

**PATIENT**

Kaylee Melton

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

8 yr

WEIGHT

45 lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

Svs Imaging Michigan

REFERRING VETUnion Lake Veterinary
Hospital**INVOICE**

10608ag

DATE

05/13/2022

PRESENTING CLINICAL SIGNS

History: Acute v/d at Medvet ER 4/22/22 (now resolved) and mass in the abdomen was found in the presumed spleen with survey radiographs.

Abnormal PE/Chem/CBC/UA Results: Exam findings and abnormal lab values: Normal exam 5/11/2022. Mildly elevated ALP (285, rr 23-212). Leukocytosis from Medvet ER 4/22/22 (25,000) with neutrophilia and monocytosis. Chest radiographs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.9 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 0.53 cm width at the caudal pole and 0.63 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 0.48 cm width at the caudal pole and 0.46 cm width at the cranial pole.

Spleen

The spleen exhibited a mixed echogenic mass occupying the mid spleen measuring approximately 8.5 cm in diameter. The remainder of the spleen exhibited subtle parenchyma heterogeneity and mild medial capsule asymmetry in the areas of the spleen not involved with the mass. Subtle evidence of perisplenic reactive mesentery was present. No evidence of splenic mass rupture and secondary hemoabdomen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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Normal visible colon wall layers were present with apparent semi formed to non-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 were evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Confirmed moderately sized mixed echogenic splenic mass
- Mild vacuolar hepatopathy pattern-benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although histopathology is required for definitive diagnosis, the confirmed splenic mass is consistent with neoplastic criteria such as sarcoma, round cell neoplasia or other. Benign pathologies i.e. hyperplasia, hematopoiesis, granuloma, splenitis etc. are possible yet considered less likely. Sonographically no overt evidence of perisplenic or major organ metastasis or concurrent lymphadenopathy was noted. Given that chest radiographs are reportedly normal, and assuming normal cardiopulmonary status, a splenectomy with gross inspection of the perisplenic omentum and liver is warranted. A guarded prognosis is indicated pending splenic histopathology.

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Monitoring for soft stool/diarrhea is recommended given recent GI signs.

