



**PATIENT**

Emerson Aflague

**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

About 40 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

16203

**DATE**

6/21/22

**PRESENTING CLINICAL SIGNS**

History: not eating for a couple days, acting ok. Abdomen palpates normal but no interest in food  
Current Medications Entyce Radiographic Findings possible splenic mass visible on lateral abdominal view

Abnormal PE/Chem/CBC/UA Results: CBC full chemistry in house lab machine = no significant findings

**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 were noted. Aortic trifurcation was normal.

No overt pathology associated with the residual prostate.

Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm in length x 0.93 cm width in the caudal pole. The right adrenal gland measured 2.4 cm in length x 0.66 cm width in the caudal pole.

**Spleen**

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 6.0 – 7.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Mild regional perisplenic hyperechoic mesentery was present.

**Liver**

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**



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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.

Canine

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

**BREED**

***Pancreas***

Terrier X

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.

**SEX**

***Free Abdomen***

Neutered Male

No evidence of overt or significant perisplenic or peritoneal free fluid noted. No evidence of overt lymphadenopathy noted.

**AGE**

9 Years

***Other***

**WEIGHT**

A rapid view of the heart was normal.

About 40 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Mixed echogenic to cavitated splenic mass, mild regional perisplenic hyperechoic mesentery
- Sonographically unremarkable liver
- Early age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The study confirms the presence of a primary splenic mass. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria, such as sarcoma is suspected, although not definitive. No obvious evidence of intraabdominal or cardiac metastasis. However, in these cases, the possibility of non-sonographically evident metastasis/micrometastasis cannot be definitively excluded.

Jenna Walsh, CVT

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Given no overt evidence of pathology on single lateral chest radiograph (ideally three-view chest radiographs are recommended) and without overt evidence of intraabdominal or cardiac metastasis, laparotomy with splenectomy, gross inspection of the perisplenic omentum, liver and adjacent perisplenic organs, is recommended.

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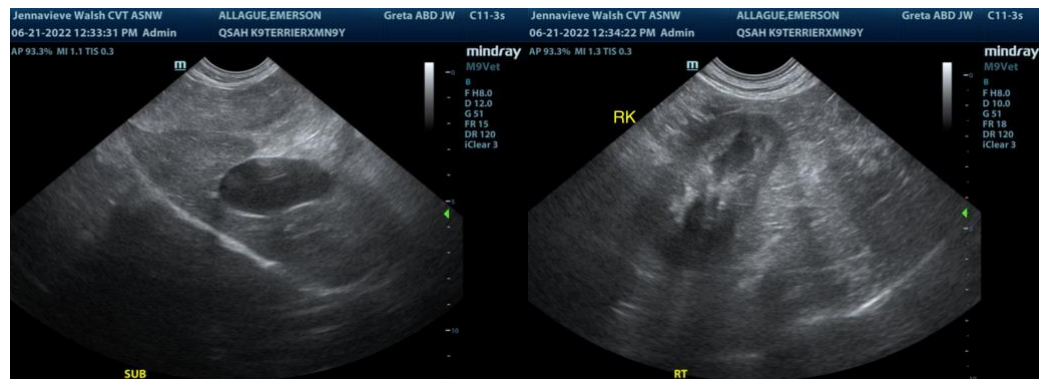
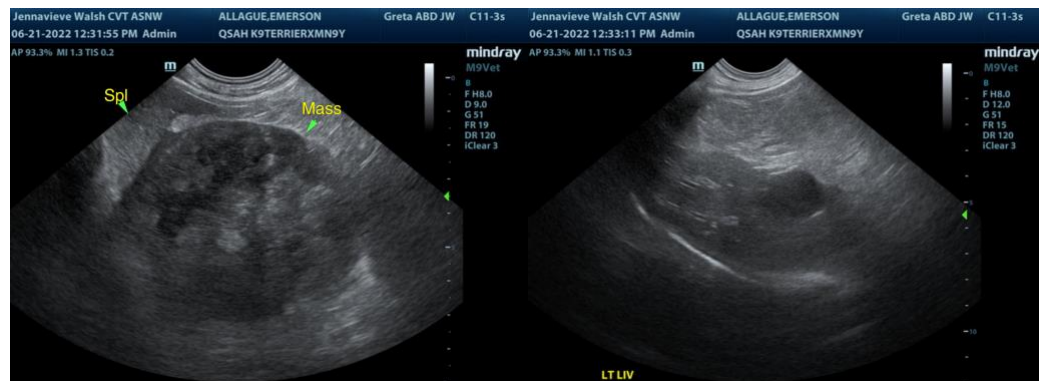
Dr. Bretschneider

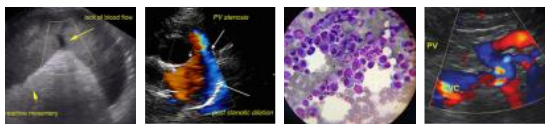
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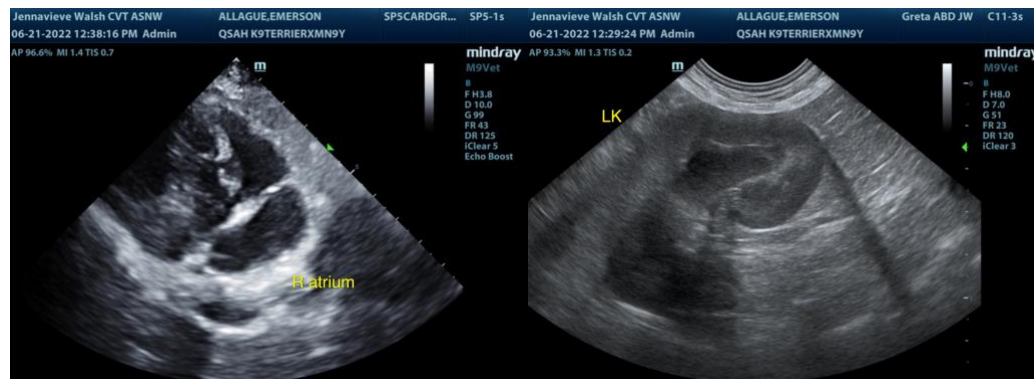
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
**info@SonoPath.com**