



PATIENT

Perrie Fearn

PRESENTING CLINICAL SIGNS

History of vomiting and now drooling was treated for aspiration pneumonias. Suspect splenic mass as seen on POCUS exam at emergency clinic.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventral urinary bladder wall thickness measured 0.57 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

SEX

MN

AGE

9yr

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. A lateral right kidney thinly walled cyst was present measuring 2.0 cm in diameter. Bilateral pinpoint medullary mineral was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT

30kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The residual prostate was mildly prominent in size with symmetrical contour and subtle non-homogenous non-mineralized parenchyma, likely patient variant. The residual prostate measured 1.7 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were subjectively subnormal in size compared to body weight. Symmetrical capsule contour and homogenous parenchyma were present. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.38 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Belan

Spleen

HOSPITAL NAME

Alpine 24/7

The spleen exhibited generalized mild to variably heterogenous parenchyma with intermittent to several mildly expansive non-homogenous macronodules/small masses, an example measured 2.5-3.5 cm. No evidence of splenic parenchymal escape. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Kyono

Liver/Gallbladder

INVOICE

14198ag

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. Normal hepatic vascular volume was present. 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 with mild non-dependent focally congealed possibly adhered sediment. 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.

SPECIES

Canine

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.

Pancreas

BREED

Lab Mix

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

MN

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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

AGE

9yr

ULTRASONOGRAPHIC FINDINGS

- Irregular to heterogenous spleen with non-homogenous mildly expansive macronodules/small masses-hyperplasia, hematopoiesis, splenitis, granulomas, neoplasia all potentials.
- Normal liver.
- Gallbladder debris (non-mucocele).
- Mild age related renal changes with right kidney cyst.
- Subjective subnormal bilateral adrenal glands- nonspecific.
- Cystitis urinary bladder pattern.
- Unremarkable GI tract.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. Given no overt evidence of major organ/cardiac metastasis, splenectomy with definitive diagnosis via histopathology is warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology prior to surgical considerations. A resting cortisol level given history of chronic GI signs in this patient is suggested prior to potential surgery.

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

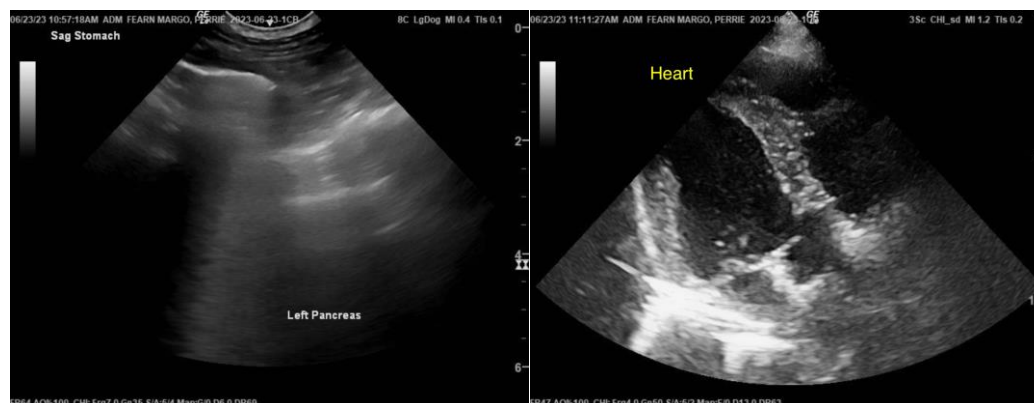
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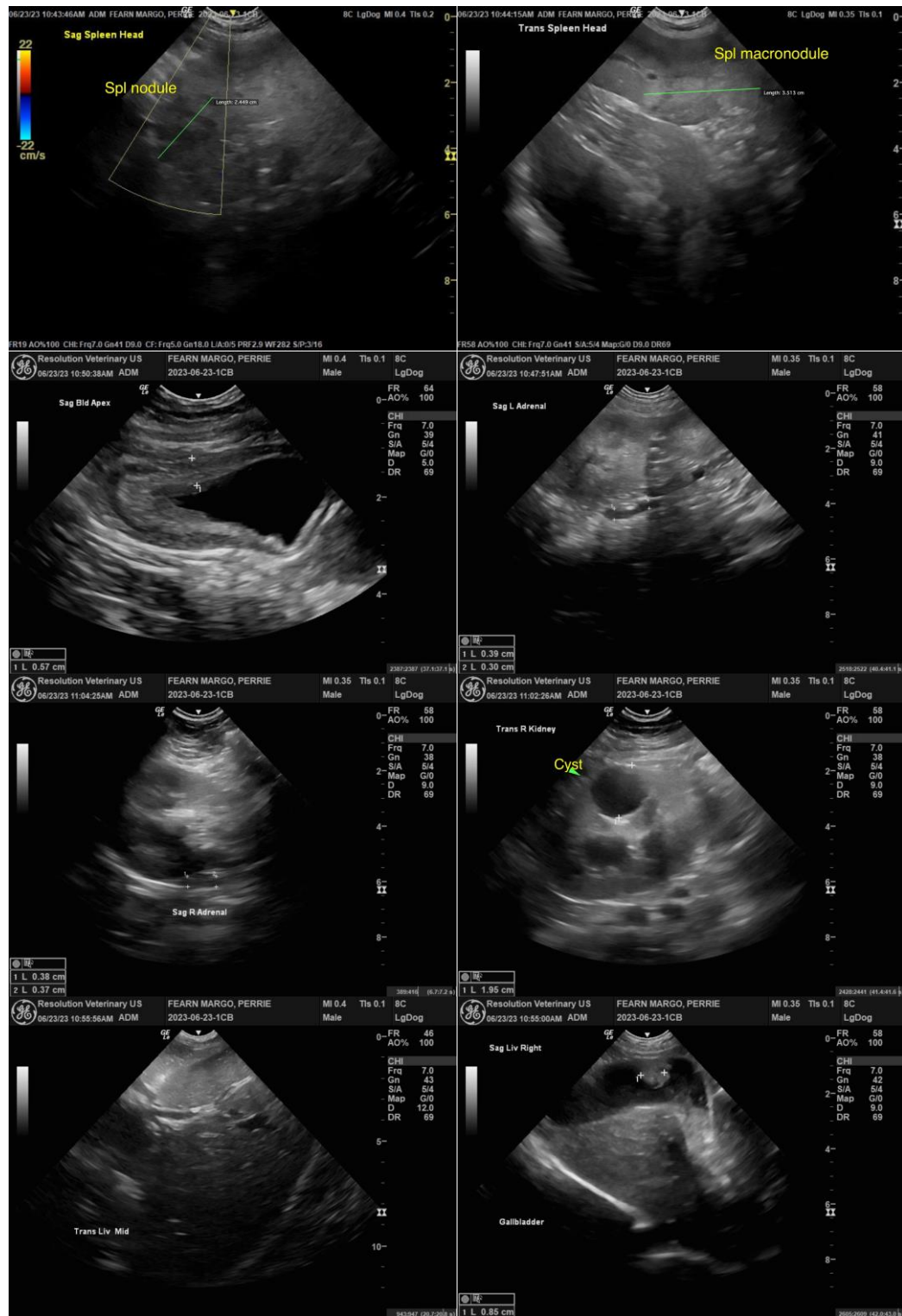
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Canine

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info@sonopath.com

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WEIGHT

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