



PATIENT PRESENTING CLINICAL SIGNS

Daisy Garcia History: AUS to recheck splenic nodular mass noted on exam 7/5/21 (R. McKenzie Daniel, DVM, DABVP), as well as general abdominal examination. Continues to do well clinically.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Labrador Retriever

SEX Normal size and margination was present in the left kidney. 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 6.4 cm in length.

Spayed Female

AGE The right kidney was subnormal in size compared to the left. The right kidney exhibited areas of asymmetrical renal margination. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A persistent mild to moderate pyelectasia was noted in the right kidney. The right kidney measured 5.0 cm in length.

16 Years

WEIGHT **Adrenal Glands**

53 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.35 cm width at the cranial pole.

INTERPRETED BY

The right adrenal gland was overtly normal in size, position and shape with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

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

Spleen

IMAGING PERFORMED BY

A previously noted nonhomogeneous cranialateral splenic mass lesion was present, with subtle distortion of the associated lateral capsule was still present, measuring 3.6 cm x 2.2 cm. Concurrent, previously noted nondisruptive hypoechoic separate splenic nodules were present, an example measured 0.7 cm in diameter.

Pamela Harrigan, RDMS

HOSPITAL NAME **Liver**

East Boston AH 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.

REFERRING VET

Raman Chopra, DVM The gallbladder was distended in size with anechoic content with moderate nondependent yet mobile mildly hyperechoic debris. The gallbladder walls were overtly normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria.

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Gastrointestinal

DATE

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.

6/20/22



PATIENT

Daisy Garcia

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.

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

SPECIES

Pancreas

Canine

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.

BREED

Labrador Retriever

Free Abdomen

Intermittent, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 2.1 cm x 0.59 cm. The lymph nodes were not consistent with inflammatory or neoplastic criteria.

SEX

Spayed Female

No omental masses, lymphadenopathy or evidence of peritoneal free fluid.

AGE

16 Years

ULTRASONOGRAPHIC FINDINGS

- Mildly progressive, previously noted, nonhomogeneous splenic mass lesion and static previously noted separate hypoechoic splenic nodules
- Distended gallbladder with moderate nondependent yet mobile gallbladder debris
- Bilateral static chronic renal changes, more prominent in the right kidney with persistent mild to moderate right kidney pyelectasia
- Mild hepatic parenchymal remodeling
- Overtly normal bilateral adrenal glands

WEIGHT

53 Pounds

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the timeframe from the previous ultrasound, even with mild progressive enlargement of the previously noted nonhomogeneous mass lesion, benign etiologies for the mass lesion are suspected, as a more aggressive process would certainly have become larger and more disruptive of surrounding splenic parenchyma. However, the possibility of a slow growing splenic malignant process cannot be definitively excluded.

Ultrasound guided FNA of the splenic mass lesion +/- nondisruptive hypoechoic splenic nodule, assuming normal clotting status and using a 25-gauge needle is warranted for recheck or initial cytology. Continued sonographic monitoring would be a more conservative approach.

Hepatosupportive medications, including Denamarin and ursodiol are recommended, if evidence of hepatic enzyme elevations.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston AH

REFERRING VET

Raman Chopra, DVM



PATIENT

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SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