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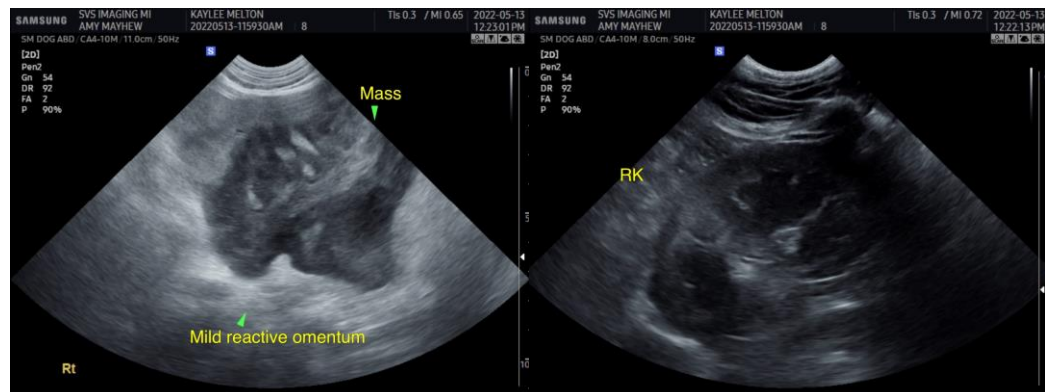
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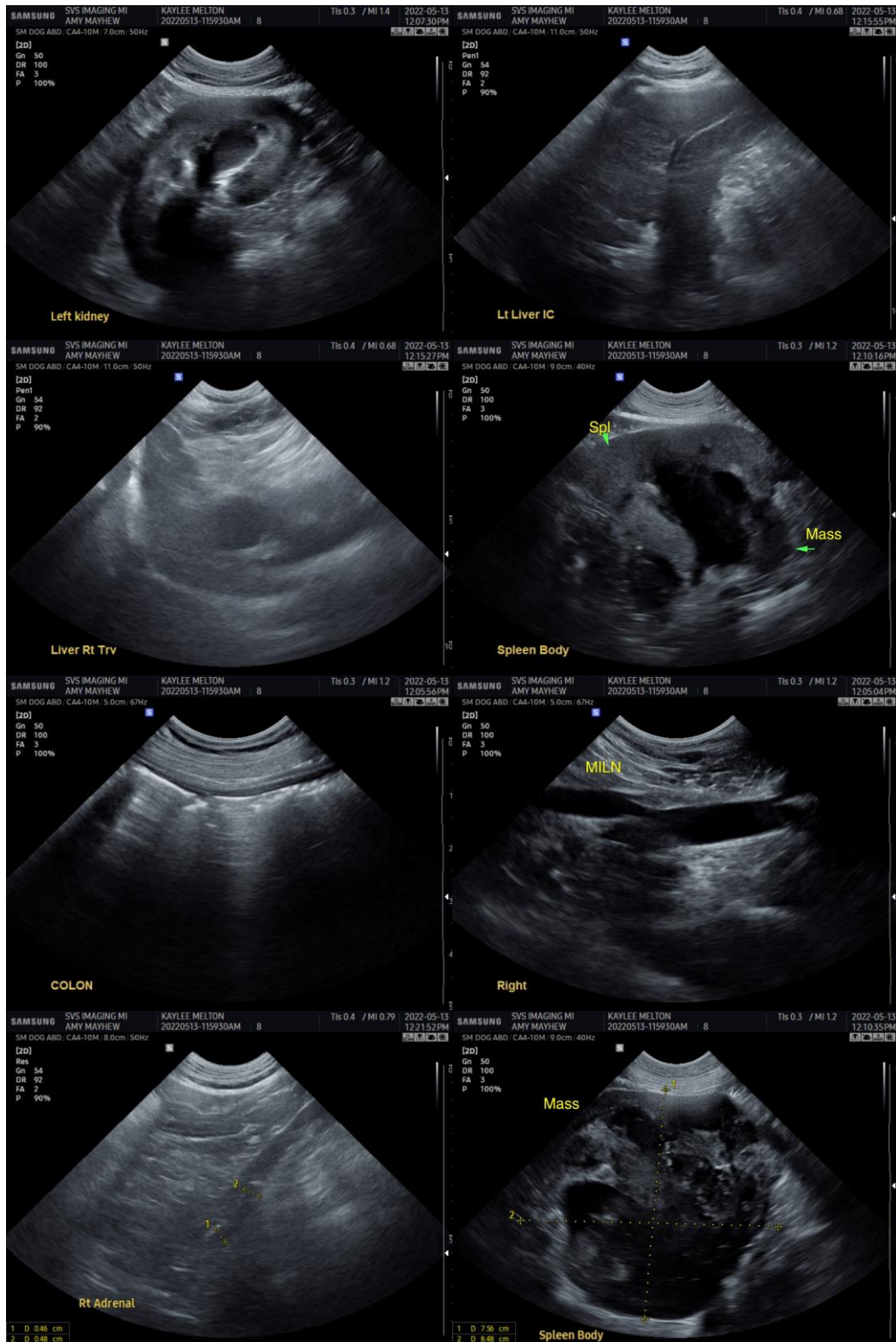
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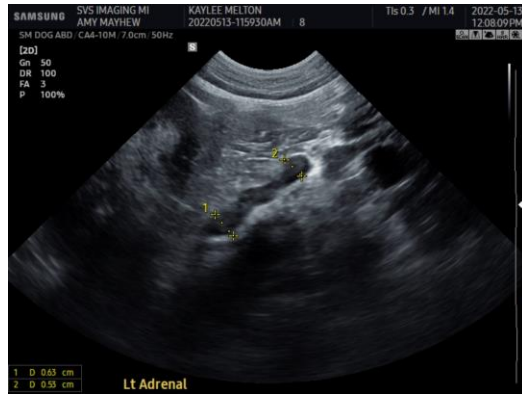
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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