

PATIENT

Louie Fichtner

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years 4 Months

WEIGHT

18.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

16231

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Full hair coat. OD- focal area of edema, white opacity on the cornea. Mild blepharospasm, tearing. Teeth- G2+ calculus. Abd- tense, rounded structure palpable. CBC - low normal HCT Chem elevated ALP, ALT US pending review. Central abdominal cavitated mass present. Prominent prostate. Possible area of free fluid/effusion noted Assessment Abdominal mass- splenic origin suspected Corneal disease Plan Drop-off appt for bloodwork and US to better evaluate mass and consider options. Request information regarding if possibly surgical respectable. Abnormal PE/Chem/CBC/UA Results: BW: Chem: ALP: 455 ALT: 120 GLU: 116 CBC: Plt: 59 (pending slide review to confirm) MPV: 11.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 5.1 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.60 cm in width.

The right adrenal gland was mildly prominent in size yet with maintained symmetrical capsule contour and homogeneous parenchyma, measuring 0.8 cm in width.

Spleen

A moderately sized mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present, measuring an estimated 7.0 cm- 8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The portions of the spleen not involved with the mass exhibited mild parenchyma heterogeneity with intermittent hyperechoic nodules, suggestive of benign myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules were present.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without 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 was evident.

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Free Abdomen

Regional to generalized variably hyperechoic omentum with potential for omental adhesions to the splenic mass was noted.

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Mild volume peritoneal free fluid was present, suggestive of hemoabdomen. No overt evidence of visualized or significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Nonhomogeneous to cavitated splenic mass
- Regional perisplenic to generalized variably hyperechoic mesenteric, potential for omental adhesions to the splenic mass
- Vacuolar hepatopathy pattern
- Possible mild gastroenteritis

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Secondary Findings

- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The study confirms the presence of a solitary splenic mass. Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. No overt evidence of major organ metastasis. Potential for non-sonographically evident metastasis/micrometastasis or regional perisplenic omental seeding, however, cannot be definitively excluded in these cases, given the likelihood of malignant neoplasia.

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Three-view chest radiographs are recommended to assess for or rule out thoracic pathology, as well as assess cardiopulmonary status. If no evidence of thoracic pathology, laparotomy with expectation towards splenectomy and gross inspection of the liver and regional perisplenic omentum could be considered. Very guarded prognosis pending splenic histopathology.



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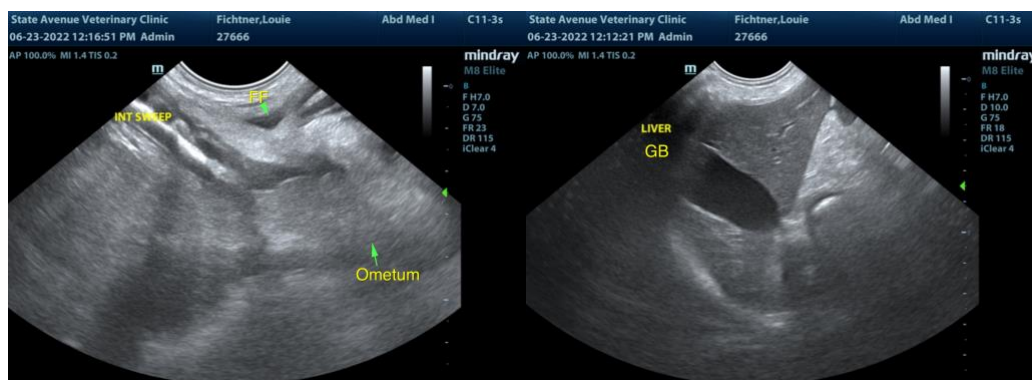
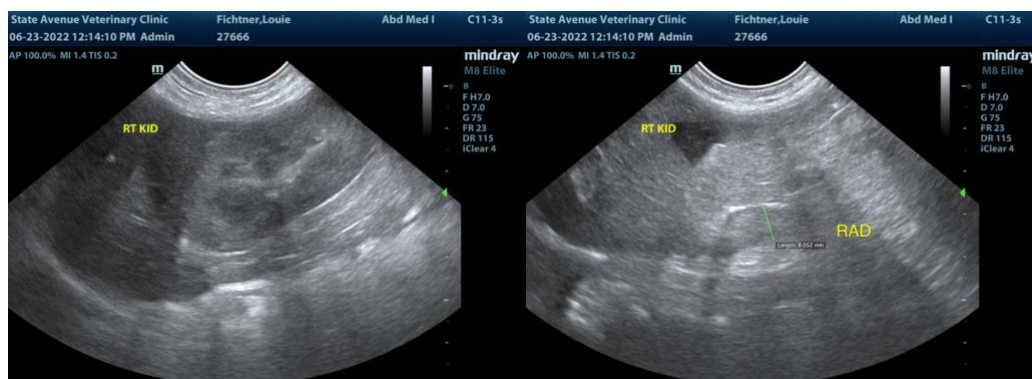
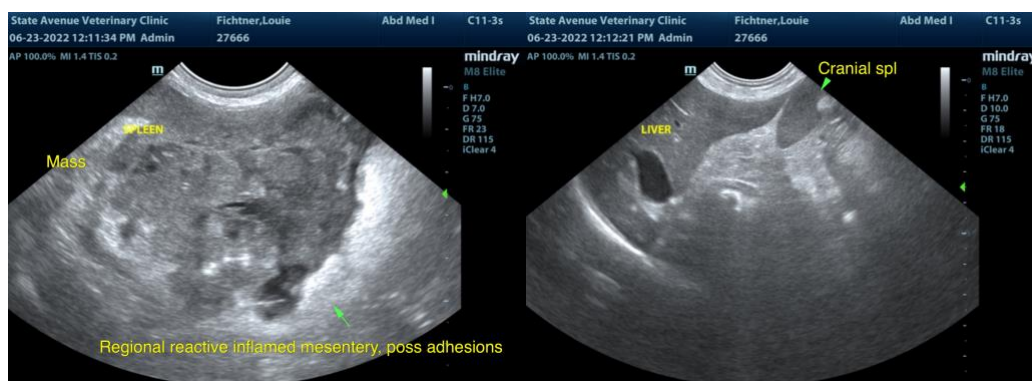
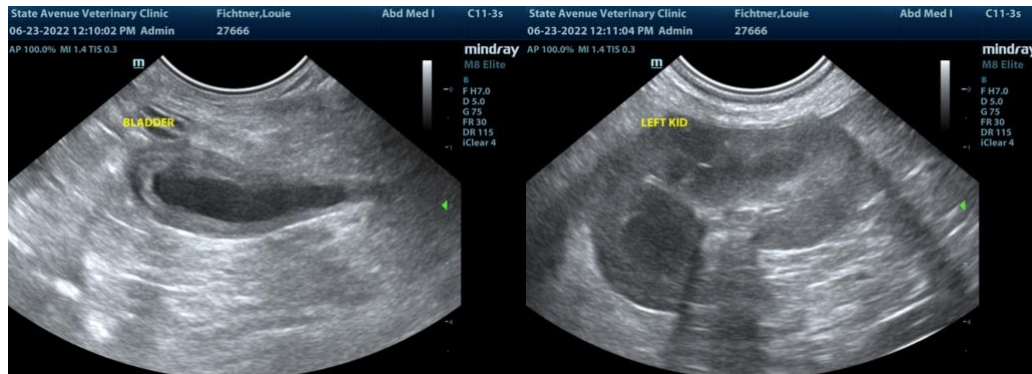
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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