



PATIENT

Isabella Klaus

PRESENTING CLINICAL SIGNS

History: Presented on Saturday for check up for decreased appetite. Patient improved dramatically after 4 days.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Strongly regenerative anemia SDMA = 15 Glob - 4.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Airedale

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

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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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.2 cm in length.

AGE

12

The area of the aortic trifurcation was free of pathology.

WEIGHT

62.2

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a large symmetrical to irregular mixed echogenic nodular to cavitated splenic mass measuring approximately 12 cm in diameter was present. The visualized spleen not involved with in the mass exhibited a finely textured and homogenous parenchyma and symmetrical capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Minor nonuniform perisplenic omentum along with suspected variably sized hypoechoic perisplenic lymphadenopathy was present, an example of a lymph node measured 3.0cm x 2.2 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Waffle

HOSPITAL NAME

Torch Lake Veterinary
Clinic

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Waffle

Gastrointestinal

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.

INVOICE

10969ag

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.

DATE

06/27/2022

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



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Pancreas

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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

No peritoneal effusion was present.

BREED

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Mixed echogenic nodular to irregular cavitated splenic mass with evidence of mild perisplenic hyperechoic mesentery
- Concurrent perisplenic lymphadenopathy
- Mild hepatic parenchyma remodeling
- Mild age related kidneys

AGE

12

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. The prominent perisplenic lymph nodes although nonspecific are highly suspicious for perisplenic metastasis although potential for hyperplasia or reactive lymphadenitis is possible. No overt evidence of hepatic metastasis or splenic mass rupture was observed. Assuming no evidence of thoracic pathology of three view chest radiographs and with ideal brief sonographic assessment of the heart to rule out evidence of pericardial effusion or metastatic criteria, a laparotomy with expectation of splenectomy, gross inspection of the perisplenic omentum and lymph nodes with potential perisplenic lymph node resection as well as gross inspection of the liver and peritoneal cavity could be considered. A very guarded prognosis given the likelihood of primary malignant splenic neoplasia and potential for metastasis.

