

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Emily Burgin

History: Was boarding and had diarrhea. Boarding facility had radiographs done and a mid-abdominal mass was noted incidentally.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Mod dental calc/gingivitis. Palpable mass mid-abdomen. ALT 278 (10-125) otherwise unremarkable.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

ChowChow

The urinary bladder was mildly distended in size with normal overall tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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**

FS

**AGE**

10 yr

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 6.7 cm in length. The right kidney measured 6.6 cm in length.

**WEIGHT**

30 kg

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited overall normal size and contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Wendy Turner

**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.

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Wendy Turner

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

**Gastrointestinal**

**INVOICE**

11006ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic nonshadowing ingesta without signs of obstruction or foreign material.

**DATE**

06/28/2022

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.



**PATIENT**

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

Emily Burgin

**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 was evident.

Canine

**Free Abdomen**

**BREED**

An ill-defined spherical primarily uniform to focally cystic mass was present in the cranial abdomen. The mass appeared to be directly effacing a small portion of the cranial spleen as well as the caudal aspect of the left liver measuring approximately 3.5 – 4 cm in diameter. No evidence of associated regional inflammation or peritoneal free fluid.

ChowChow

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 yr

- Uniform to focally cystic mass in the left cranial abdomen
- Hepatic parenchyma remodeling
- Moderate congealed yet nonorganized variably echogenic gallbladder debris
- Mild chronic renal changes

**WEIGHT**

30 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subjectively the mass in the left cranial abdomen appeared to be primarily effacing caudal aspect of the left liver potentially indicating caudal left liver origin. However additional subjective contact to the cranial spleen along with similar echogenicity between the mass and the adjacent spleen could indicate primary splenic origin. The mass was not overtly suggestive of neoplastic criteria with potential considerations including hepatoma, hepatic or splenic granuloma, hyperplasia, hematopoiesis or similar. The possibility of potential ectopic spleen cannot be excluded. The potential for neoplastic criteria cannot be definitively excluded. Three view chest radiographs and ideally brief sonographic assessment of the heart to rule out evidence of pericardial effusion/metastatic criteria is recommended. Laparotomy with gross inspection of the mass and potential resection could be considered as subjectively the mass appears to be amendable to surgical resection regardless of hepatic or splenic origin. Otherwise largely a mild geriatric abdomen without evidence of additional visceral abdominal pathology.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Wendy Turner

