



PATIENT	PRESENTING CLINICAL SIGNS
Leo Thompson	Presented in May for routine exam and vaccines, concern then that spleen may have felt prominent but no concerns from owners and BW appeared unremarkable, no weight loss or gain. Seen again Aug 22, 23 for a few days of seeming quiet, not eating enthusiastically and less interest in his walks. Cranial abdomen feels very "full" and heavy, mm pink, no tachycardia, no signs of obvious bleed. Bloodwork this time showed mild anemia. Has been on Metronidazole, Gabapentin, Trazodone as he is wiggly in clinic.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia.
Golden Retriever	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
MN	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.
AGE	There was no overt pathology in the area of the residual prostate.
9.5 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney was indistinctly visualized owing to patient discomfort, peritoneal effusion, and regional increased perirenal artifact.
40.6 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	Spleen
Crystal Hill	The spleen was overall normal in size with a primarily symmetrical capsule contour exhibiting subtle generalized parenchyma heterogeneity. A solitary, visualized, mildly expansive nonhomogeneous mass was present in the subjective mid to cranial spleen measuring 3.5 cm in diameter.
HOSPITAL NAME	Liver/ Gallbladder
Stoney Ridge AH	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.
REFERRING VET	
Dr. Brooks	
INVOICE	
14904	
DATE	
8/24/23	



PATIENT

Leo Thompson

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Golden Retriever

SEX

MN

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WEIGHT

40.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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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

Mild volume peritoneal effusion was present. Peri splenic to generalized mild hyperechoic omentum was noted. There was no overtly visualized omental lymphadenopathy.

Transdiaphragmatic view of the caudal thorax and heart revealed evidence of mild pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Small nonhomogeneous to expansive splenic mass
- Sonographically unremarkable normal volume liver
- Gallbladder sediment (non-mucocele)
- Peritoneal effusion - suspect hemoabdomen
- Mild volume pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there is potential for benign etiologies, the small splenic mass is most concerning for neoplastic criteria i.e., sarcoma or other. Abdominocentesis is recommended for further assessment of the peritoneal effusion and/or conformation of suspected hemoabdomen.

There was no obvious evidence of major organ intrabdominal metastasis. However, given the presence of mild pericardial effusion, concern for possible cardiac metastasis is warranted. Ideally, a full echocardiographic workup for further clarification is recommended prior to any potential surgical considerations. Three-view chest radiographs are recommended if not done. A very guarded prognosis is indicated.



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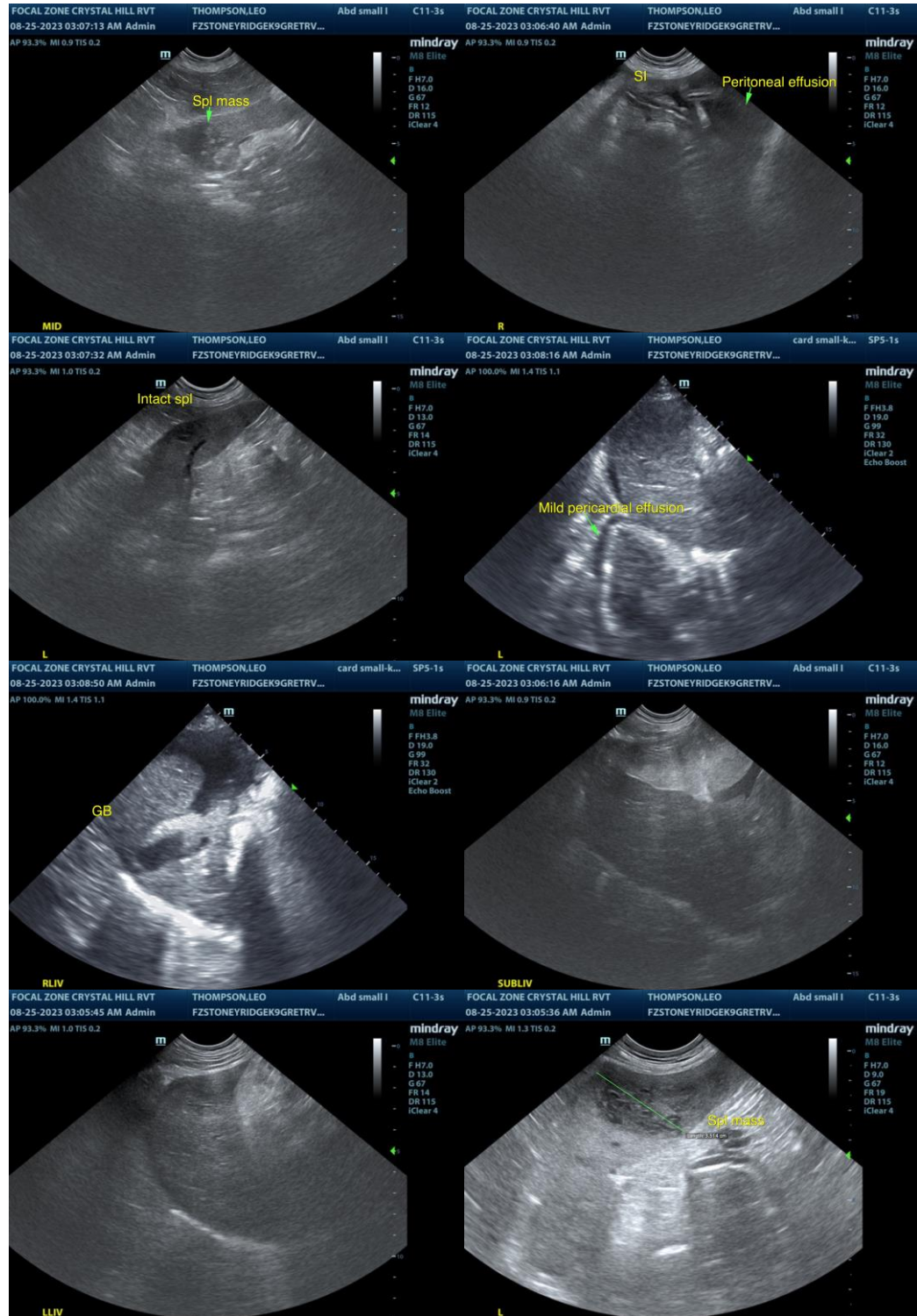
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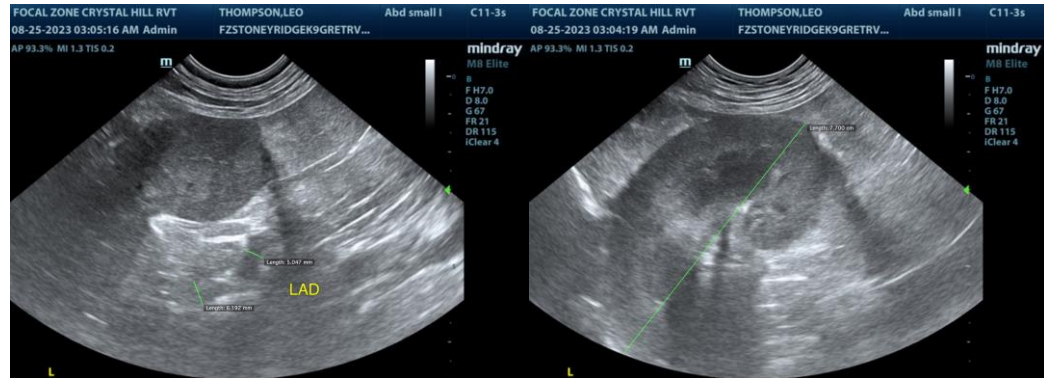
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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