

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Fizzgig Appleton	History: presented on 7/11 for lethargy since 7/9, stopped eating 7/10. frank blood vomit and diarrhea today. PE - dehydrated, BAR, frank blood rectal, abdomen tense
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Corgi	
<b>SEX</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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 5.5 cm in length. The right kidney measured 5.9 cm in length.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
7yr	The residual prostate was free of pathology measuring 0.9 cm in diameter.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
22.4kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.53 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A mildly expansive nonhomogeneous spherical mass was present in the mid to cranial spleen measuring 4.1 cm in diameter. The mass appeared to distort the associated capsule contour without evidence of parenchymal escape. No evidence of adhesions or peri splenic hyperechoic mesentery.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Peterson	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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Wilvet Salem	The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.49 cm in width.
<b>REFERRING VET</b>	
Dr. Peterson	
<b>INVOICE</b>	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. The duodenum wall measured 0.43 cm in width.
11121ag	
<b>DATE</b>	Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.
07/12/2022	<b>Pancreas</b>



## PATIENT

Fizzgig Appleton

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.

## SPECIES

Canine

### Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

Corgi

## ULTRASONOGRAPHIC FINDINGS

- Solitary mixed echogenic splenic mass
- Overtly normal GI tract and colon

## SEX

MN

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No overt evidence of abdominal metastasis was observed.

## AGE

7yr

Acute hemorrhagic diarrhea syndrome or structurally insignificant inflammatory gastroenterocolopathy could be possible.

## WEIGHT

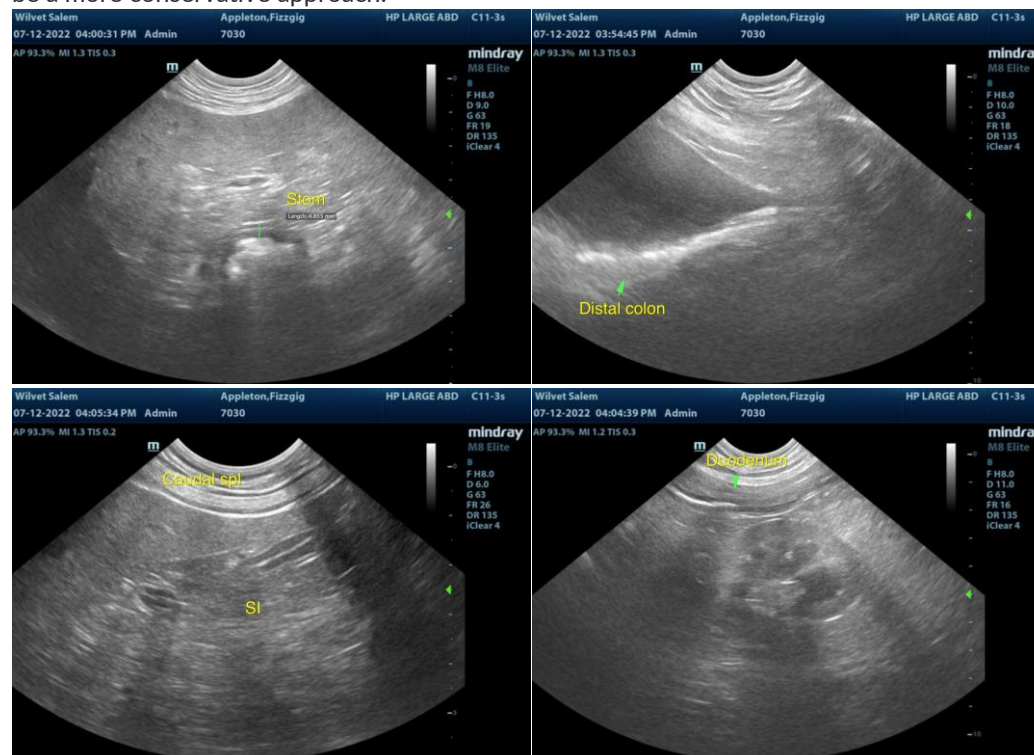
22.4kg

Assuming no evidence of thoracic pathology on three view radiographs, splenectomy with gross inspection of the GI tract +/- biopsies if clinically indicated could be considered.

Empirical therapy for acute hemorrhagic diarrhea syndrome with monitoring of the splenic mass would be a more conservative approach.

