



**PATIENT**

Apple Rose Hicks

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

13 years

**WEIGHT**

51.6 lbs.

**PRESENTING CLINICAL SIGNS**

weak, anemic

Abnormal PE/Chem/CBC/UA Results: n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 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 6.5 cm in length. The right kidney measured 6.5 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.58 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Diane McFadden

**Spleen**

The spleen exhibited generalized enlargement with areas of mild lateral and medial capsule asymmetry. Parenchyma heterogeneity including focal to intermittent, mildly expansive, nonhomogeneously hypoechoic intraparenchymal nodules and a probable, mildly expansive, nonhomogeneous caudal splenic mass measuring approximately 5.2 cm in diameter. An example of a splenic nodule measured 1.5 cm in diameter.

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

Dr. Corrado

**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. Focal to intermittent nonhomogeneous intraparenchymal nodules were present. An example of a liver nodule measured 2.3 cm in diameter. An ill-defined area of suspected right lateral to caudate lobar swelling exhibiting mild nonhomogeneous parenchyma was noted measuring approximately 5.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was nondistended containing primarily anechoic content with mild congealed gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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14458

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7/29/22



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Apple Rose Hicks	The stomach exhibited intact and sonographically unremarkable wall layering. A mild to moderate amount of retained ingesta / chyme was present.
<b>SPECIES</b>	
Canine	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.
<b>BREED</b>	
Goldendoodle	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
FS	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