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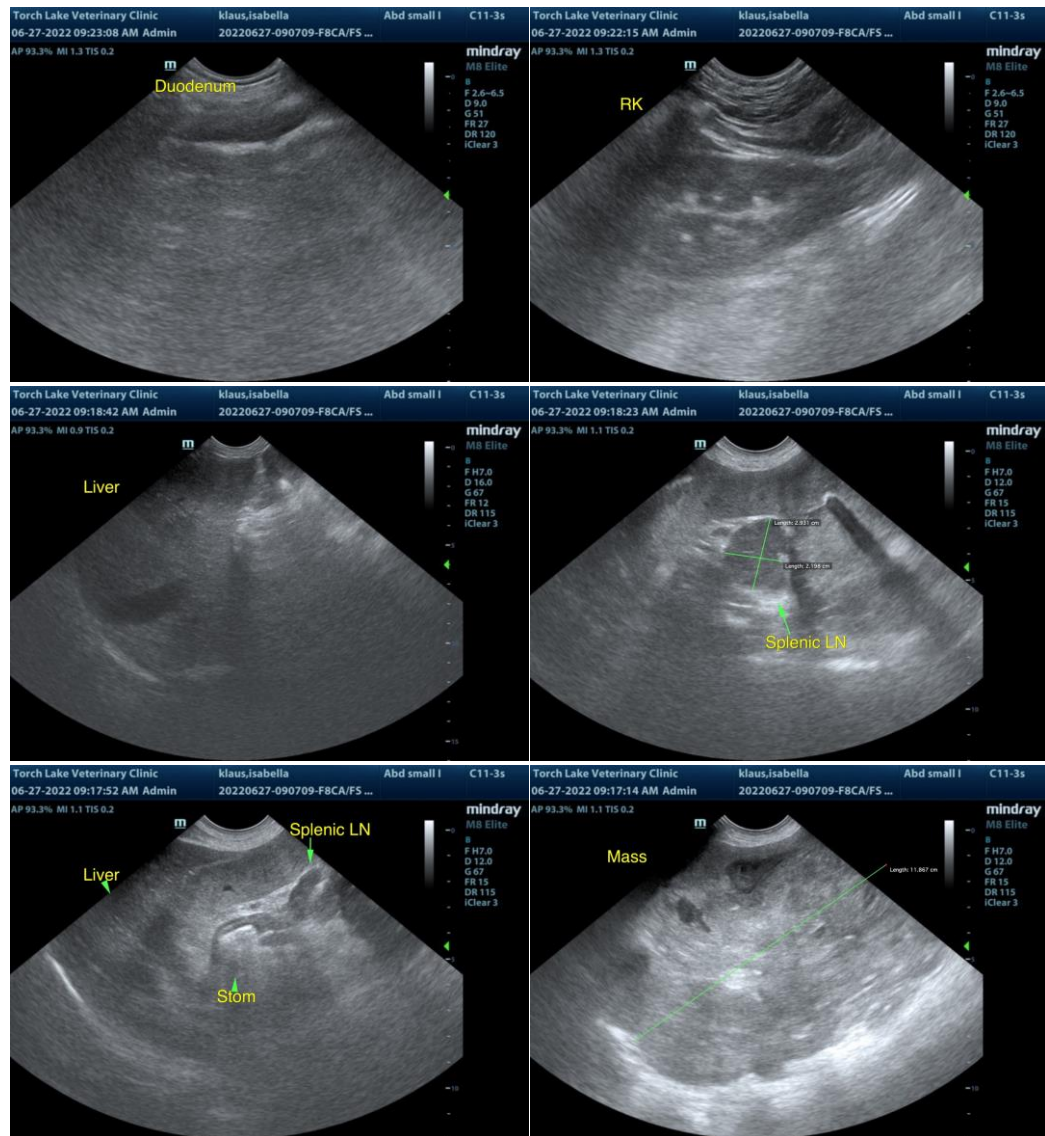
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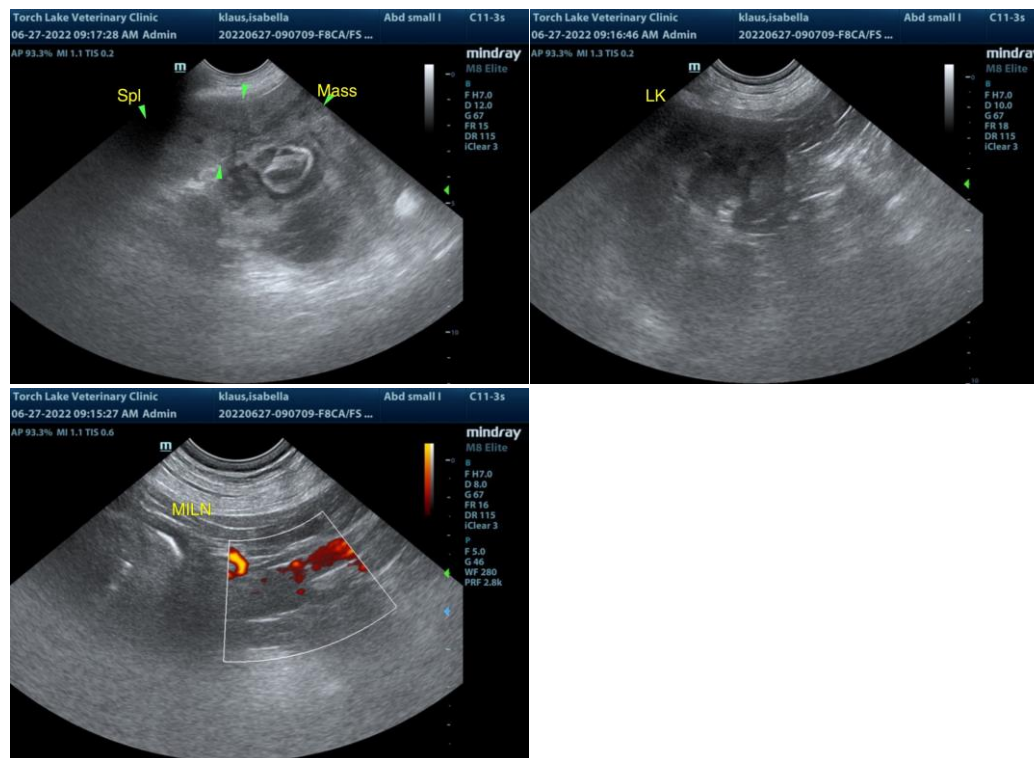
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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