



PATIENT

Jettson McCarthy

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

12 years

WEIGHT

64.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Larsen

INVOICE

13787

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Clinical exam findings: Jettson . Her appetite has been decreased/not wanting to eat with vomiting and stool is orange in color and soft. Her physical exam most recently on 5/3/22 mass affect cranial right side. Lethargic

Abnormal PE/Chem/CBC/UA Results: Laboratory findings: CBC increased WBC see attachment
Current Medications: Cerenia and Sucralfate. Started 5/3/22. Was on Vetprofen Radiographic findings: abdominal radiographs: no significant findings (3/2022)

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 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 7.1 cm in length. The right kidney measured 7.3 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 0.67 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.56 cm width at the caudal pole.

Spleen

The spleen exhibited moderate generalized enlargement with areas of capsule asymmetry. Nonhomogeneous splenic parenchyma exhibiting intermittent subtly expansive, hypoechoic to nonhomogeneous parenchyma nodules were present. Normal splenic vascularity was noted on power doppler. Regional perisplenic free fluid and reactive mesentery were present. The spleen measured 5.2 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective overall normal size and primarily maintained a symmetrical capsule contour with primarily normal appearing hepatic parenchyma. An ill-defined nonhomogeneously echogenic mass lesion is suspected in the area of the caudate liver, measuring approximately 7.6 cm x



PATIENT

6.0 cm. 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

Canine

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.

BREED

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.

Labrador

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

SEX

Pancreas

FS

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

WEIGHT

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

64.1 lbs.

ULTRASONOGRAPHIC FINDINGS

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- Splenomegaly exhibiting nonhomogeneous to nodular parenchyma, regional perisplenic reactive mesentery and mild volume perisplenic free fluid
- Suspect nonhomogeneous to mixed echogenic mass lesion in the area of caudate liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the splenic presentation is strongly suggestive of infiltrative splenic neoplasia, sarcoma, round-cell neoplasia, or other. Potential for non-neoplastic etiologies, i.e., hyperplasia, hemopoiesis, splenitis, etc., are considered less likely differential diagnoses. Although the mass lesion in the area of the caudate liver lobe may potentially indicate expansion of the spleen into the area of the right liver, given its enlargement, concern for multicentric neoplasia or caudate liver metastatic lesion is warranted.

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Assuming normal clotting status, ultrasound guided FNA of the spleen, as well as the mass lesion in the area of the caudate liver lobe if accessible is warranted for screening cytology and potential for oncology consultation.

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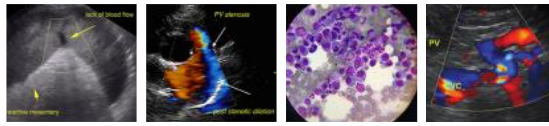
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No overt evidence of gastrointestinal involvement was noted. Continued gastrointestinal supportive care, pending additional diagnostics, is suggested.

