



PATIENT

Gina Karmazzin

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

10 yr

WEIGHT

29.1 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

11005ag

DATE

06/28/2022

PRESENTING CLINICAL SIGNS

History: Possible splenic mass noted at another hospital on radiographs. No clinical concerns.

Abnormal PE/Chem/CBC/UA Results: BW (rDVM) unremarkable. Physical exam offers only mild dental disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present with minor loss of corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 cm in length.

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 0.67 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.84 cm width at the caudal pole and 2.9 cm length.

Spleen

The spleen exhibited overall normal size in size and contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary mildly expansive nonhomogeneous solid spherical mass in the subjective lateral spleen with mild associated asymmetrical lateral capsule distortion was present measuring 2.8 cm in diameter. No evidence of cavitation or capsular escape associated with the mass.

Liver

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. 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 congealed hyperechoic debris. The cystic and common bile ducts were normal.

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.

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.



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

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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

No overt lymphadenopathy or peritoneal effusion was present.

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Small nonhomogeneous solid splenic mass
- Mild congealed hyperechoic gallbladder debris
- Minor age related kidneys

FS

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 yr

This study confirms the presence of a small nonspecific splenic mass, multiple etiologies are possible including nodular hyperplasia, hematopoiesis, small hematoma, focal area of infection/splenitis or granuloma while the possibility of emerging neoplastic criteria could be possible. If accessible and assuming normal clotting status, an ultrasound guided FNA of the splenic mass would be warranted for screening cytology. Given the overall appearance of the splenic mass, continued sonographic monitoring with initial recheck in 4 weeks would also be reasonable. No overt evidence of additional intra-abdominal pathology including no additional neoplastic or metastatic criteria. Three view chest radiographs are suggested if not already done.

