



PATIENT PRESENTING CLINICAL SIGNS

Buster Blecker

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

10 yrs.

WEIGHT

97lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

10365

DATE

7/21/2023

Presented recumbent, labored breathing, weak pulses, pale and prolonged CRT. Prior Hx of mast cell tumor taken off years ago.
Abnormal PE/Chem/CBC/UA Results: See attached labs: marked regeneration of RBCs, low platelets, unremarkable chem See attached rads: miliary pattern in lungs, free fluid around spleen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

No overt pathology of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was irregularly enlarged with asymmetrical contour generalized parenchyma heterogeneity ill-defined non-homogenous mixed echogenic nodular mass mid to cranial spleen measuring approximately 8 cm to 9 cm in diameter. The cranial spleen appeared to extend to the approximate level of the caudal left liver with the potential for hepatic effacement.

Liver/ Gallbladder

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. Possible non homogenous nodular left ventral caudal liver mass in the area of the cranial spleen measuring approximately 8 cm in diameter. 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. 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

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 evidence of medial, iliac, or sub-lumbar lymphadenopathy or masses. Moderate volume mildly echogenic peritoneal effusion was present. Generalized primarily peri splenic to peri hepatic non-uniform subtly nodular omentum.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular splenomegaly with ill-defined non-homogenous/nodular mid to cranial splenic mass.
- Non-homogenous liver with a possible left liver mass versus splenic effacement.
- Moderate volume peritoneal effusion and primarily peri splenic/peri hepatic non-uniform omentum.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic appearance is consistent with neoplastic criteria i.e., carcinoma, round cell neoplasia, such as lymphoma, mast cell neoplasia given patient history, or other. Concern for potential similar appearing concurrent left liver mass. Although splenic extension with caudal left liver effacement could be possible. However, given the patients history strong concern for potential diffuse intraabdominal neoplasia with omental seeding such as mastocytosis, lymphomatosis, or similar. In conjunction with potential pulmonary radiographic abnormalities is warranted. Unfortunately, an unfavorable prognosis is strongly suspected.

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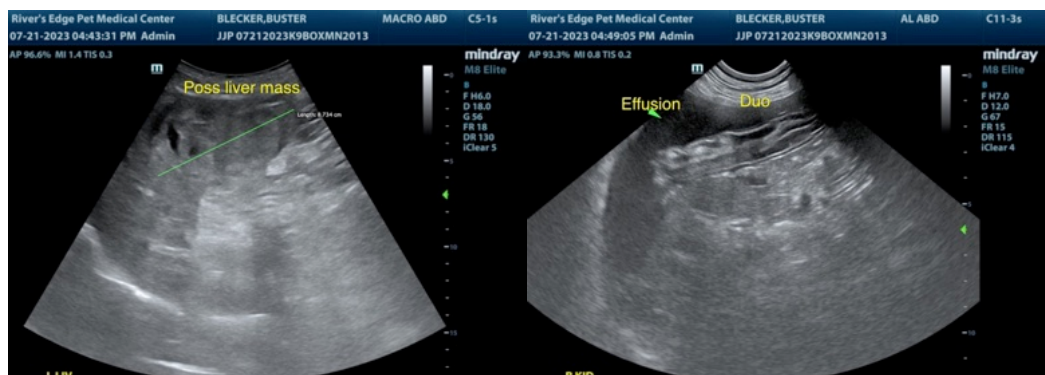
Dr. Bridget Hayes

