



**PATIENT**

Otto Riley

**SPECIES**

CA

**BREED**

Golden Retriever

**SEX**

NM

**AGE**

8

**WEIGHT**

72

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Adrienne Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Adrienne Waffle

**INVOICE**

17242

**DATE**

7/14/23

**PRESENTING CLINICAL SIGNS**

One week ago decreased appetite

Abnormal PE/Chem/CBC/UA Results: Temp - 103.0 F Pulse - 190, Weaker than expected Pale pink Mucous Membrane HCT - 34.3 Regenerative anemia Chem - Unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 5.9 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The areas of the left and right adrenal glands were free of overt pathology.

**Spleen**

The spleen exhibited generalized irregular enlargement exhibiting capsule asymmetry with nonhomogeneous to nodular generalized splenic parenchyma and nodular changes exhibiting subtle central hyperechogenicity with a hypoechoic periphery, consistent with target lesion nodular criteria. Possible indistinct moderate mid to cranial splenomegaly to potential splenic mass-like lesion was noted measuring 9.0 cm x 4.0 cm. Subtle surrounding peri splenic hyperechoic omentum was noted.

**Liver/ Gallbladder**

The liver exhibited normal to possible mild generalized enlargement yet maintained symmetrical capsule contour. Overall normal hepatic parenchyma echogenicity was present exhibiting mild to moderate coarse echotexture. A solitary, subtle, nondisruptive, indistinct, hypoechoic nodule was noted in the subjective mid-cranial liver measuring 1.3 cm in diameter. No other visualized hepatic intraparenchymal nodules or masses were noted. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.



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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**

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 were evident.

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**Free Abdomen**

No overt or significant omental lymphadenopathy was visualized. No evidence of peri splenic or peritoneal free fluid was noted.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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**ULTRASONOGRAPHIC FINDINGS**

- Generalized enlarged irregular nonhomogeneous / nodular spleen with possible indistinct mass lesion, mild surrounding peri splenic hyperechoic omentum
- Solitary indistinct hepatic intraparenchymal nodule

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although splenic sampling or histopathology is required for a definitive diagnosis, the spleen was sonographically consistent with infiltrative neoplastic criteria, i.e., sarcoma, round cell neoplasia, or other.

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Given that multiple to generalized hepatic intraparenchymal nodules or masses were not visualized, the solitary visualized hepatic nodule may be incidental, i.e., hyperplasia, hematopoiesis, or similar. However, the possibility of early hepatic metastasis, non-visualized early peri splenic lymphatic involvement, or omental seeding cannot be definitively excluded. Assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver, potential for hepatic biopsy, and gross inspection of the peri splenic omentum could be considered with the possibility of an oncology consult pending splenic histopathology. A guarded prognosis is indicated.

