



**PATIENT**

Basie Berman

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

60 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Town Center VA

**INVOICE**

16356

**DATE**

6/27/22

**PRESENTING CLINICAL SIGNS**

History: O states P has been struggling at home, would like to establish care today. O noticed about 6 months ago P was growing masses on her stomach, has not been getting bigger or bothering her. O also notes P has not has a vigorous appetite like normal, only finishing food occasionally with normal drinking habits. O is mainly concerned about possible hip/knee issues as she has observed some episodes where P seems uncomfortable. P hesitant to jump on furniture, trouble when u/d outside. O is also concerned P has episodes of spacing out occasionally.  
Abnormal PE/Chem/CBC/UA Results: See attached

**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.

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 mild loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 7.4 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.60 cm width at the cranial pole.

**Spleen**

A nonhomogeneous mass was noted in the mid to caudal spleen with associated splenic capsule distortion, measuring 4.8 cm in diameter. A separate nonhomogeneous mass was noted in the mid to cranial medial spleen with associated splenic capsule distortion, measuring 3.1 cm in diameter. Generalized splenic parenchyma heterogeneity was noted. Regional perisplenic nonuniform hyperechoic mesentery was present, potential for omental splenic adhesions is possible. Moderate volume peritoneal free fluid, exhibiting mild echogenic changes, suggestive of cellularity was noted.

**Liver**

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.

The gallbladder was non-distended in size with primarily anechoic content. Focal congealed hyperechoic debris was present in the central gallbladder lumen, exhibiting distal acoustic shadowing, measuring 1.4 cm in diameter. The cystic and common bile ducts were normal.

**Gastrointestinal**



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, potentially retained, nonshadowing ingesta/chyme without signs of obstruction or foreign material.
Basie Berman	
<b>SPECIES</b>	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	
<b>BREED</b>	<b>Pancreas</b>
Mixed	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.
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	Regional perisplenic nonuniform hyperechoic mesentery was present, potential for omental splenic adhesions is possible. Moderate volume peritoneal free fluid, exhibiting mild echogenic changes, suggestive of cellularity was noted. Suspect nonhomogeneous blood clot was noted cranial to the spleen, measuring 4.2 cm in diameter. No overt intraabdominal lymphadenopathy present.
<b>AGE</b>	
10 Years	
<b>WEIGHT</b>	<b>Other</b>
60 Pounds	A rapid view of the heart revealed overtly normal cardiac structure without an obvious mass in the area in the right atrium/oracle. A scant pocket of free fluid was noted adjacent to the right ventricle and potential right atrium. No overt evidence of pericardial masses in the visible window,
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Splenic masses with perisplenic nonuniform hyperechoic mesentery</li> <li>• Moderate volume peritoneal free fluid and suspect blood clot cranial to the spleen- consistent with hemoabdomen</li> <li>• Hepatic parenchymal remodeling</li> <li>• Scant pericardial versus pleural free fluid</li> </ul>
Amy Mayhew, LVT	
<b>HOSPITAL NAME</b>	<b>Secondary Findings</b>
SVS Imaging MI	<ul style="list-style-type: none"> <li>• Congealed hyperechoic to emerging mineralized gallbladder debris/emerging nonobstructive cholelith</li> <li>• Bilateral mild chronic renal changes</li> </ul>
<b>REFERRING VET</b>	
Town Center VA	
<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
16356	The splenic mass is most consistent with neoplastic criteria, i.e., sarcoma, round cell neoplasia or other. No overt evidence of hepatic or other major organ metastasis. The possibility of micrometastasis or regional perisplenic omentum seeding cannot be definitively excluded.
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The small pocket of scant pericardial versus pleural free fluid may be incidental or physiologic without overt evidence of right atrial masses. However, the possibility of emerging non-visualized cardiac or thoracic metastasis could be possible. Three-view chest radiographs are recommended.

**SPECIES**

Canine

If no evidence of thoracic metastasis or overt pleural free fluid, splenectomy with gross inspection of the liver and perisplenic omentum could be considered. However, given the likelihood of malignant splenic neoplasia, a very guarded to potentially unfavorable long-term prognosis is likely indicated.

