



PATIENT

Rocky O'Hare

SPECIES

Canine

BREED

Rottweiler Mix

SEX

MN

AGE

10 yr

WEIGHT

96.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Giammanco

INVOICE

11060ag

DATE

07/08/2022

PRESENTING CLINICAL SIGNS

History: Large, soft tissue opacity near location of caudal liver vs. spleen, within the peritoneal cavity. R/O neoplasia vs. other.

Abnormal PE/Chem/CBC/UA Results: No blood work provided.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 1.0 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.84 cm width at the caudal pole and 3.2 cm length.

Spleen

The spleen exhibited a moderately sized to expansive asymmetrical mixed echogenic mass appearing to originate from the mid to craniomedial spleen measuring approximately 7 cm in diameter. The mass distorted the associated splenic capsule with regional peri splenic hyperechoic mesentery. Potential for adhesions is possible. No evidence of mass rupture was noted. Concurrent separate mildly expansive hypoechoic splenic nodules were noted mid to caudal spleen an example measured 1.0 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. No overt masses or nodules observed.

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 yet mildly prominent to thickened 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 ventral gastric body wall measured 0.57 cm in width.



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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.

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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

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

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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- Mixed echogenic splenic mass with concurrent hypoechoic splenic nodules
- Regional peri splenic reactive mesentery
- Mild hepatic parenchymal remodeling
- Age related kidney changes
- Intact mildly prominent gastric walls-potential gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

No overt evidence of intra-abdominal metastasis was observed. Potential for omental adhesions to the spleen cannot be excluded. Regional splenic omental seeding cannot be excluded.

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Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the liver and peri splenic omentum is warranted.