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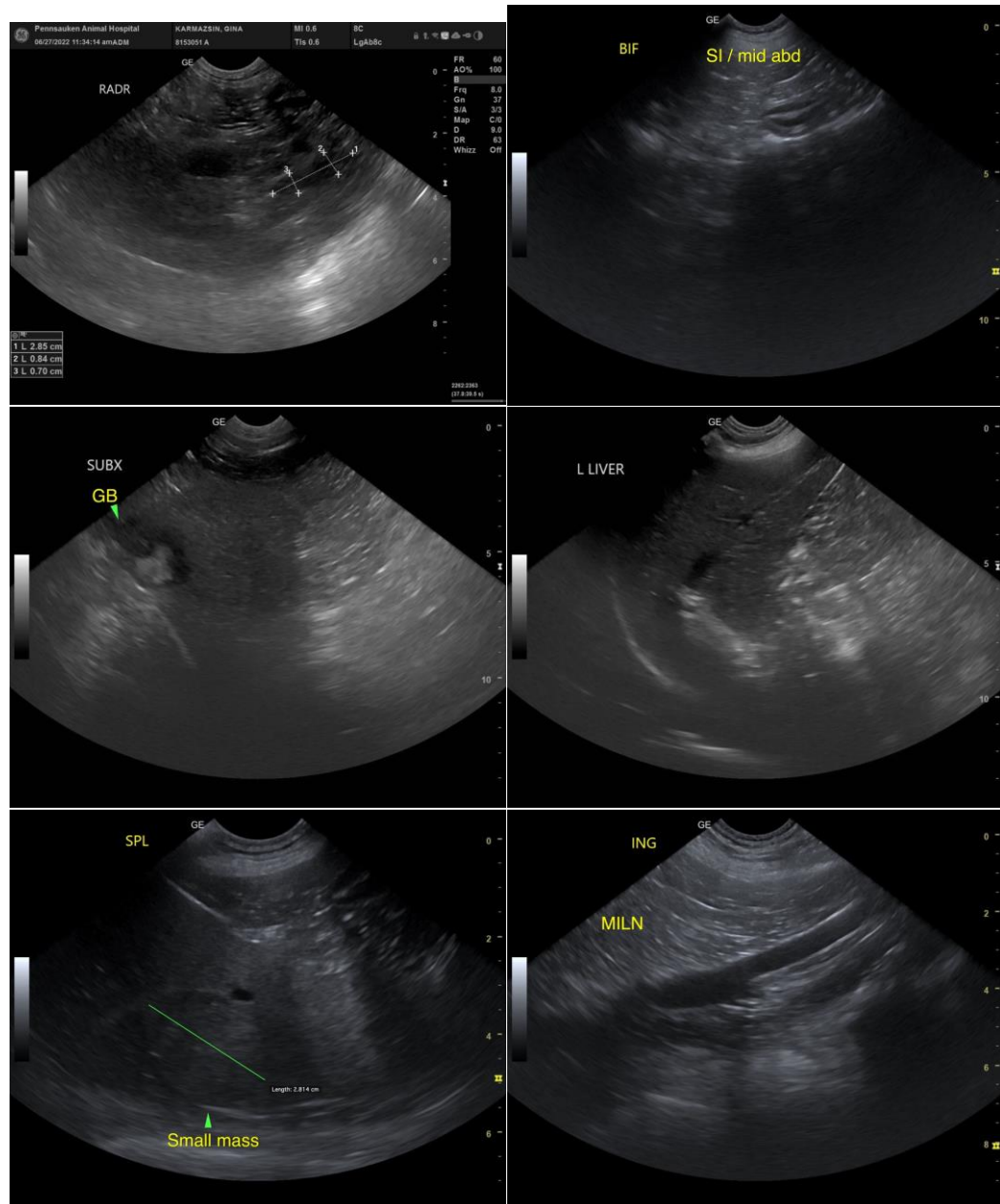
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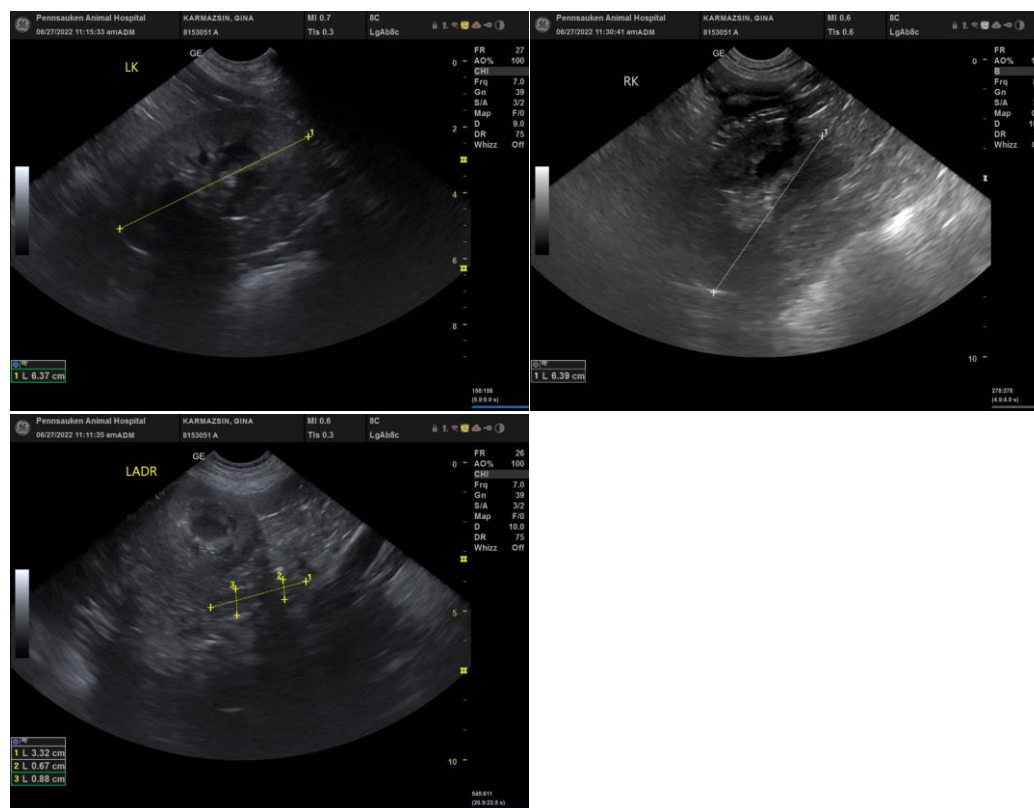
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com