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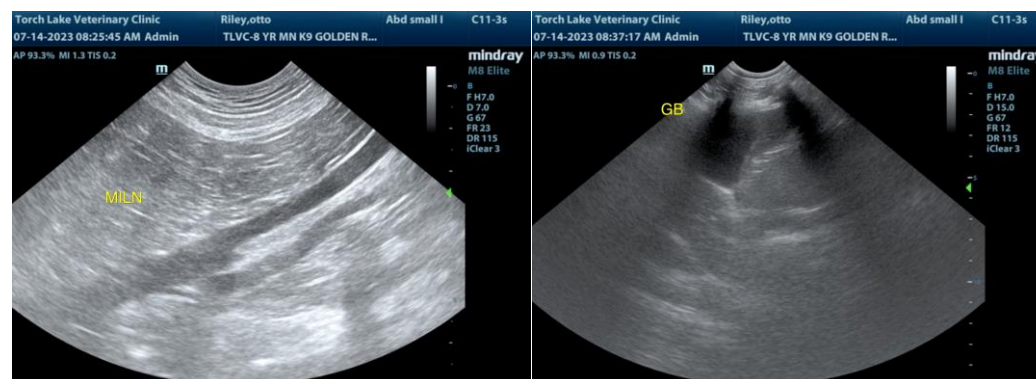
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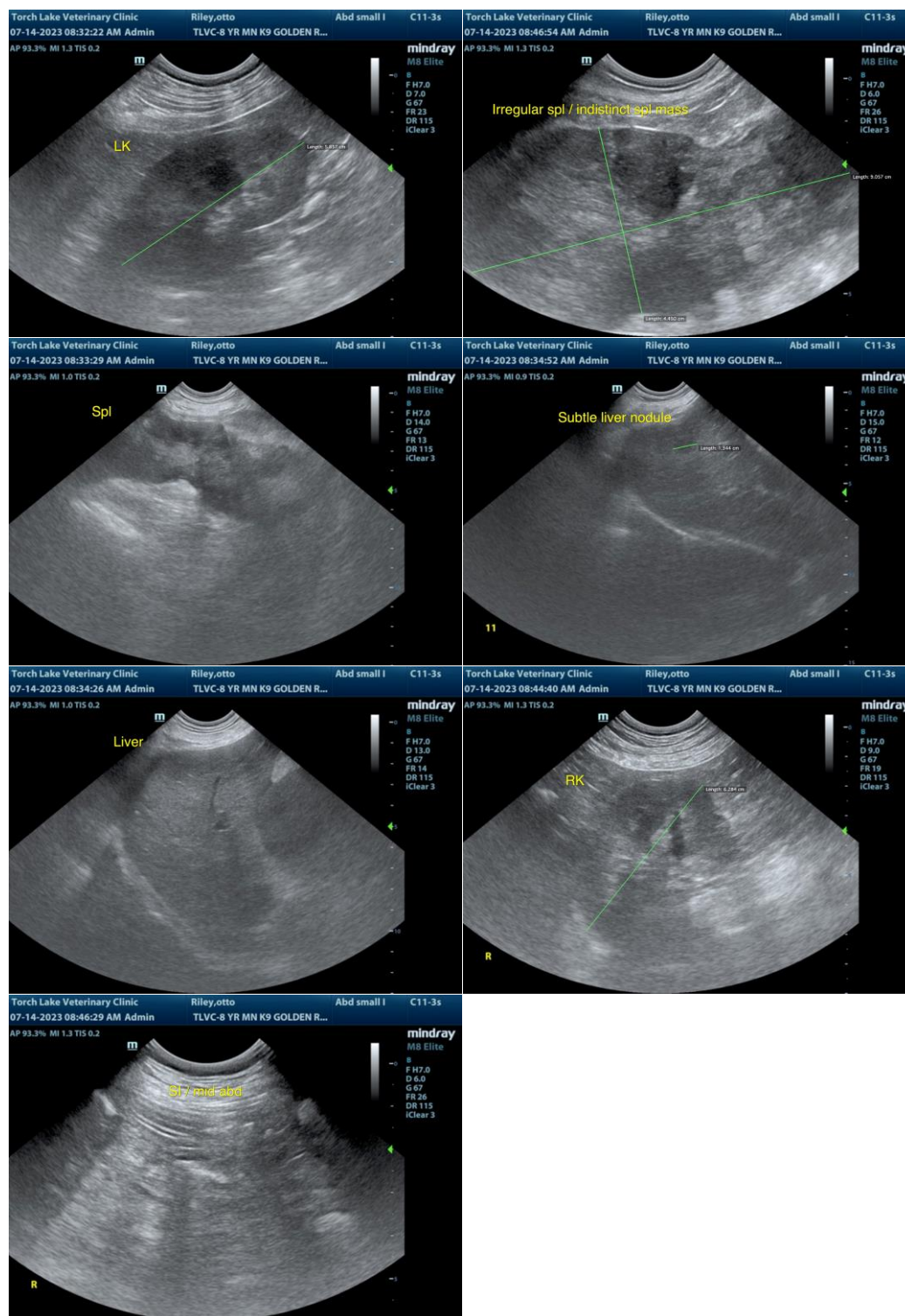
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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