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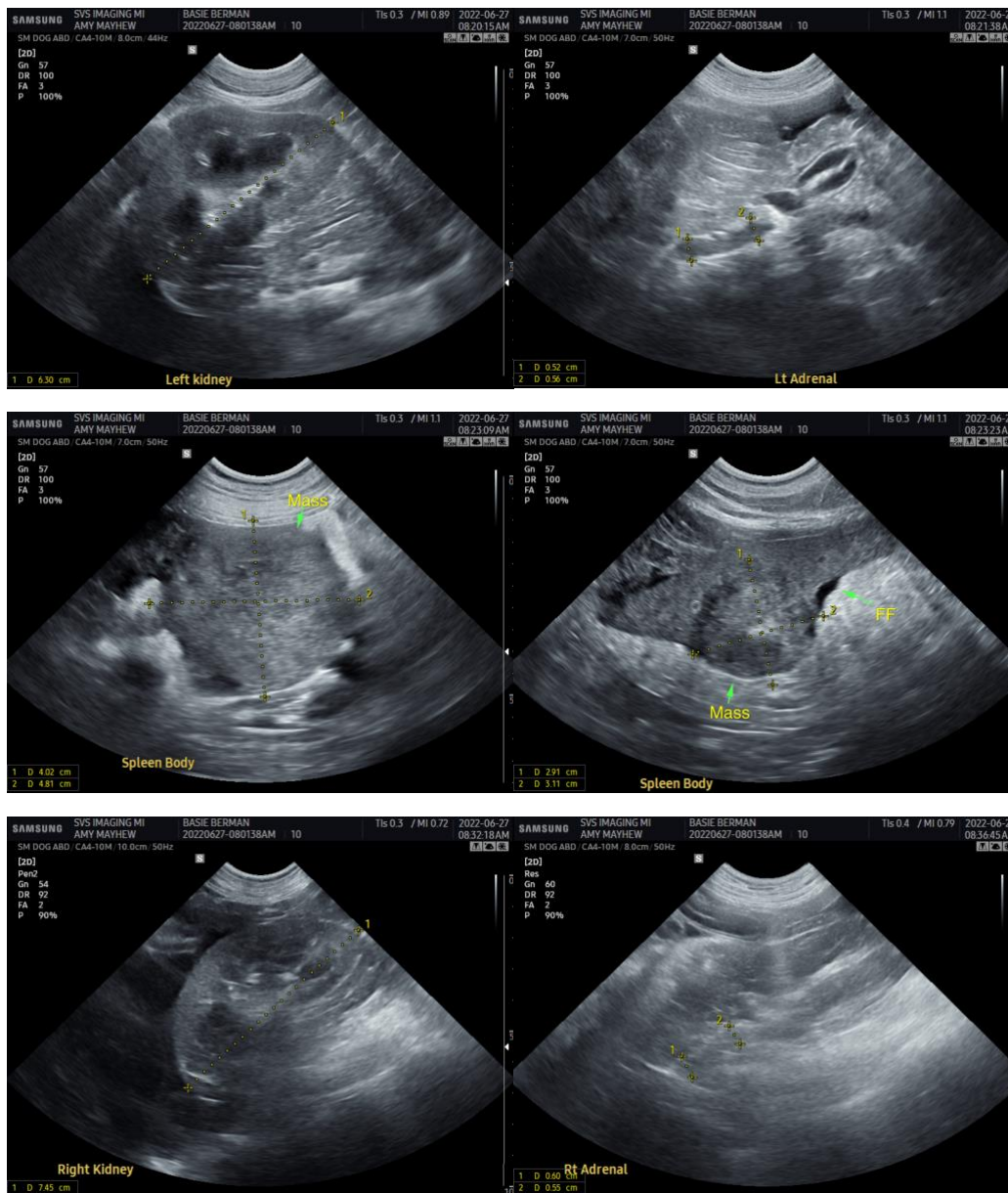
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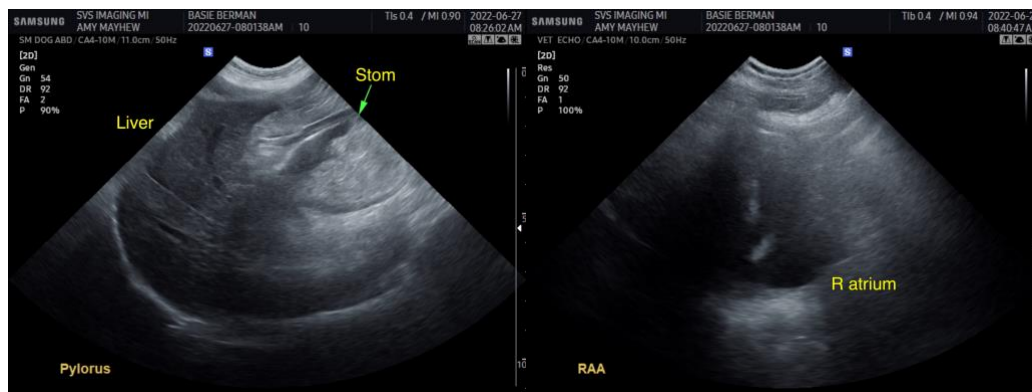
