



PATIENT

Harley Murphy

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

13 year old

WEIGHT

33.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. William
Freedman

INVOICE

14100

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Suspect abdominal mass. No current meds. Bloods WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was 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 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 5.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.89 cm width in the caudal pole.

A well-defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with no evidence of associated capsule distortion or parenchymal escape. The nodule did not exhibit signs of mineralization or overt evidence of vascular invasion, which is thought unlikely. The right adrenal gland nodule measured 2.2 cm x 1.0 cm. The overall right adrenal gland measured 2.5 cm length x 0.83 cm width at the caudal pole. A smaller potential nodule in the craniodorsal aspect of the right adrenal gland is possible.

Spleen

A moderately sized and mixed echogenic splenic mass noted subjectively in the mid to cranial medial spleen, measuring approximately 5.0 cm in diameter. The splenic mass distorted the associated splenic capsule without evidence of parenchymal escape. Intermittent separate nondisruptive mildly hypoechoic splenic nodules not associated with the mass were also noted. An example of a splenic nodule measured 0.84 cm in diameter. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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. No masses or nodules were noted. The



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gallbladder was non-distended in size with mild nondependent nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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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.

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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 omental masses or lymphadenopathy were present. Subtle evidence of perisplenic reactive mesentery was noted, yet no evidence of perisplenic or peritoneal free fluid.

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

ULTRASONOGRAPHIC FINDINGS

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- Solid mixed echogenic splenic mass with concurrent Intermittent separate nondisruptive splenic nodules
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Nonspecific right adrenal nodule
- Bilateral age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The splenic mass and concurrent splenic nodules were nonspecific with several etiologies possible including nodular hyperplasia, hematopoiesis, hematoma, splenitis, or neoplasia i.e., sarcoma, round cell neoplasia, or other. Sonographically, the splenic mass and nodules were not consistent with obvious neoplastic criteria, although this potential is certainly possible. Assuming normal clotting status, ultrasound-guided FNA of the splenic mass, using a 25-gauge needle, could be considered for initial screening cytology.

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The right adrenal nodule, likewise, is nonspecific with considerations including adenoma, and benign hyperplasia, while the possibility of emerging right adrenal neoplasia such as adenocarcinoma, pheochromocytoma, or other, cannot be excluded. Screening blood pressure is recommended to assess for evidence of hypertension which may allude to a pheochromocytoma.

No overt evidence of additional intraabdominal or cardiac metastasis was noted.



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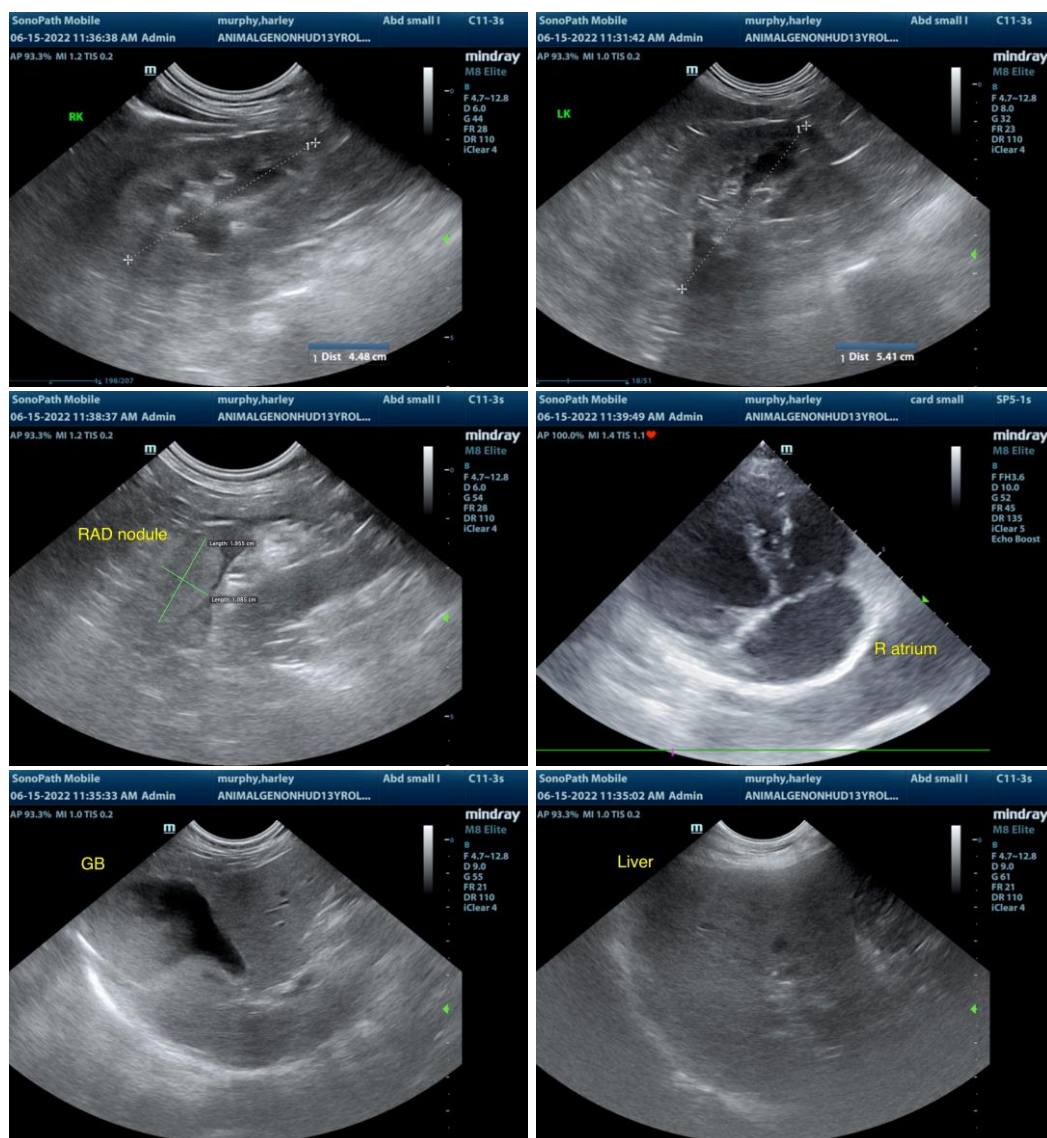
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Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the right adrenal gland +/- right adrenalectomy could be considered. Sonographic monitoring of the splenic mass and right adrenal nodule with initial recheck in 4 weeks would not be unreasonable.