**INVOICE**

11006ag

**DATE**

06/28/2022



**PATIENT**

Emily Burgin

**SPECIES**

Canine

**BREED**

ChowChow

**SEX**

FS

**AGE**

10 yr

**WEIGHT**

30 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

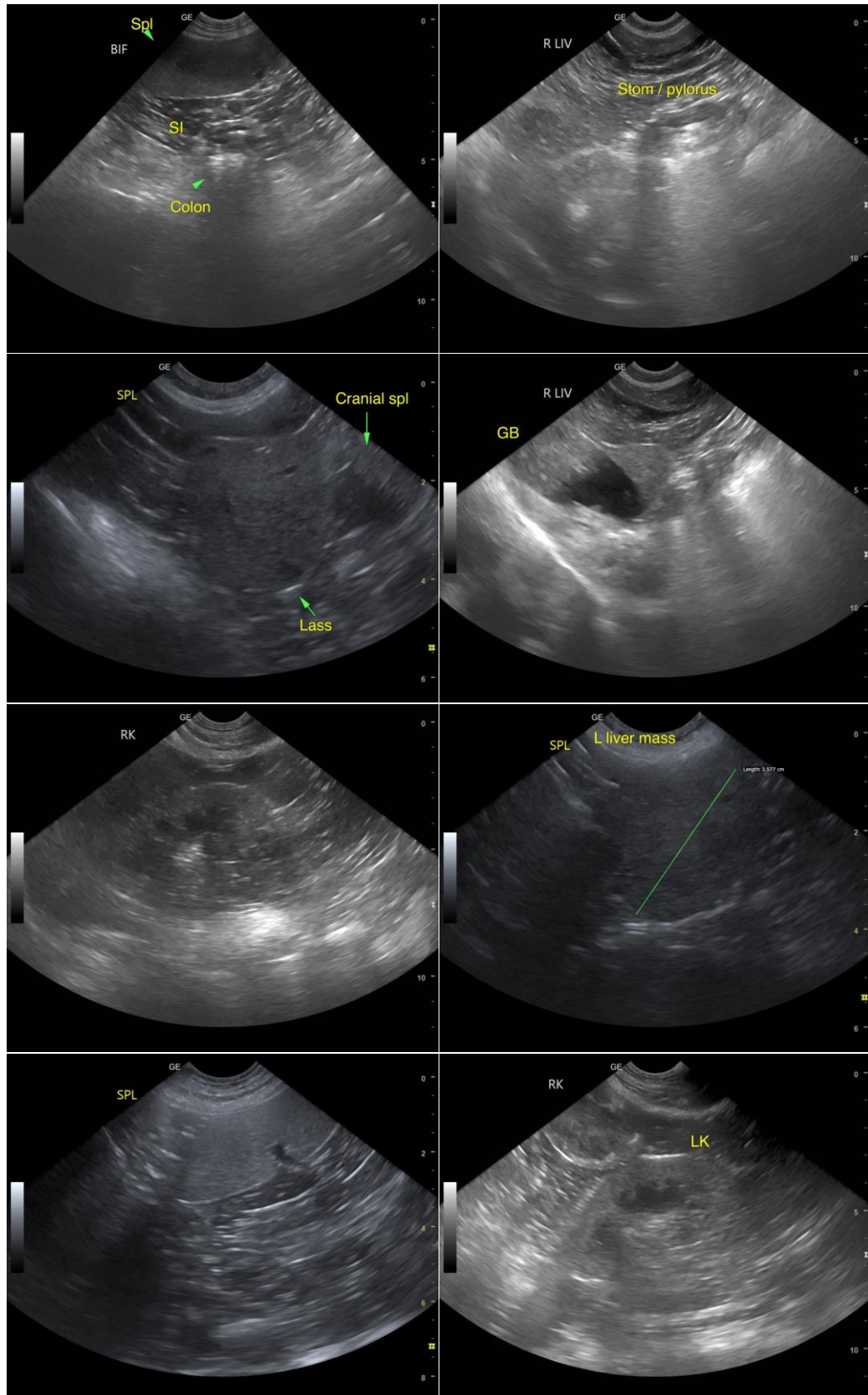
Wendy Turner

**INVOICE**

11006ag

**DATE**

06/28/2022





**PATIENT**

Emily Burgin

**SPECIES**

Canine

**BREED**

ChowChow

**SEX**

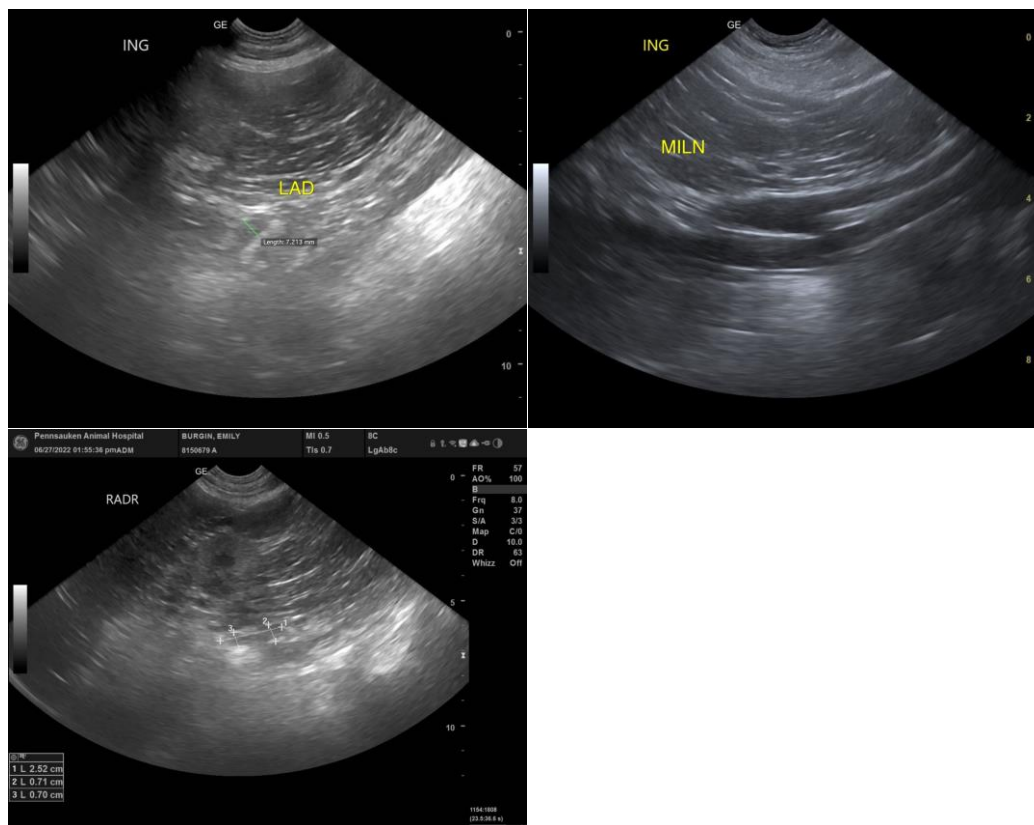
FS

**AGE**

10 yr

**WEIGHT**

30 kg



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Wendy Turner

**INVOICE**

11006ag

**DATE**

06/28/2022

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