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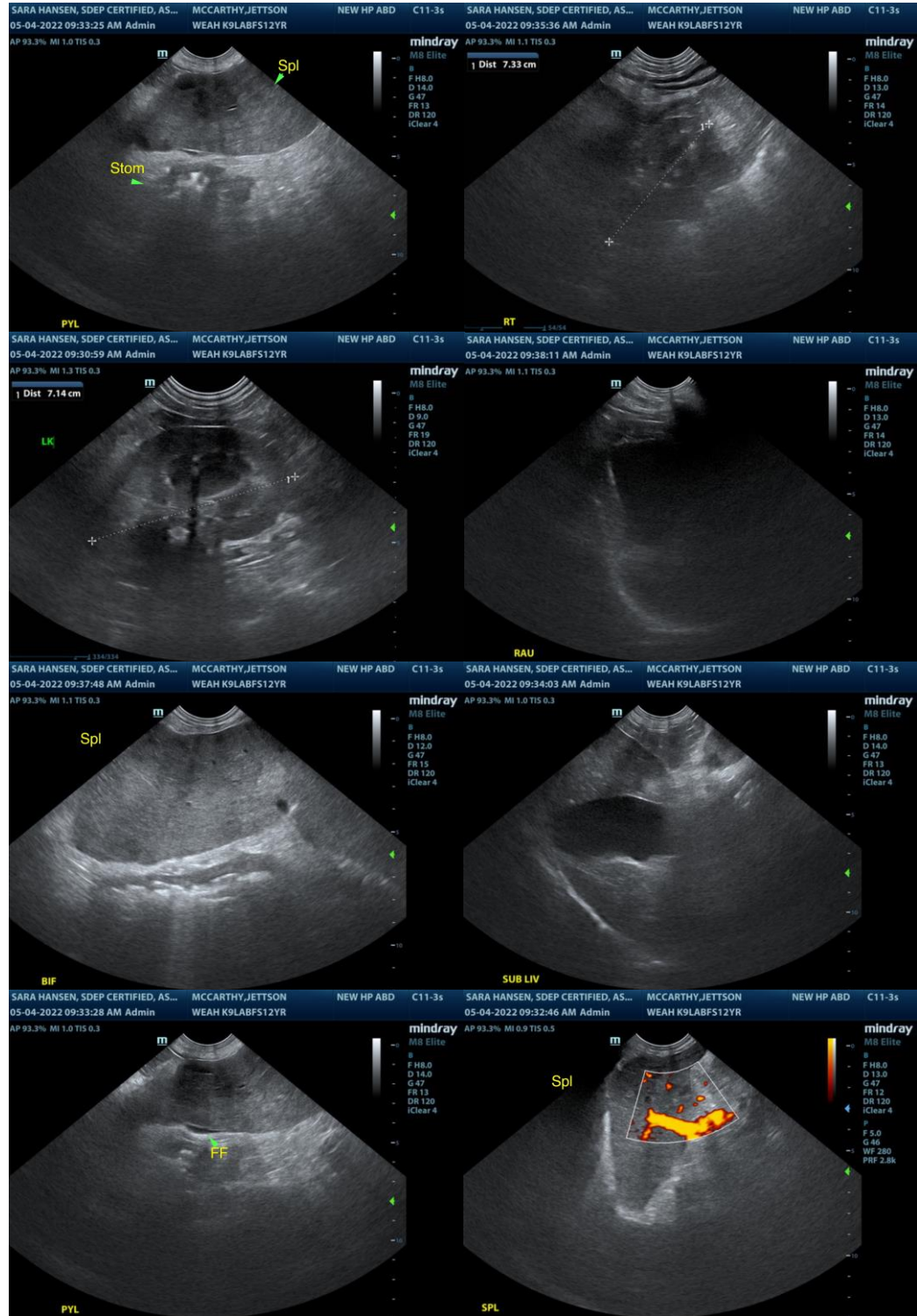
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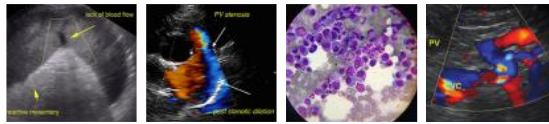
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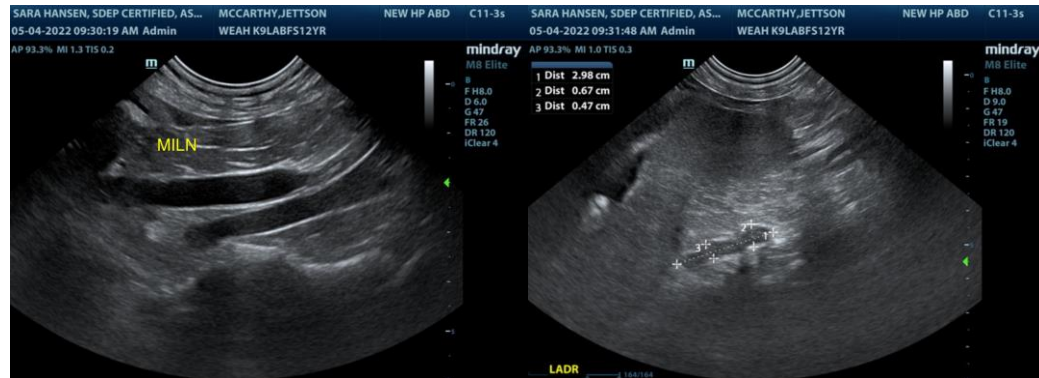
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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