

**PATIENT**

Jennie Loff

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

FS

**AGE**

11yr

**WEIGHT**

50lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Sciortino

**INVOICE**

11222ag

**DATE**

07/29/2022

**PRESENTING CLINICAL SIGNS**

History: was vomiting and having diarrhea 2 weeks ago, not eating dog food but is eating turkey and rice. Previous vet found unknown mass (likely abdominal, but we don't have those records) 2 weeks ago. Had a seizure yesterday and has not had one in awhile. Is on phenobarbital. Owner did feed about 3/4 a cup this morning about 7am.

Abnormal PE/Chem/CBC/UA Results: Here for second opinion. Bloodwork and rads done at other clinic but do not know results. Poss mass in abdomen

**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 were noted.

Normal size and margination was 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 5.9 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 cm width at the caudal pole and 1.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 2.2 cm length.

**Spleen**

The spleen exhibited generalized enlargement with an expansive nonhomogeneous mass measuring approximately 7-8 cm in diameter. Additional mildly expansive smaller masses were also present, an example measuring 3.5 cm in diameter.

**Liver**

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.

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 contained mild to moderate nonshadowing ingesta 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.

**PATIENT**

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

Jennie Loff

**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 was evident.

**SPECIES**

Canine

**Free Abdomen****BREED**

English Setter

Mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes with peri splenic reactive mesentery was present. No overt lymphadenopathy.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Multiple variably sized splenic masses
- Hepatic parenchyma remodeling
- Peritoneal free fluid-likely hemoabdomen
- Mild chronic kidney changes
- Overtly normal GI tract with mild gastric ingesta-potential low grade or possibly resolving gastroenteritis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although histopathology is required for definitive diagnosis, the splenic masses are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Overt evidence of major organ metastasis was not definitively evident however given suspected splenic neoplasia, the possibility of metastasis and seeding cannot be definitively excluded.

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Three view chest radiographs and ideally brief sonographic assessment of the heart are recommended to rule out metastasis to the heart. If no cardiac/thoracic metastasis is present, exploratory laparotomy and splenectomy, gross inspection of the liver and omentum +/- GI biopsies if clinically indicated is warranted.

