



PATIENT	PRESENTING CLINICAL SIGNS
Howie Simonelli	Abdominal mass found on wellness exam non clinical Abnormal PE/Chem/CBC/UA Results: Pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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 was noted.
Cocker Spaniel	No overt pathology was noted in the area of the residual prostate.
SEX	The area of the aortic trifurcation was free of pathology.
Male Neuter	Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor areas of medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 4.9 cm in length.
AGE	Adrenal Glands
14	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the cranial pole and 0.70 cm width in the caudal pole. The right adrenal gland measured 0.89 cm width in the caudal pole.
WEIGHT	Spleen
9.8 kg	A moderately sized to expansive, asymmetrically marginated mass involving the spleen was present and measured subjectively 7.0-8.0 cm in diameter but potentially mildly larger. The parenchyma of the mass was nonhomogeneous to mixed echogenic exhibiting areas of cavitation or possible Intra-mass hemorrhage. The non-affected spleen exhibited primarily maintained finely textured and homogenous parenchyma and normal splenic capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional, mild nonuniform, hyperechoic perisplenic mesentery was present.
INTERPRETED BY	Liver/ Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. Mid liver nonhomogeneously echogenic mass measuring 5.0 cm x 3.5 cm. was present. Intermittent separate yet similar appearing intraparenchymal nodules were noted In the left and right liver. An example measured 0.84 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic content with mild echogenic to pinpoint gallbladder debris. The gallbladder was otherwise normal. The common bile duct was normal.
IMAGING PERFORMED BY	
Dr. Belan	
HOSPITAL NAME	
Signal Hill AH	
REFERRING VET	
Dr. Sweet	
INVOICE	
14030	
DATE	
6/7/22	



PATIENT

Howie Simonelli

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neuter

AGE

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WEIGHT

9.8 kg

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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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt evidence of peritoneal free fluid or obvious hemoabdomen was noted. Potential for very scant perisplenic free fluid is possible. No obvious or significant intraabdominal lymphadenopathy was noted.

Transdiaphragmatic view of the heart revealed no overt evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Expansive nonhomogeneous to cavitated splenic mass
- Hepatic parenchymal remodeling with mid parenchymal nonhomogeneously echogenic mass and concurrent, similar-appearing separate intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes with minor medullary mineral
- Pancreatic remodeling - likely incidental or age/patient variant

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 concurrent mid hepatic parenchymal mass and similar-appearing separate intraparenchymal nodules were nonspecific with considerations including nodular to regenerative hyperplasia, lipogranulomas, hematopoiesis, while the possibility of concurrent primary or metastatic neoplastic mass or nodules cannot be excluded.

Assuming no evidence of thoracic pathology or metastatic criteria on three view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver, and with hepatic biopsies could be considered. However, the possibility of hepatic metastasis and / or regional perisplenic omental seeding must be considered prior to potential surgical considerations.



