



**PATIENT**

Snoopy Matthews

**SPECIES**

Canine

**BREED**

Canine

**SEX**

M/N

**AGE**

11 years

**WEIGHT**

71

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg Veterinary  
Clinic

**REFERRING VET**

Dr. Branning

**INVOICE**

14838

**DATE**

8/17/23

**PRESENTING CLINICAL SIGNS**

Pet collapsed, lethargic, low pcv  
Abnormal PE/Chem/CBC/UA Results: Blood PCV 29%, BUN 40, PHOS 7.6,

**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.

There was no overt pathology in the area of the residual prostate.

No obvious evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney caudal cortical infarcts were present. The left kidney measured 7.0 cm in length.

The right kidney was indistinctly visualized owing to patient size and conformation, along with increased peri renal omental artifact. The right kidney subjectively measured 7.1 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The spleen was variably enlarged primarily owing to subjective cranial splenic, expansive, irregularly marginated, nonhomogeneous, hypoechoic mass measuring 6.5 cm x 5.5 cm. Concurrent separate mildly expansive, nonhomogeneous mass was noted in the subjective mid spleen measuring 2.7 cm.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. 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 visualized small intestine was sonographically unremarkable exhibiting intact wall layering and normal wall layer ratio. There was no overt evidence of small intestinal mechanical / metabolic ileus.

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



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***Pancreas***

Snoopy Matthews

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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Canine

***Free Abdomen***

**BREED**

Canine

Mild volume peritoneal effusion and nonuniform, hyperechoic, peri splenic to generalized omentum were present. Potential omental nodular changes specifically around the spleen were noted. Within the right abdomen, a nonhomogeneous mass-like lesion was present measuring approximately 6.3 cm in diameter.

**SEX**

M/N

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 years

- Irregular splenomegaly with masses
- Overtly normal liver with mild gallbladder sediment (non-mucocele)
- Nonspecific chronic renal changes with caudal left kidney cortical infarcts
- Mild volume peritoneal effusion with generalized nonuniform, hyperechoic, potentially nodular omentum
- Ill-defined, nonhomogeneous, mass-like lesion right abdomen - blood clot, potential for unspecified omental mass or metastatic lesion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is consistent with neoplastic criteria with considerations including sarcoma, round cell neoplasia, or other. Probable secondary hemoabdomen, given decreased PCV level, is possible. Although not definitive, there is concern for regional omental seeding around the spleen with the possibility of an ill-defined omental mass or metastatic lesion in the right abdomen. However, blood clot within the right abdomen, given probable hemoabdomen, is possible. There is no obvious evidence of hepatic metastasis.

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Ideally, a brief sonographic assessment of the heart to assess for evidence of cardiac metastasis or pericardial effusion is recommended. If no evidence of intrathoracic pathology on three view chest radiographs, and pending recommended brief cardiac sonographic assessment, laparotomy with expectation towards splenectomy and gross inspection of the omentum and right abdomen could be considered. However, an extremely guarded prognosis is indicated.

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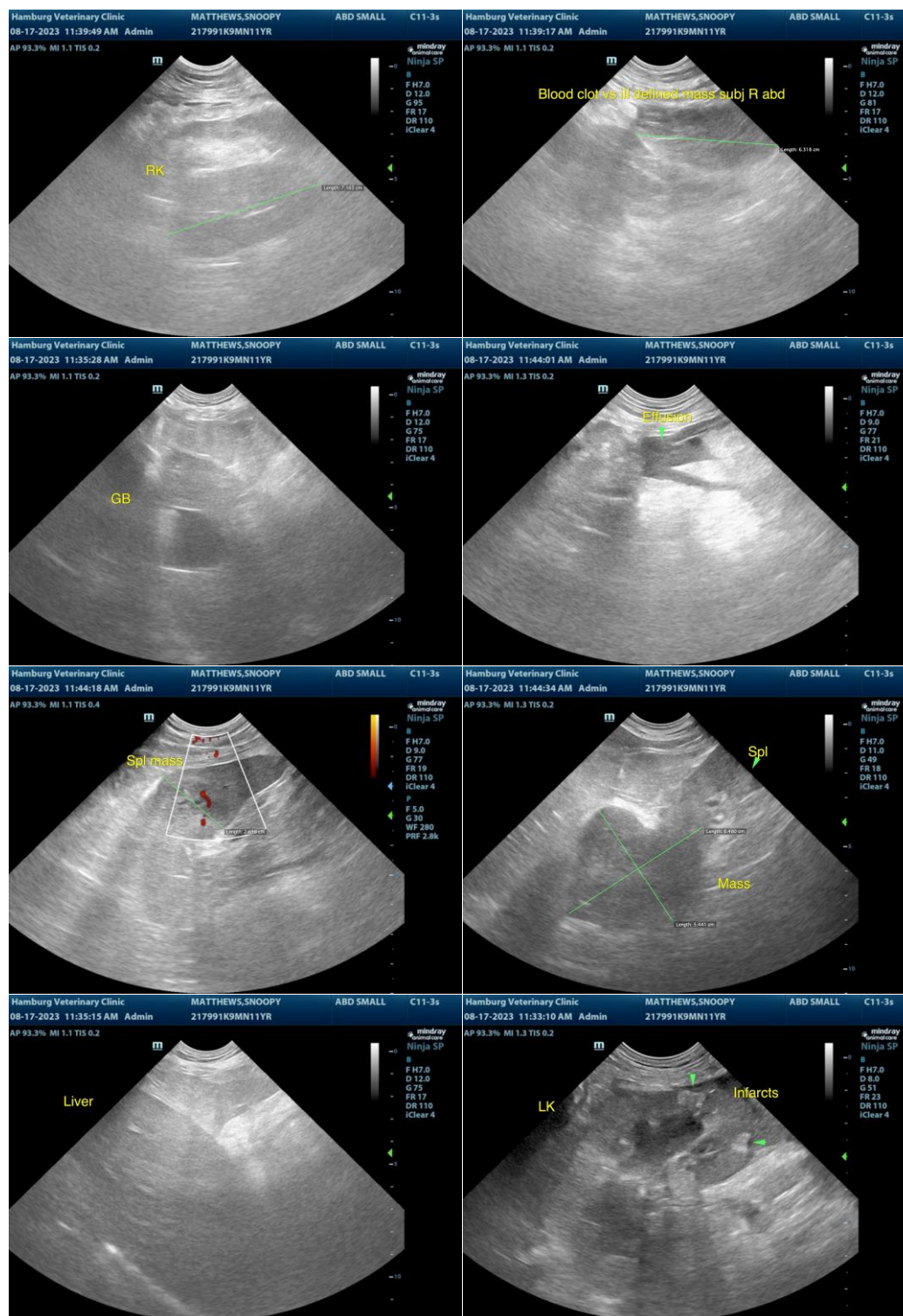
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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