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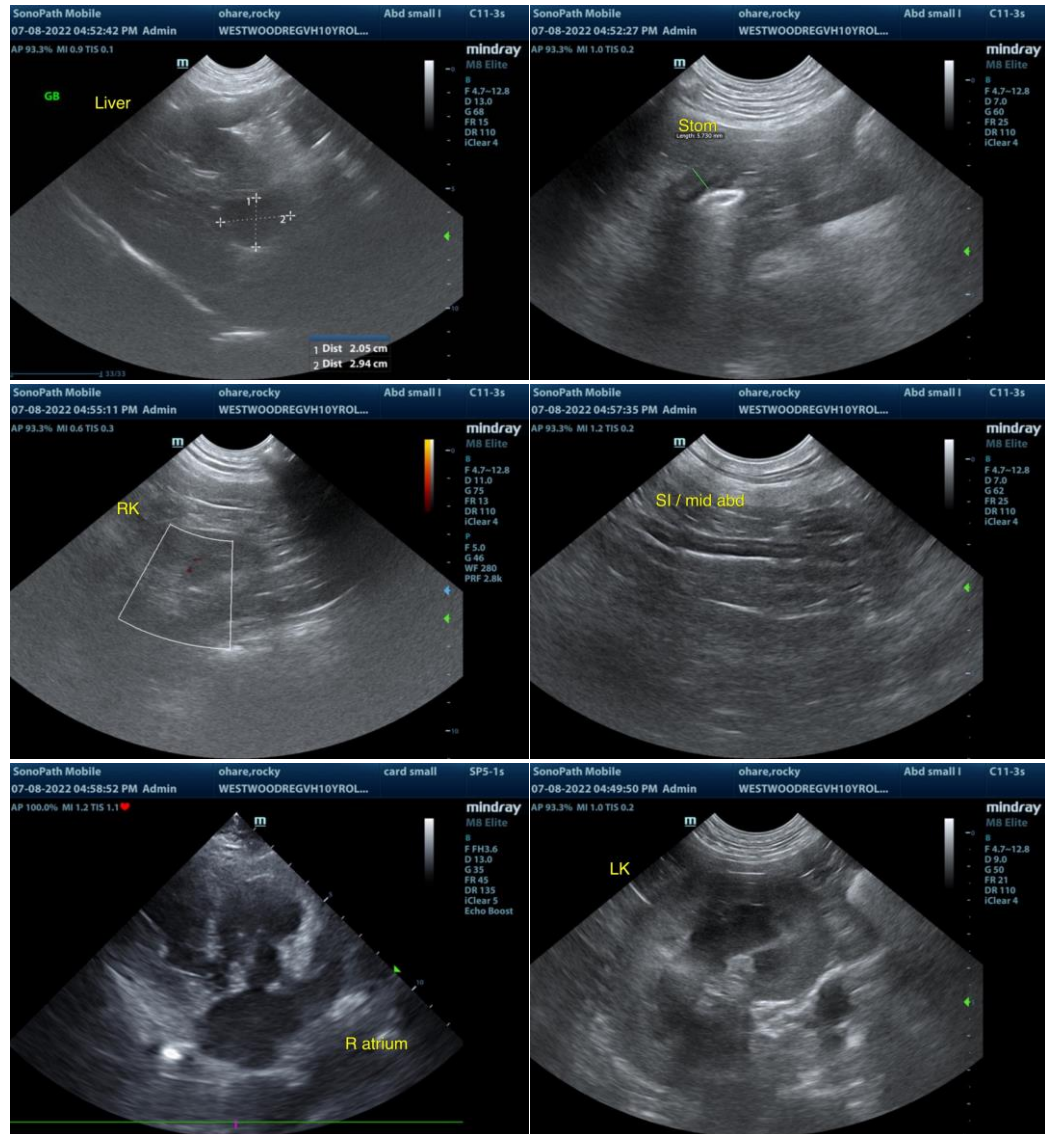
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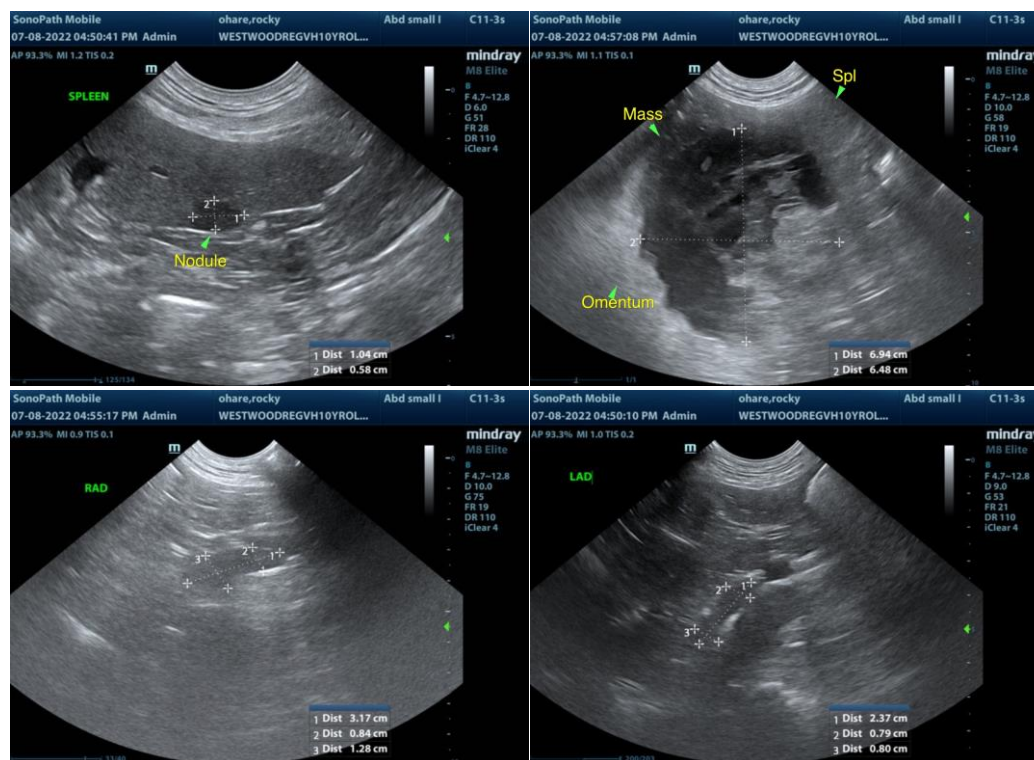
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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