



PATIENT

Bandit Taylor

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male

AGE

9 years

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Garry Gorfredson

INVOICE

13924

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Owner brought in due to thinking bandit was in pain. Upon presentation pale MM
Abnormal PE/Chem/CBC/UA Results: CBC: HCT=30.3, RBC=4.52, Retic=167.7, WBC=2439,
neuts=21.7, PLT=61, BUN=40

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the prostate, although indistinctly visualized.

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 6.2 cm in length. The right kidney measured 7.2 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 0.48 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 7.0-8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited a maintained finely textured and homogenous parenchyma and maintained symmetrical capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 contained moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, 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.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy was present. Moderate volume peritoneal free fluid was present. Mild reactive perisplenic to generalized mesentery was present.

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

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass - nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, with neoplasia favored (sarcoma, round cell neoplasia, other)
- Moderate volume peritoneal free fluid - suspect hemoabdomen given the anemia
- Mild reactive perisplenic to generalized mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of major organ i.e., liver, kidney metastasis or evidence of cardiac metastasis was noted. However, in these cases, the possibility of potential regional perisplenic omental seeding or non-visualized metastasis / micrometastasis cannot be definitively excluded.

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Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver, and perisplenic omentum is warranted.

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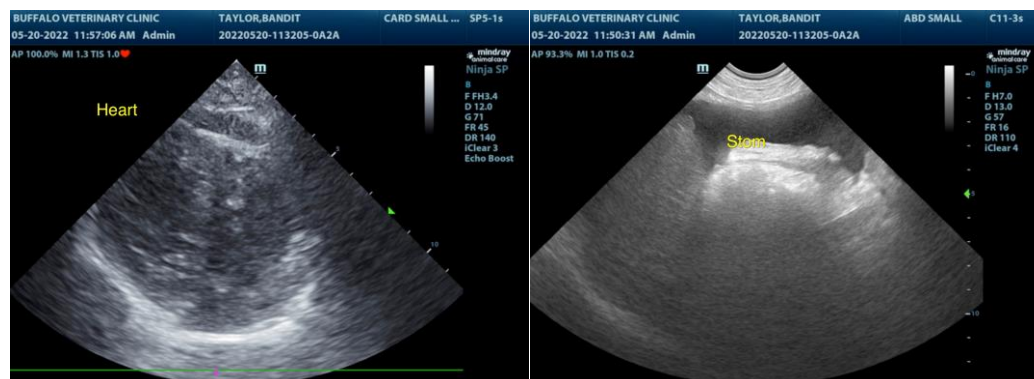
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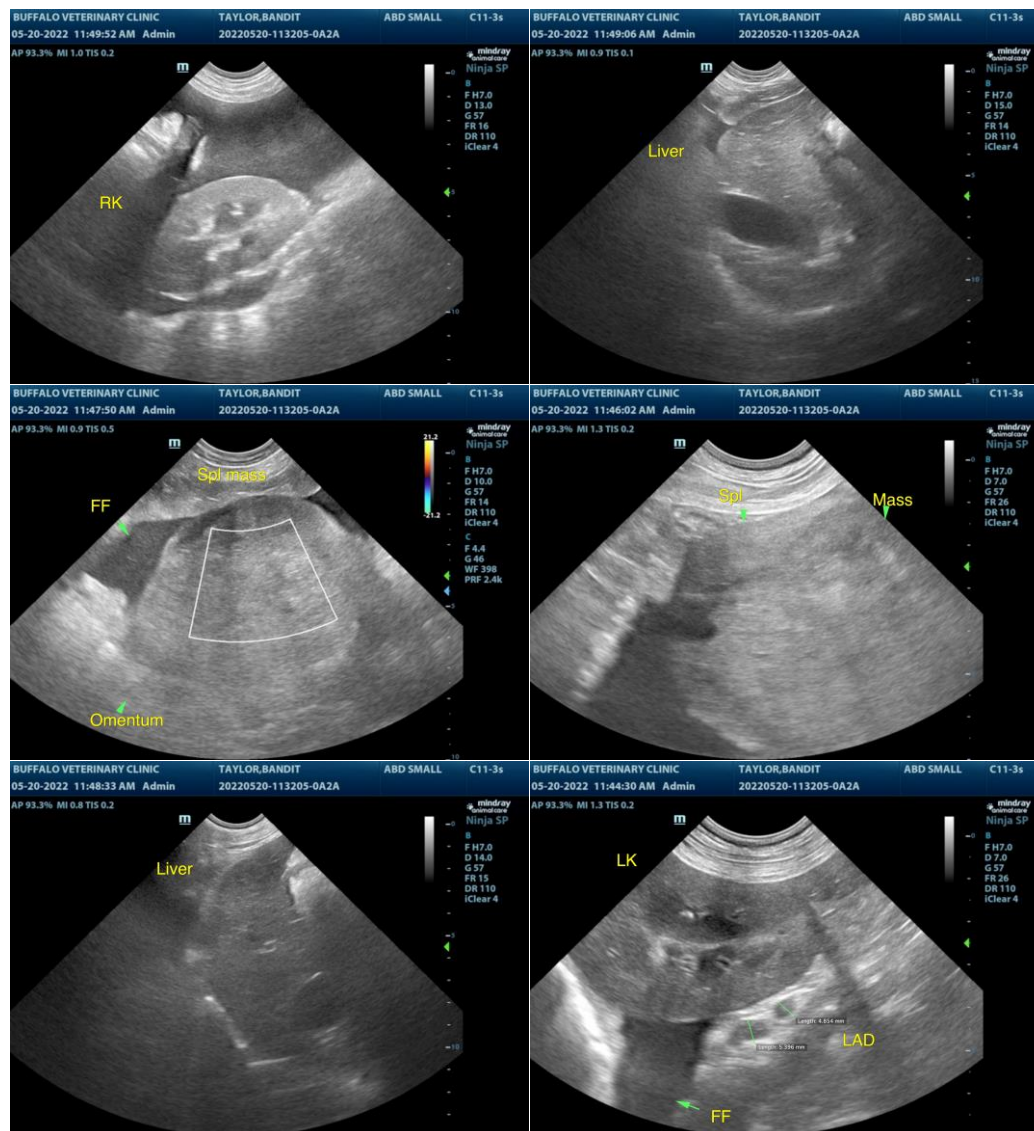
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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