the area of the residual prostate.

SEX

Neutered Male

Normal size and margination was 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 right kidney measured 6.6 cm. The left kidney measures 7.2 cm.

AGE

2013

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

92 Pounds

No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited primarily normal size, contour, and finely textured homogeneous parenchyma. An ill-visualized, mildly expansive, non-homogeneous mass was present in the spleen measuring approximately 5.0 cm in diameter.

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 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 without signs of congestion.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Gastrointestinal

HOSPITAL NAME

Littlesown VH

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.

REFERRING VET

Dr. Holland

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

Pancreas

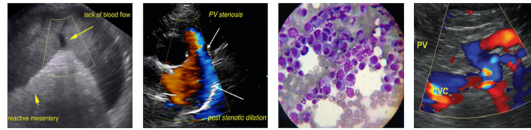
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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

DATE

4/9/22



PATIENT *Free Abdomen*

Drake Zeitler Moderate volume anechoic free fluid exhibiting mild cellular component present.

SPECIES

Canine

Regional mid abdominal to perisplenic non-uniform to indistinctly nodular mesentery noted. Nodules within the non-uniform mesentery may indicate mild mesenteric lymphadenopathy versus ill-defined omental nodules.

Heart

BREED

Lab X

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous, mildly expansive splenic mass
- Perisplenic to regional mid abdominal non-uniform to indistinctly nodular mesentery
- Hepatic parenchymal remodeling
- Mild chronic renal changes
- Moderate volume peritoneal free fluid – consistent with reported hemoabdomen.

AGE

2013

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, sonographic findings consistent with splenic mass is suggestive of neoplasia such as sarcoma or other with secondary hemoabdomen and potential for regional perisplenic to mid abdominal omental seeding and indistinct lymphadenopathy. Correlation with coagulation profile is suggested.

WEIGHT

92 Pounds

Assuming no evidence of thoracic pathology on 3-view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver and perisplenic omentum could be considered.

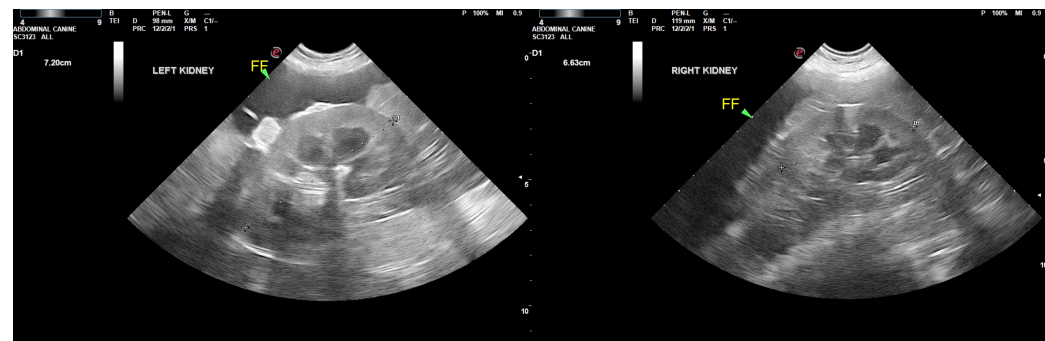
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However, given the likelihood of splenic and potential concurrent omental neoplasia, very guarded to unfavorable long-term prognosis is likely indicated.

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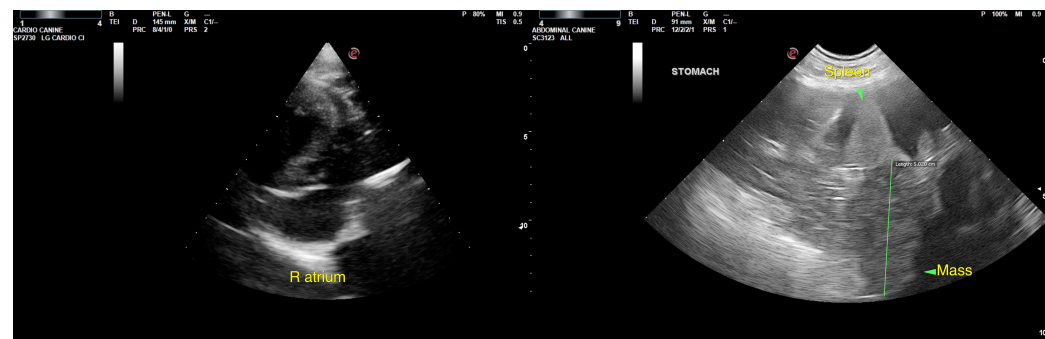


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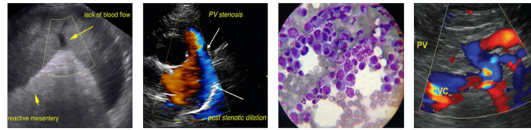


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PATIENT

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SPECIES

Canine

BREED

Lab X

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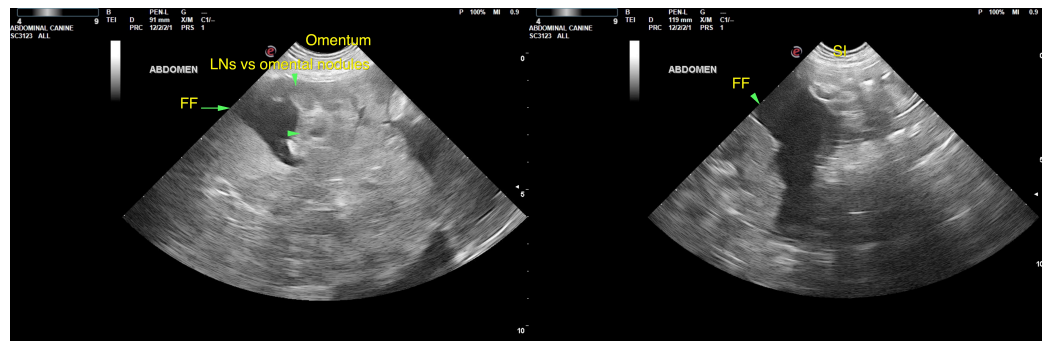
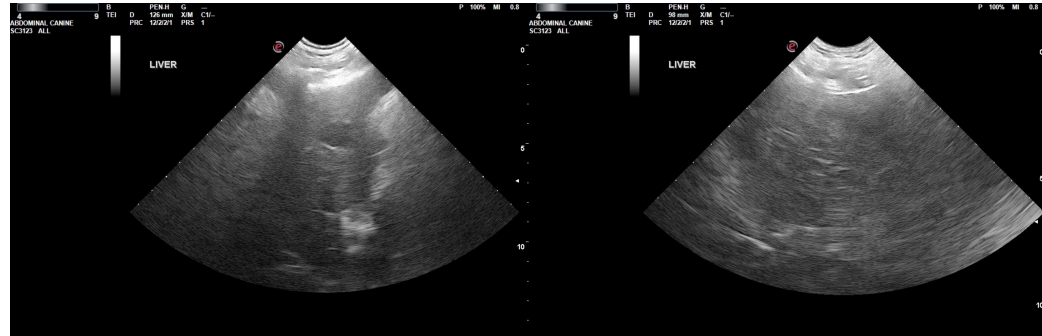
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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