



PATIENT	PRESENTING CLINICAL SIGNS
Albert Bolduc	History: Multiple episodes of collapse in past 2 days. Arrhythmia audible. Current medications Apoquel, Gabapentin and Carprofen. Butorphanol IV for mild sedation.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: intermittent pale mm during US exam. BW (yesterday): Hct 31%, Retics 157, Plt 97k, ALP 237, Lipase 3,847. HW4DX: Neg x 4 RADS: slight globoid appearance to heart, lungs clear. ECG: singlets, triplets and long stretched (>30 sec) of ventricular arrhythmia/VPCs.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LTD HEART
Cocker Spaniel	Cardiac Presentation
SEX	Brief sonographic assessment of the heart revealed overtly normal cardiac structure and function. No evidence of masses associated with the heart base or right atrium/auricle. No evidence of pericardial effusion was present. Mild eccentric mitral valve insufficiency was present on Doppler assessment. No evidence of left atrial or left ventricular enlargement.
MN	
AGE	Urinary System
9 yr	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
WEIGHT	
33 lb	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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.7 cm in length.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	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 2.4 cm length. No overt pathology in the area of the right adrenal gland.
Dr. Ebersole	
HOSPITAL NAME	Spleen
Scanvet	A moderately sized to expansive mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured 7-8 cm diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Concurrent separate mildly expansive nonhomogeneous cystic appearing cystic nodules in areas of the spleen not involved with the mass were present an example measuring 2.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
REFERRING VET	
Dr. Sanders	
INVOICE	Liver
11001ag	The liver was subjectively mildly enlarged in size with normal 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. No overt masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.
DATE	
06/29/2022	



PATIENT

Albert Bolduc

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

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic ingesta exhibiting subtle progressive distal acoustic shadowing.

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.

BREED

Cocker Spaniel

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

Pancreas

SEX

MN

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.

AGE

9 yr

Free Abdomen

Moderate volume peritoneal free fluid exhibiting mild echogenic changes consistent with mild cellularity. Generalized hyperechoic mesentery primarily around the spleen was present. Potential for splenic omental adhesions cannot be excluded.

WEIGHT

33 lb

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic to cavitated splenic mass with concurrent nodules
- Mild subjective hepatomegaly exhibiting parenchymal remodeling
- Moderate volume peritoneal free fluid-consistent with probable hemoabdomen
- Overtly normal cardiac structure and function with mild compensated MR-no overt evidence of cardiac or pericardial metastatic criteria

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Ebersole

No overt evidence of intra-abdominal major organ or omental metastasis yet given the likelihood of a primary malignant splenic neoplasia the possibility of non-visualized metastasis or possible perisplenic omental seeding cannot be definitively excluded. Pending ECG assessment splenectomy with gross inspection of the liver and omentum +/- liver biopsies assuming normal clotting status could be considered.