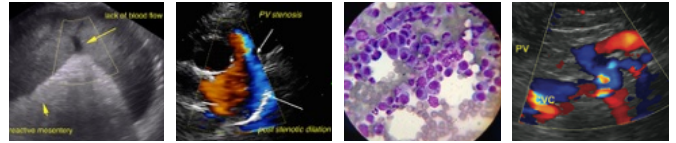
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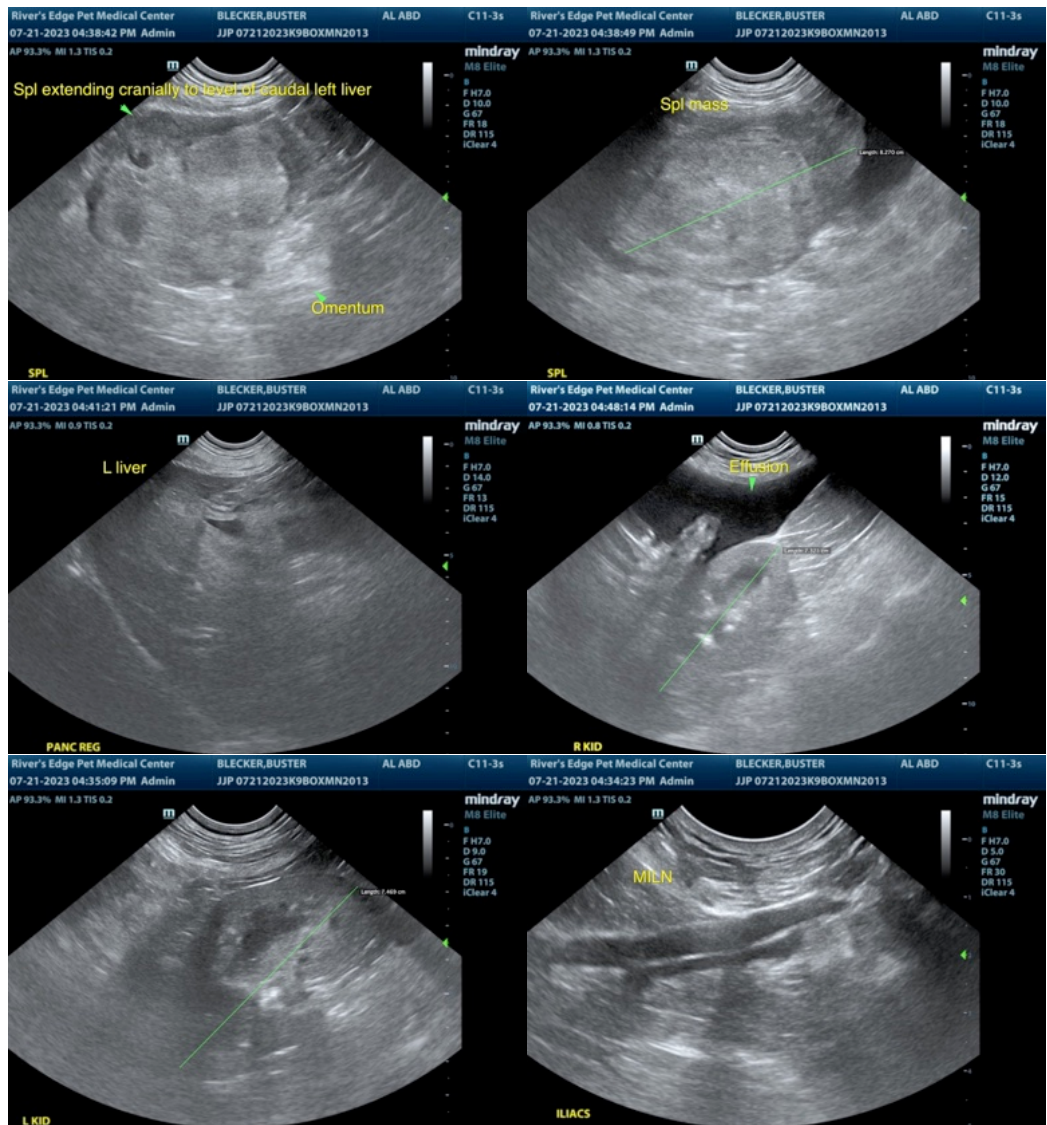
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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