16 Years

WEIGHT

53 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

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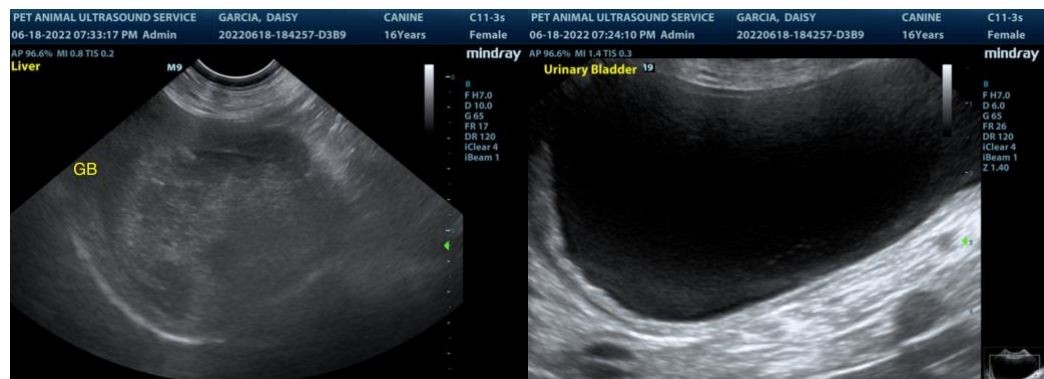
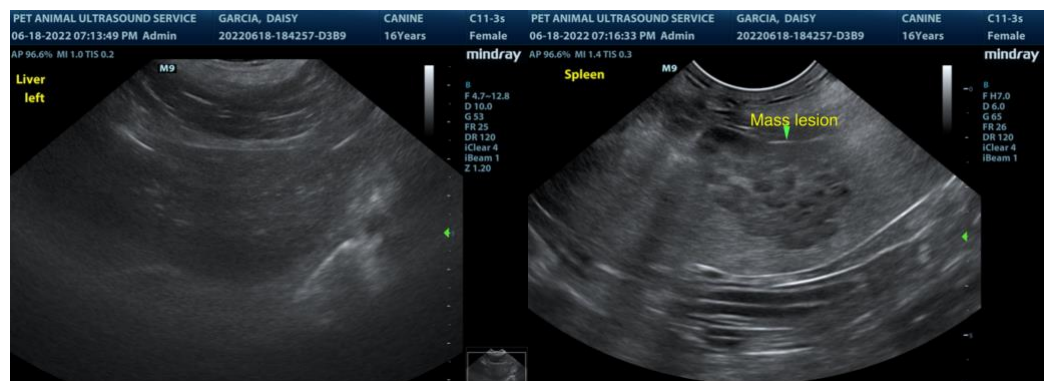
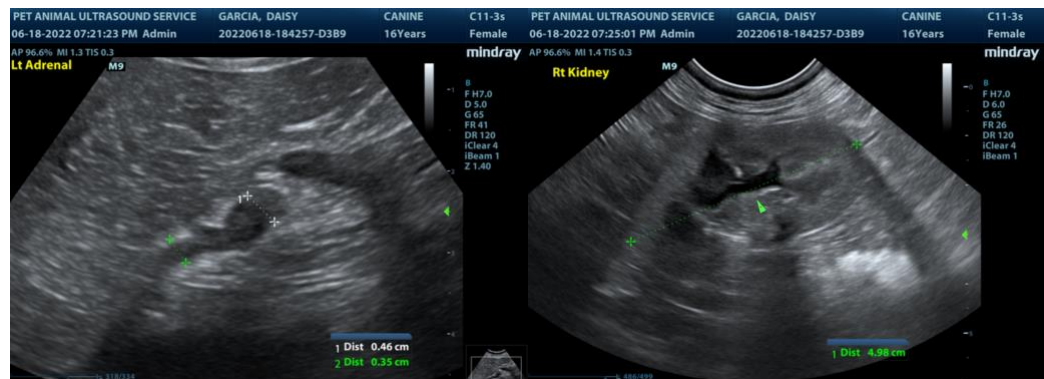
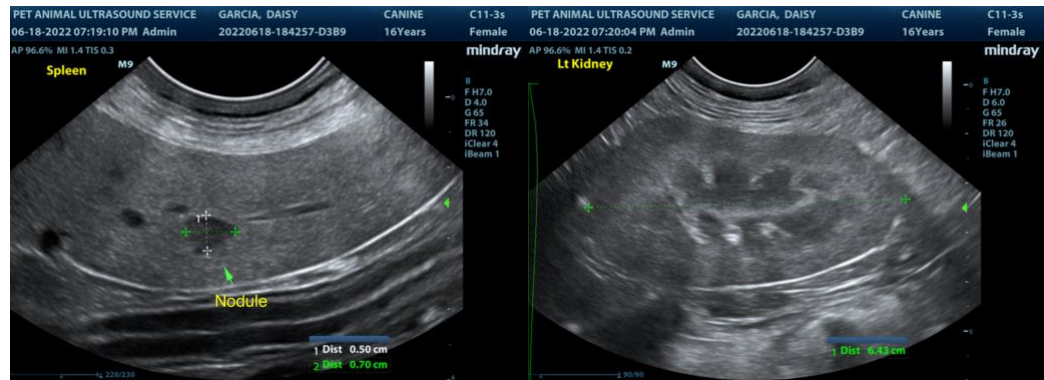
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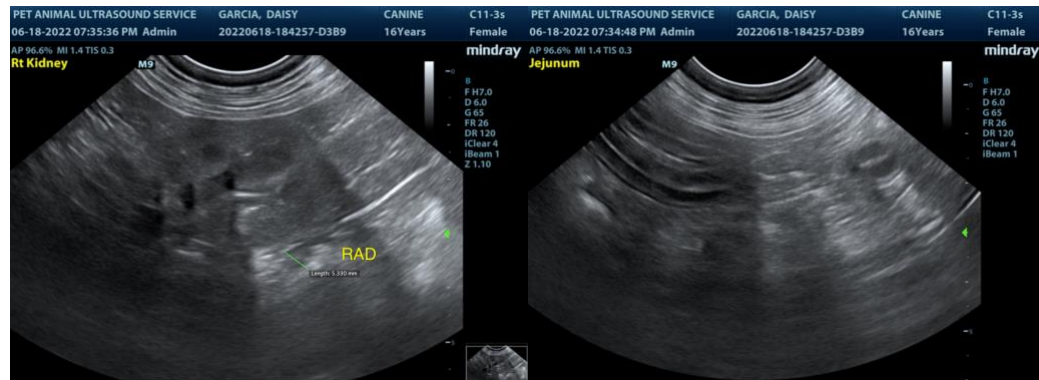
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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