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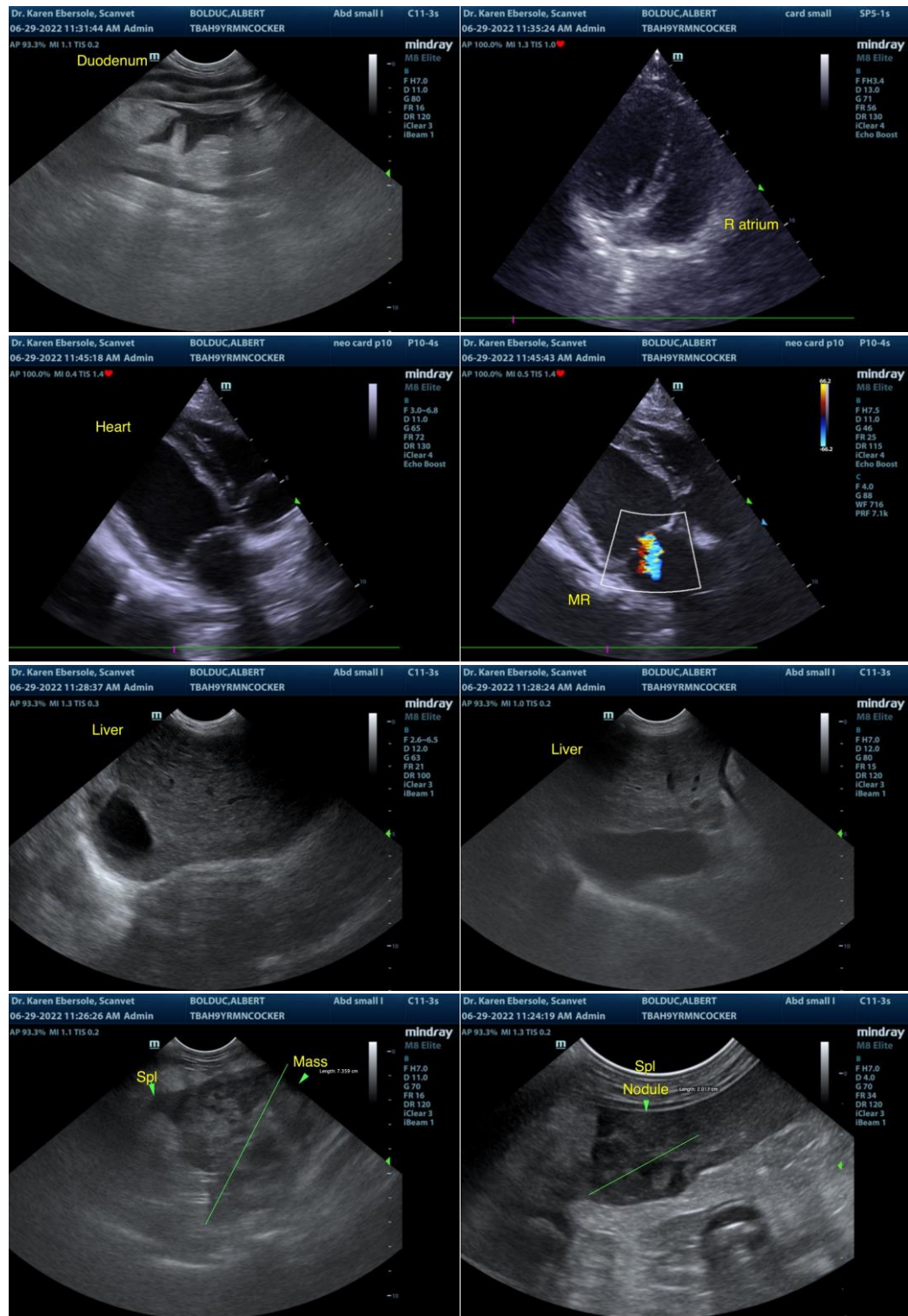
Dr. Sanders

INVOICE

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SPECIES

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BREED

Cocker Spaniel

SEX

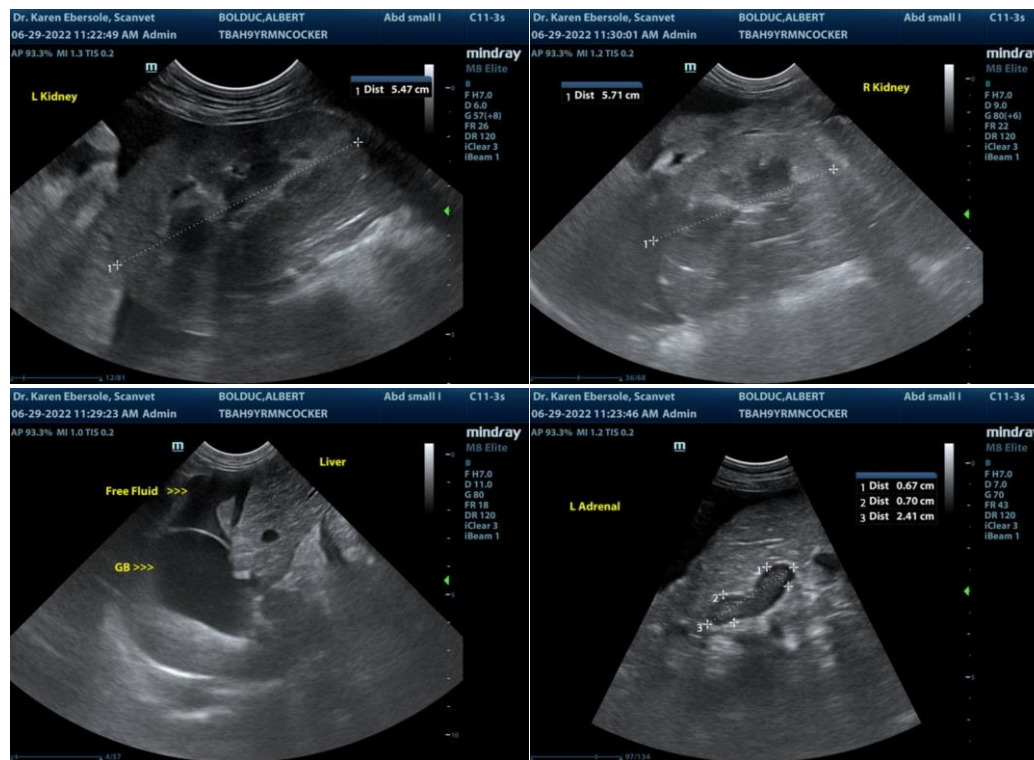
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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