



PATIENT	PRESENTING CLINICAL SIGNS
Max Servillo	Patient presents for generalized ADR. Abdominal radiographs showed a fairly well circumscribed mass effect in the mid-abdomen.; suspicion of possible splenic mass vs. other.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: SDMA 18, K+ 5.6, Na:K+ 26, amylase 1910. PLTs 322, HCT 41, PT:8.8 PTT 11.5.
BREED	
German Shepherd	
SEX	
MN	
AGE	
10 years, 9 months	
WEIGHT	
.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
	No evidence of pathology in the area of the aortic trifurcation.
	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 8.1 cm in length. The right kidney measured 7.5 cm in length.
	Adrenal Glands
	No overt pathology was noted in the area of the left or right adrenal glands.
	Spleen
	A moderately sized, irregular, nonhomogeneous to cavitated mass was present in the area of the subjective caudal spleen measuring ~9.0 cm in diameter. The intact spleen exhibited minor asymmetrical contour and mild parenchyma heterogeneity.
HOSPITAL NAME	Liver/ Gallbladder
Ringwood AH	The liver was subjectively normal in size, structure, and contour with normal parenchyma echogenicity exhibiting moderate coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Endy	
INVOICE	Gastrointestinal
17138	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.
DATE	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.
6/22/23	



PATIENT

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

Max Servillo

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

German Shepherd

Regional peri splenic mild hyperechoic omentum and mild effusion were noted. No overtly visualized omental lymphadenopathy was noted.

SEX

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

MN

AGE

ULTRASONOGRAPHIC FINDINGS

10 years, 9 months

- Nonhomogeneous cavitated mass area of the caudal spleen - compatible with splenic origin with neoplastic criteria, i.e., sarcoma or other favored, less likely potential for benign etiology such as hyperplasia, hematopoiesis, splenitis, hypersplenism, or non-splenic mass origin / unspecified neoplasia with splenic impingement
- Regional peri splenic hyperechoic omentum and mild effusion
- Mild hepatic parenchymal remodeling
- Mild age-related kidneys

WEIGHT

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of intrabdominal major organ or cardiac metastasis was noted. However, given the primary suspicion for malignant splenic neoplasia, i.e., sarcoma, possible non-sonographically evidence metastasis or peri splenic omental seeding / adhesions cannot be definitively excluded. Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the peri splenic omentum and liver is recommended. A guarded prognosis is indicated.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

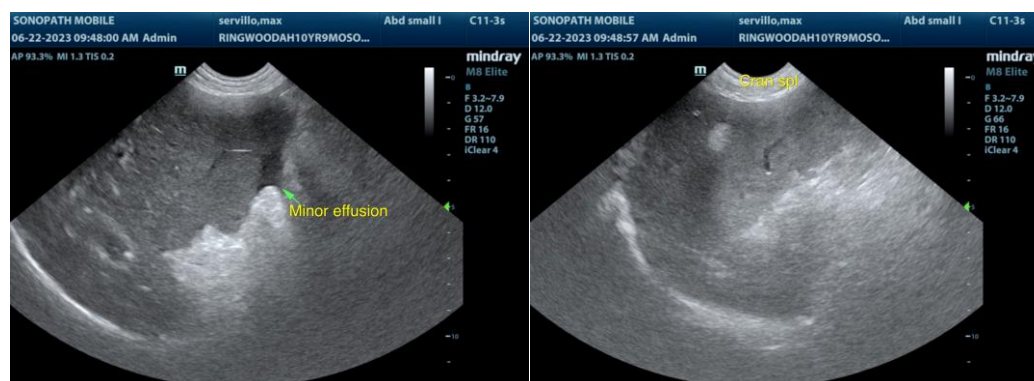
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Max Servillo

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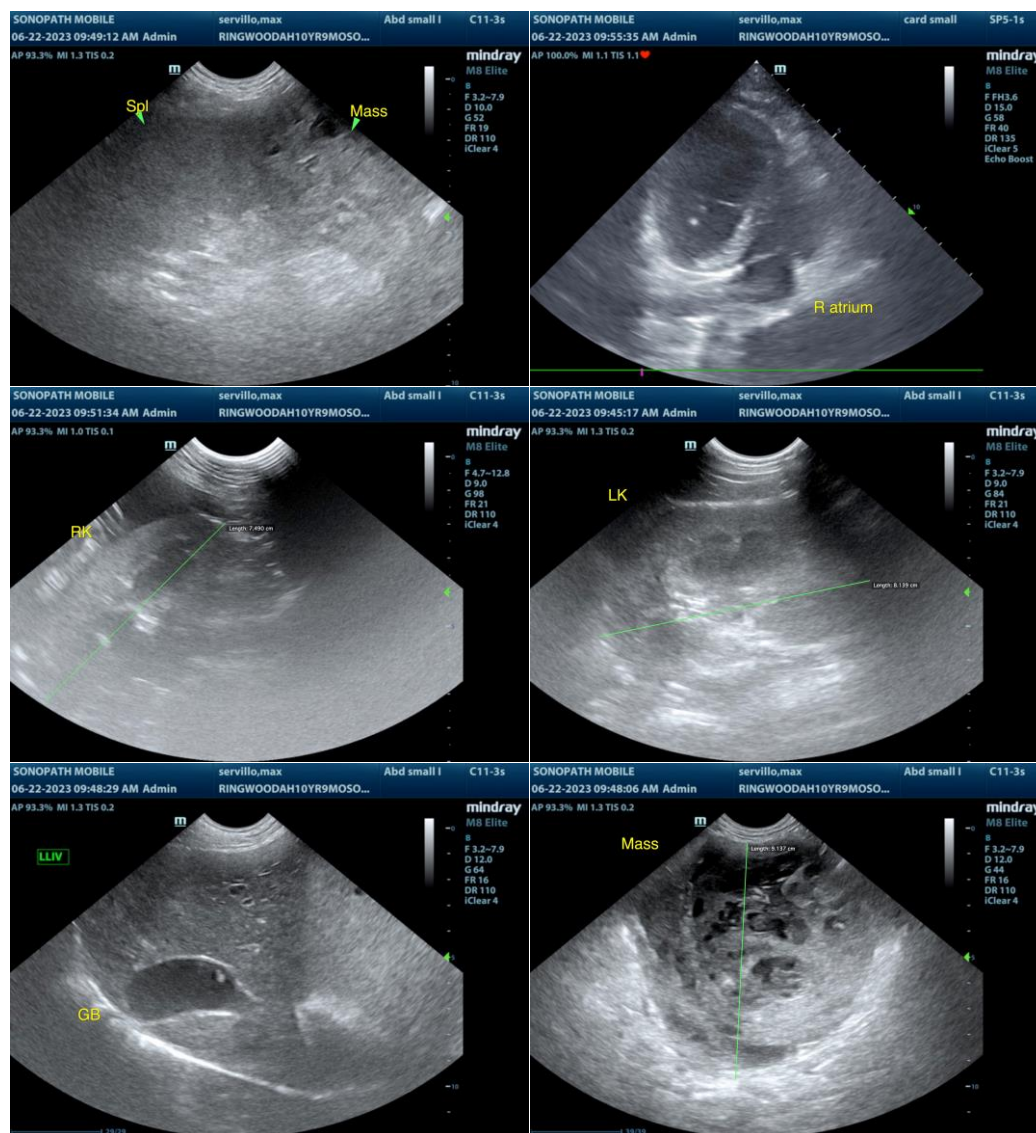
Dr. Endy

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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