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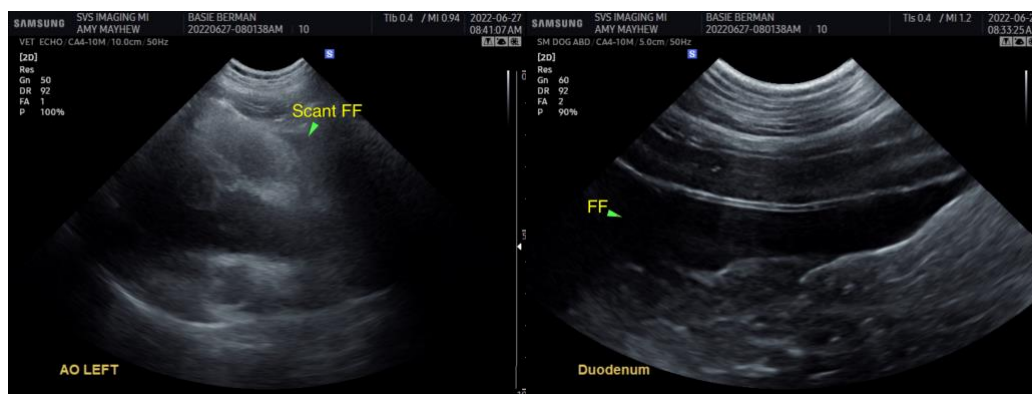
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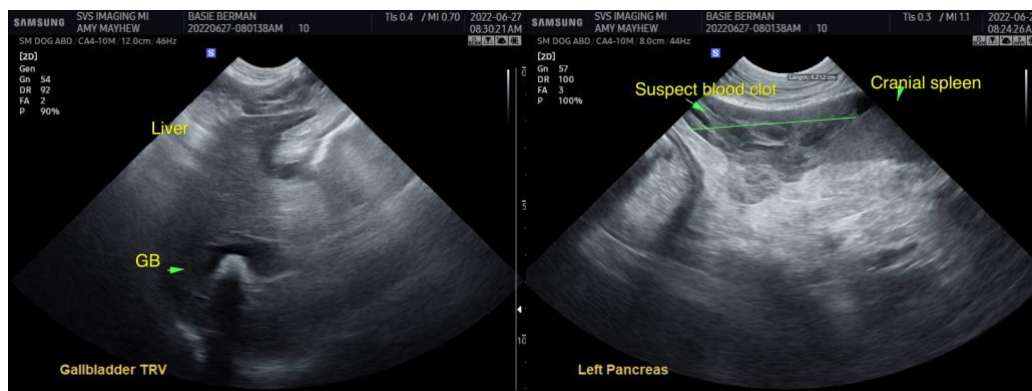
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com