13 years	Mild to moderate volume peritoneal free fluid exhibiting echogenic changes suggestive of fluid cellularity was present. Perisplenic to perihepatic to generalized hyperechoic mesentery was present. No overt lymphadenopathy was noted.
<b>WEIGHT</b>	
51.6 lbs.	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Primary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Generalized splenomegaly exhibiting probable caudal mildly expansive mass with concurrent separate mildly expansive intraparenchymal nodules - neoplastic criteria such as sarcoma, round cell neoplasia, or other, less likely benign etiologies such as hyperplasia, hematopoiesis, hematoma, splenitis, etc.</li> <li>Nonspecific yet suspicious intermittent nonhomogeneous hepatic intraparenchymal nodules, ill-defined caudal right lateral to caudate lobar swelling</li> <li>Mild to moderate echogenic peritoneal free fluid - consistent with probable hemoabdomen</li> </ul>
Diane McFadden	
<b>HOSPITAL NAME</b>	<b><i>Secondary Findings</i></b>
North Warren AH	<ul style="list-style-type: none"> <li>Mild gallbladder debris (non-mucocele)</li> </ul>
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Corrado	Given the likelihood of primary malignant splenic neoplasia, the hepatic intraparenchymal nodules along with ill-defined subjective right lateral to caudate lobar swelling, unfortunately, is strongly suspicious for hepatic metastasis. Likewise, the potential for regional perisplenic omental seeding cannot be excluded, given the likelihood of hemoabdomen and hyperechoic mesentery.
<b>INVOICE</b>	
14458	Unfortunately, given strong suspicion of hepatic metastasis, an unfavorable long-term prognosis is likely indicated.
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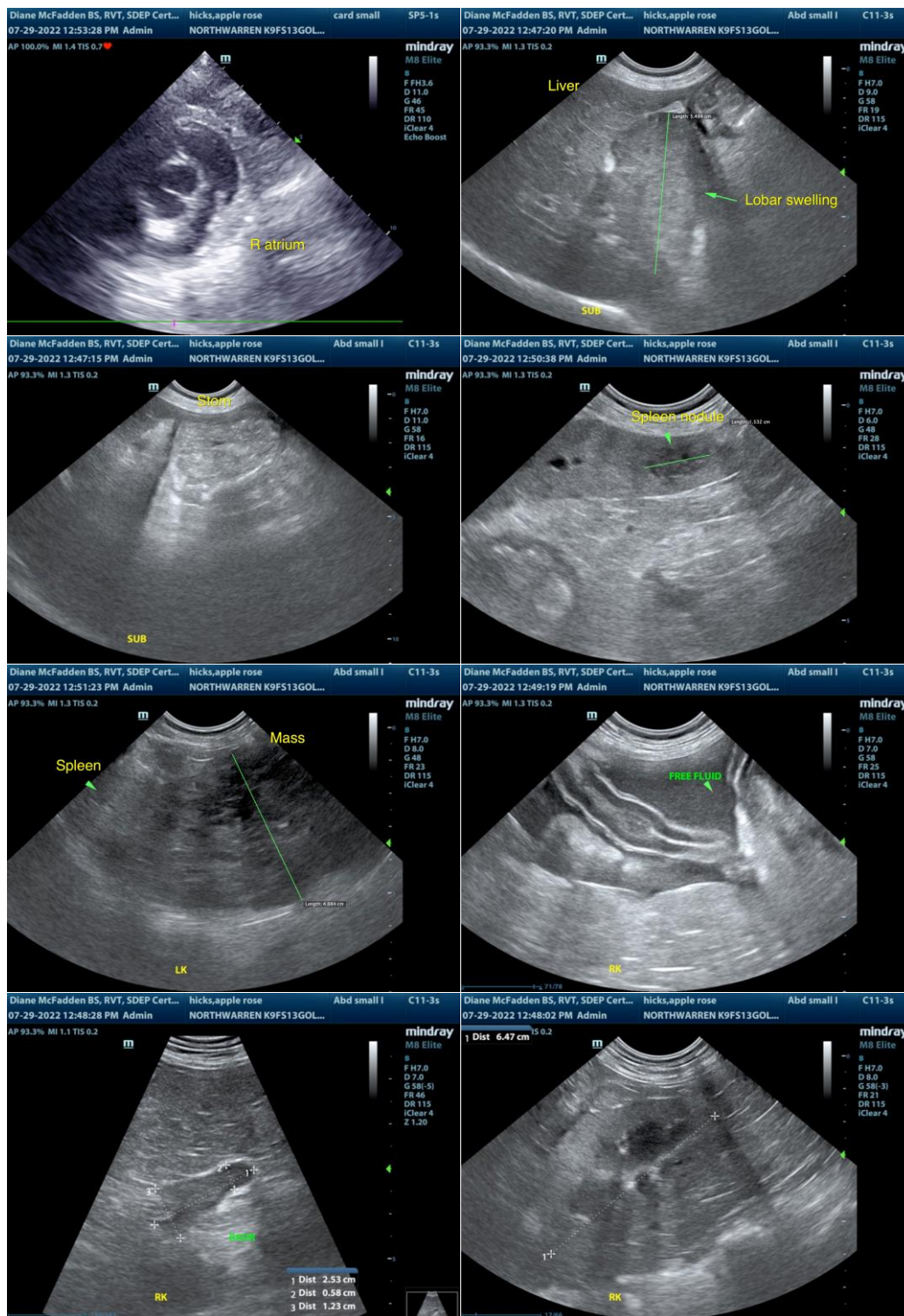
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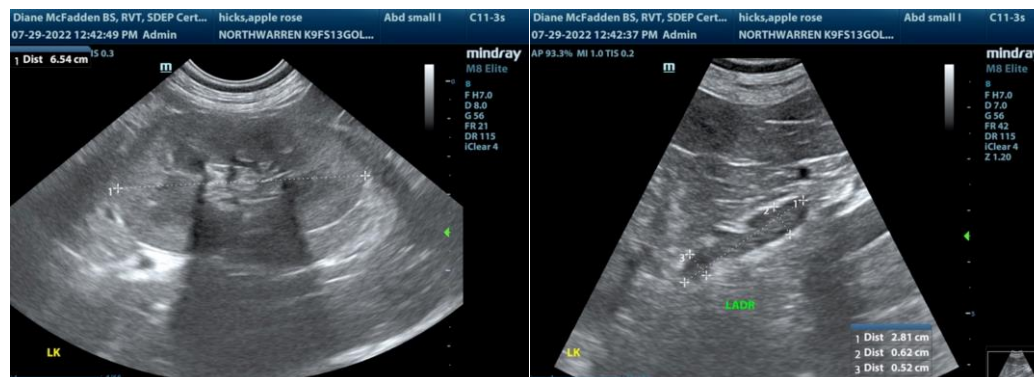
Dr. Corrado

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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