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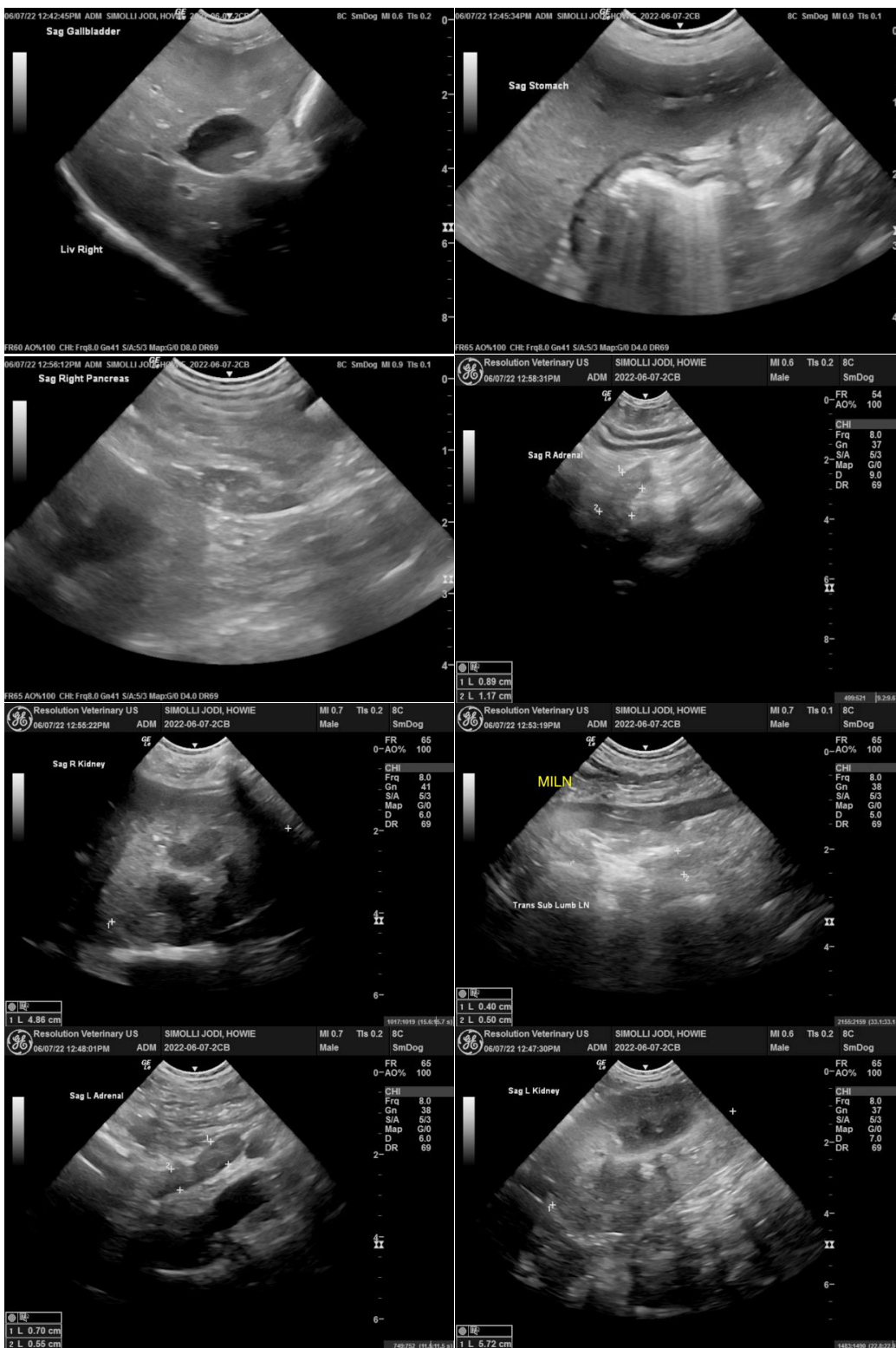
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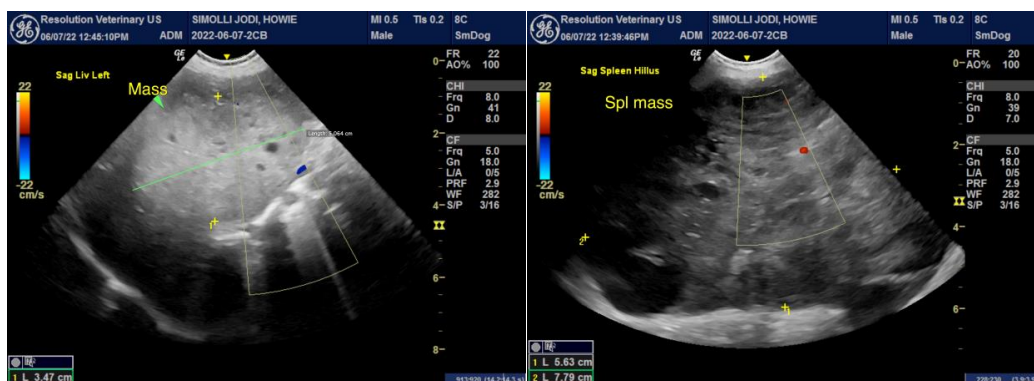
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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