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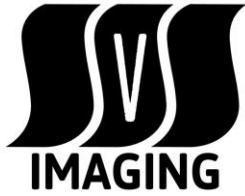
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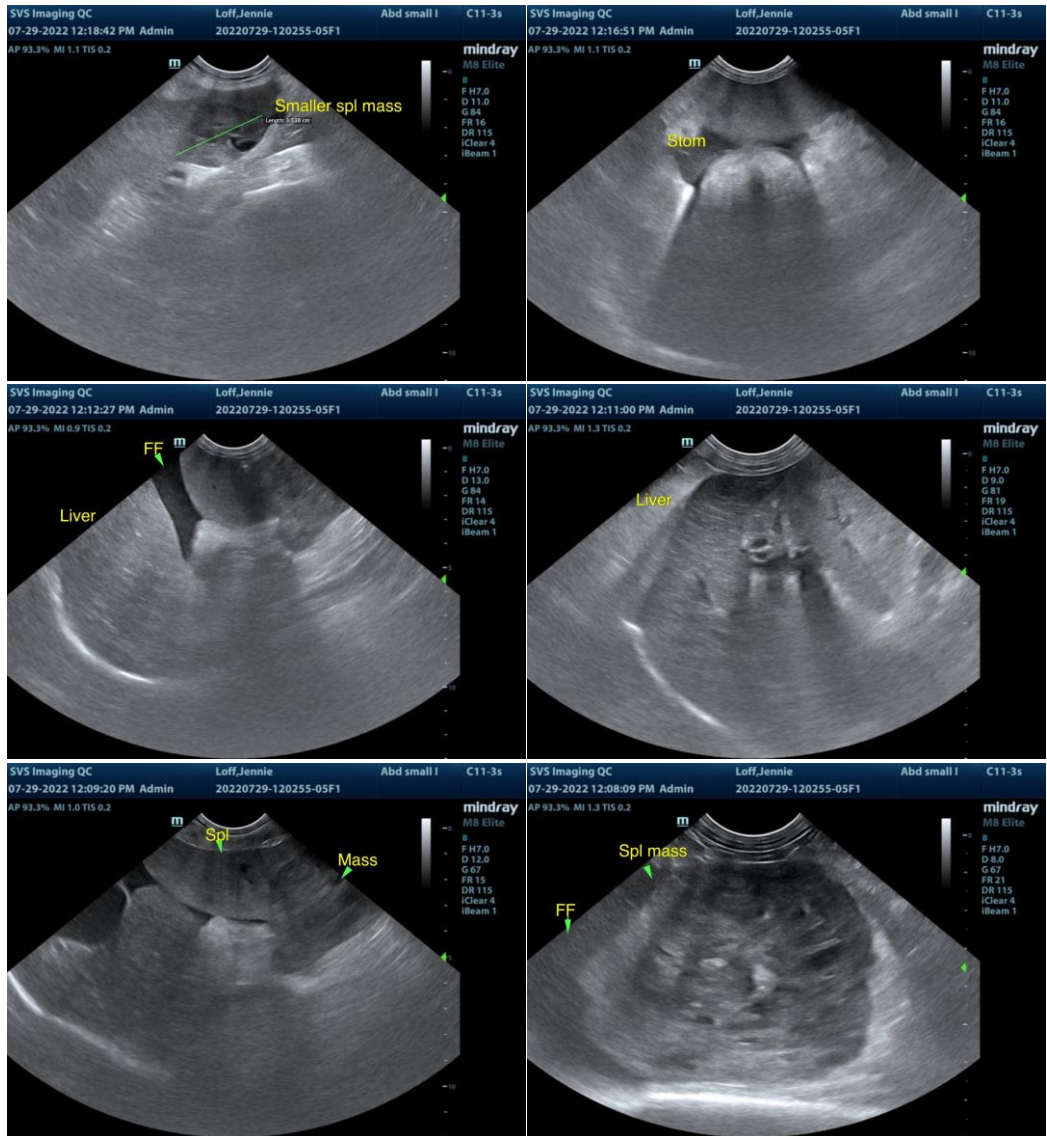
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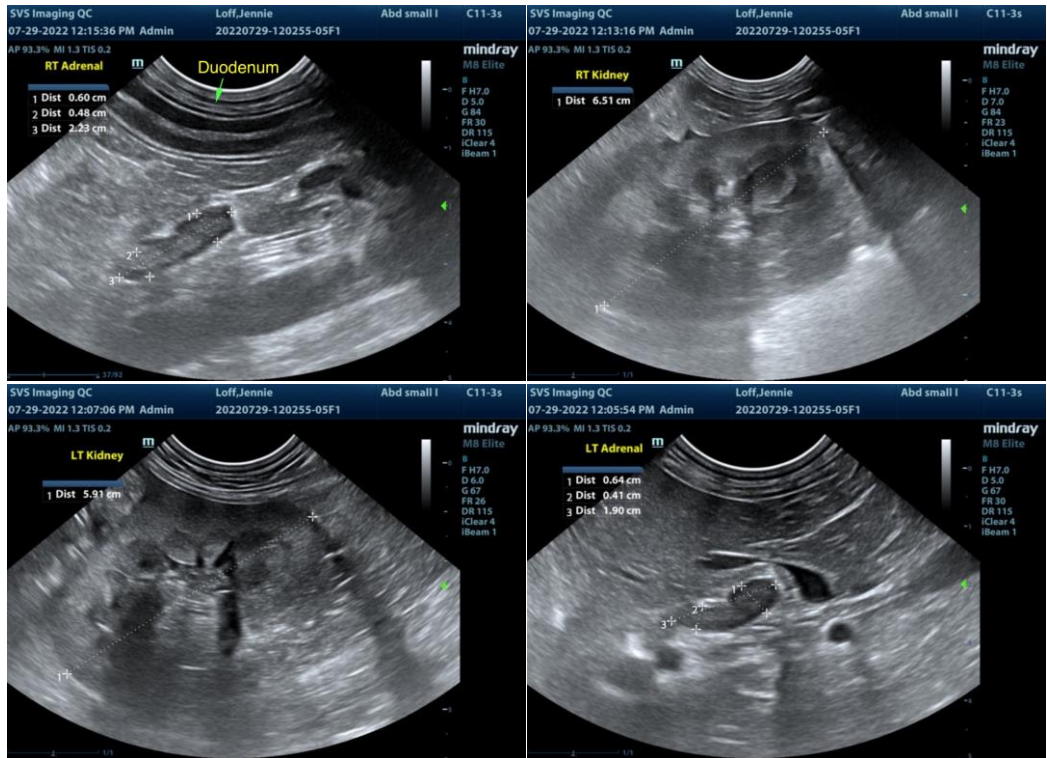
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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