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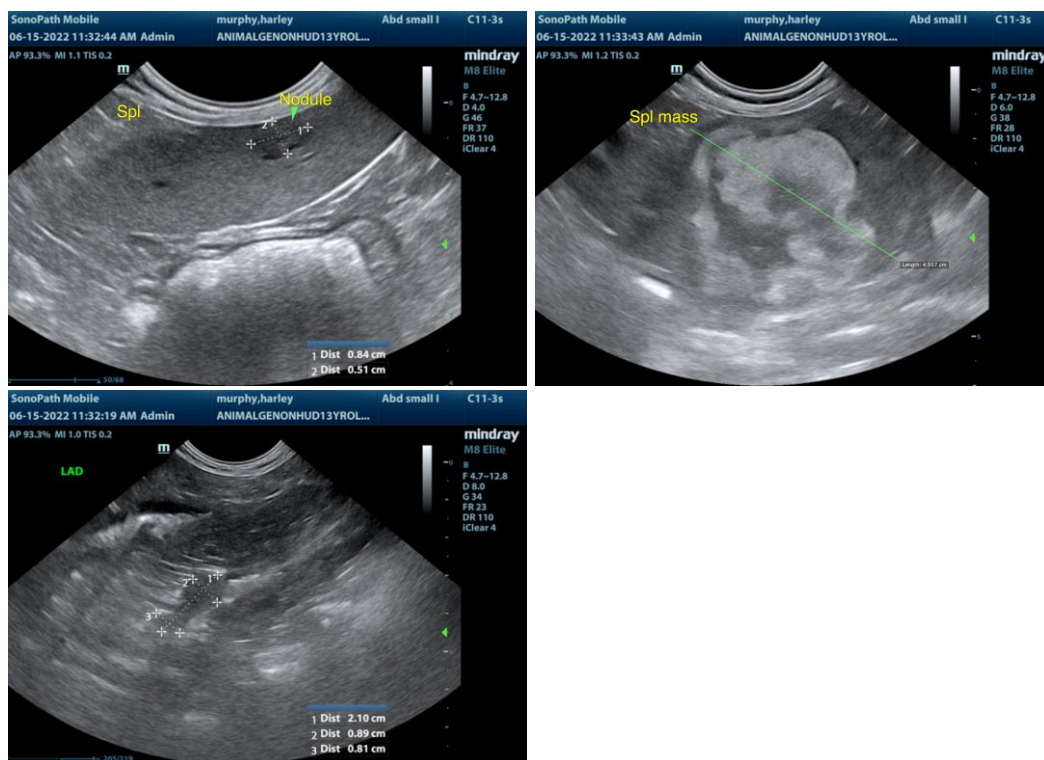
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com