## INTERPRETED BY

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



## IMAGING PERFORMED BY

Dr. Peterson

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Peterson

## INVOICE

11121ag

## DATE

07/12/2022



**PATIENT**

Fizzgig Appleton

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

MN

**AGE**

7yr

**WEIGHT**

22.4kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

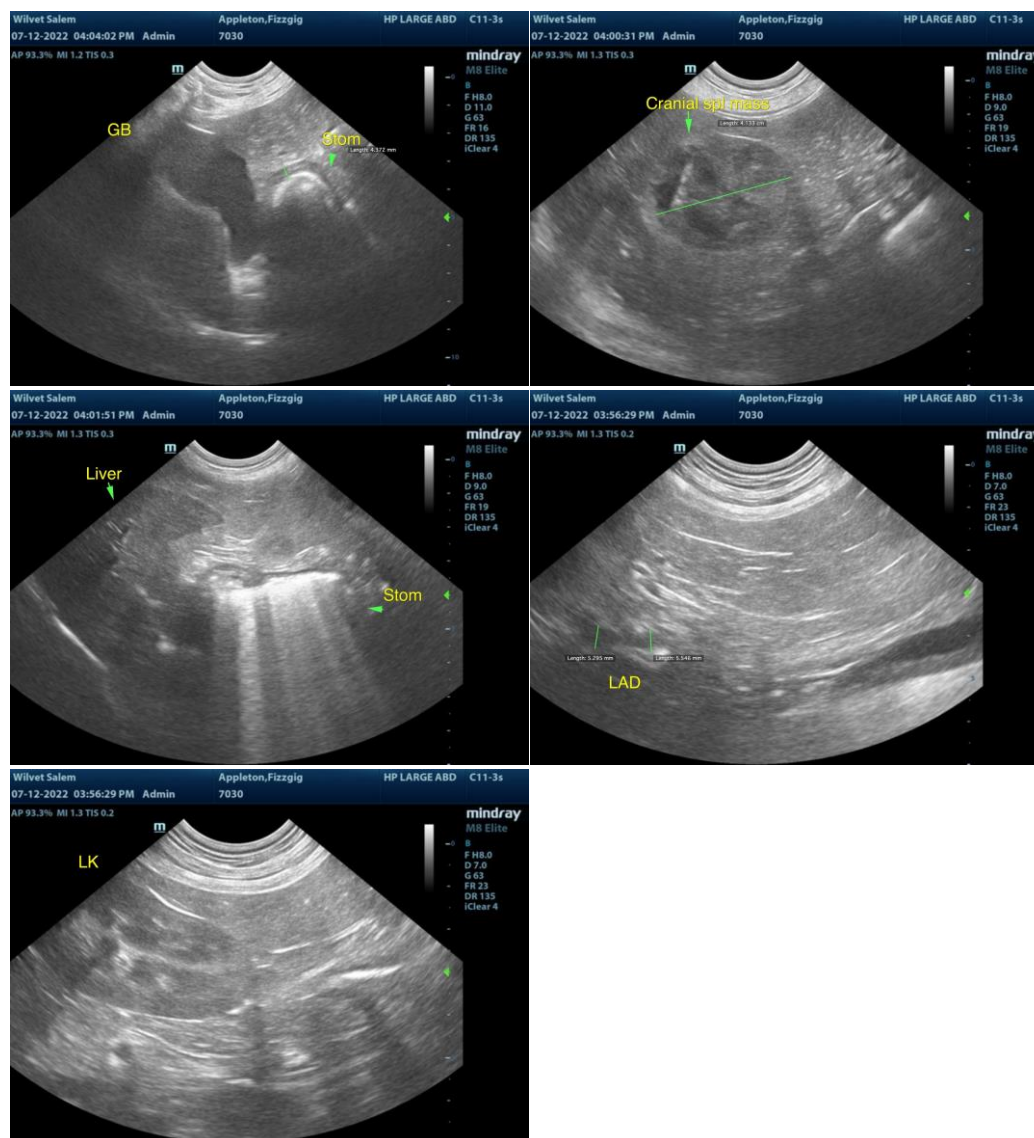
Dr. Peterson

**INVOICE**

11121ag

**DATE**

07/12/2022



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