



**PATIENT**

Wilson Loria

**SPECIES**

Canine

**BREED**

Mastiff X

**SEX**

M/N

**AGE**

15

**WEIGHT**

45 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Healthy Paws Fed VC

**REFERRING VET**

Dr. Hen Boisen

**INVOICE**

14623

**DATE**

8/17/22

**PRESENTING CLINICAL SIGNS**

Inappetent lethargic vomiting

Abnormal PE/Chem/CBC/UA Results: Low hematocrit mild elevation ALPK and ALT

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.

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 7.2 cm in length. The right kidney measured 8.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.80 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size without overt pathology subjectively measuring 0.57 cm width at the caudal pole and 0.62 cm width at the cranial pole.

**Spleen**

A mass subjectively involving the area of the mid to potential caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 12 cm in diameter but potentially larger. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation containing anechoic fluid, which may indicate areas of intra-mass hemorrhage or possible necrosis. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass. Subtle perisplenic reactive mesentery was present with no evidence of overt omental adhesions or splenic mass rupture.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, dependent, nonorganized, mildly hyperechoic gallbladder debris. The gallbladder debris is likely incidental or potentially indicative of mild nonobstructive cholestasis. The cystic and common bile ducts were normal.



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***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.

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

***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.

***Free Abdomen***

Solitary to intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.1 cm x 0.66 cm. The lymph node was not consistent with inflammatory or neoplastic criteria and likely incidental.

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

**ULTRASONOGRAPHIC FINDINGS**

- Cavitated splenic mass
- Mild hepatic parenchyma remodeling
- Mild gallbladder debris
- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored. No obvious evidence of intraabdominal metastasis or overt evidence of regional omental seeding. However, the possibility of micrometastasis or non-visualized metastasis in these cases cannot be definitively excluded.

Three-view chest radiographs are suggested to rule out evidence of thoracic pathology/ metastasis. If no evidence of thoracic pathology, laparotomy with splenectomy, gross inspection of the liver, and perisplenic omentum +/- hepatic biopsies assuming normal clotting status could be considered.



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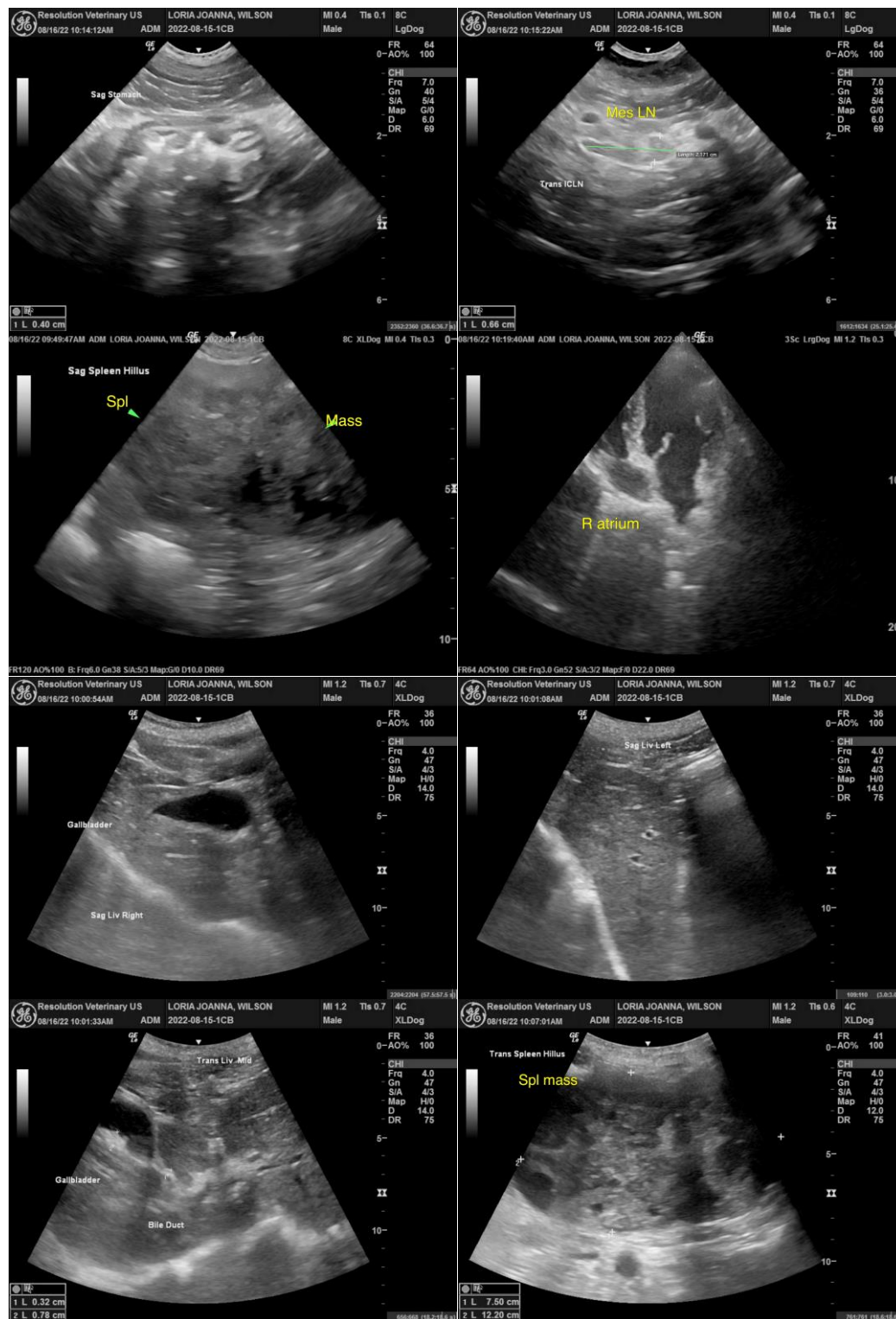
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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