



PATIENT

Paige Michel

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

9 years 6 months

WEIGHT

24.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sari Reffi, CVT

HOSPITAL NAME

Companion AH of
Wayne

REFERRING VET

Dr. Spitz

INVOICE

14792

DATE

8/3/23

PRESENTING CLINICAL SIGNS

Large mid-abdominal mass; sl. anemia, low PLT's, blood drops at end of urination, decreased appetite by 50%. Meds: Doxycycline-for congestion/cough.

Abnormal PE/Chem/CBC/UA Results: Glob 8.3; ALB 1.8; Chol 63; Cpk's 26; T4 <0.5; moderate anisocytosis/rouleaux; sl. polychromesis. PLT 53k (sm. clumps); HCT 30; PT 8.2/PTT 17.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size, which prohibited full evaluation of the urinary bladder walls owing to lack of urine distention. The ventroapical urinary bladder wall measured 0.62 cm. Within the urinary bladder lumen, a mildly nonhomogeneous, nonmineralized mass-like lesion measuring ~2.4 cm x 0.88 cm was present with concurrent minimal anechoic urine. Subjective thickened proximal urethra was noted exhibiting normal tone to a depth of 3.0 cm. The proximal urethra measured 0.7 cm width. There was no overt proximal urethra urine retention.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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, pyelectasia, or evidence of hydronephrosis was present. Discreet areas of medullary mineral were noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 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 2.0 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.71 cm width at the caudal pole.

Spleen

A large, primarily symmetrical, solid, mildly nonhomogeneous mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 11.0-12.0 cm in diameter without areas of cavitation. The non-affected spleen was sonographically unremarkable. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 anechoic content with moderate, non-dependent yet nonorganized, hyperechoic gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. 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 contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing nonshadowing ingesta / chyme was present with no signs of obstruction.

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

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. Subtle increased peri splenic omental echogenicity was present.

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

ULTRASONOGRAPHIC FINDINGS

- Subnormal yet subjective thickened urinary bladder with lumen mass-like lesion, concurrent subjective thickened proximal urethra - urinary bladder and potential proximal urethral neoplasia, i.e., transitional cell carcinoma or other, urinary polyps, cystitis, urethritis, potential urinary bladder blood clot, all potentials
- Large, nonhomogeneous, solid splenic mass - nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other)
- Mild chronic renal changes with discreet medullary mineral
- Sonographically normal liver with moderate gallbladder sediment (non-mucocele)
- Gastric and mild segmental intestinal ingesta - suggestive of food

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinalysis with C/S ideally on a sterile urine sample and screening BRAF Assay is recommended.

There is no overt sonographic evidence of intrabdominal peri cystic or cardiac metastasis associated with the spleen and potential urinary bladder neoplasia.

Assuming no evidence of pathology on three-view chest radiographs, splenectomy with gross inspection of the urinary bladder and urinary bladder biopsy may be considered. Alternatively, abdominal CT for further clarification and potential surgical planning, as well as assessment of non-obvious metastasis may be ideal.



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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

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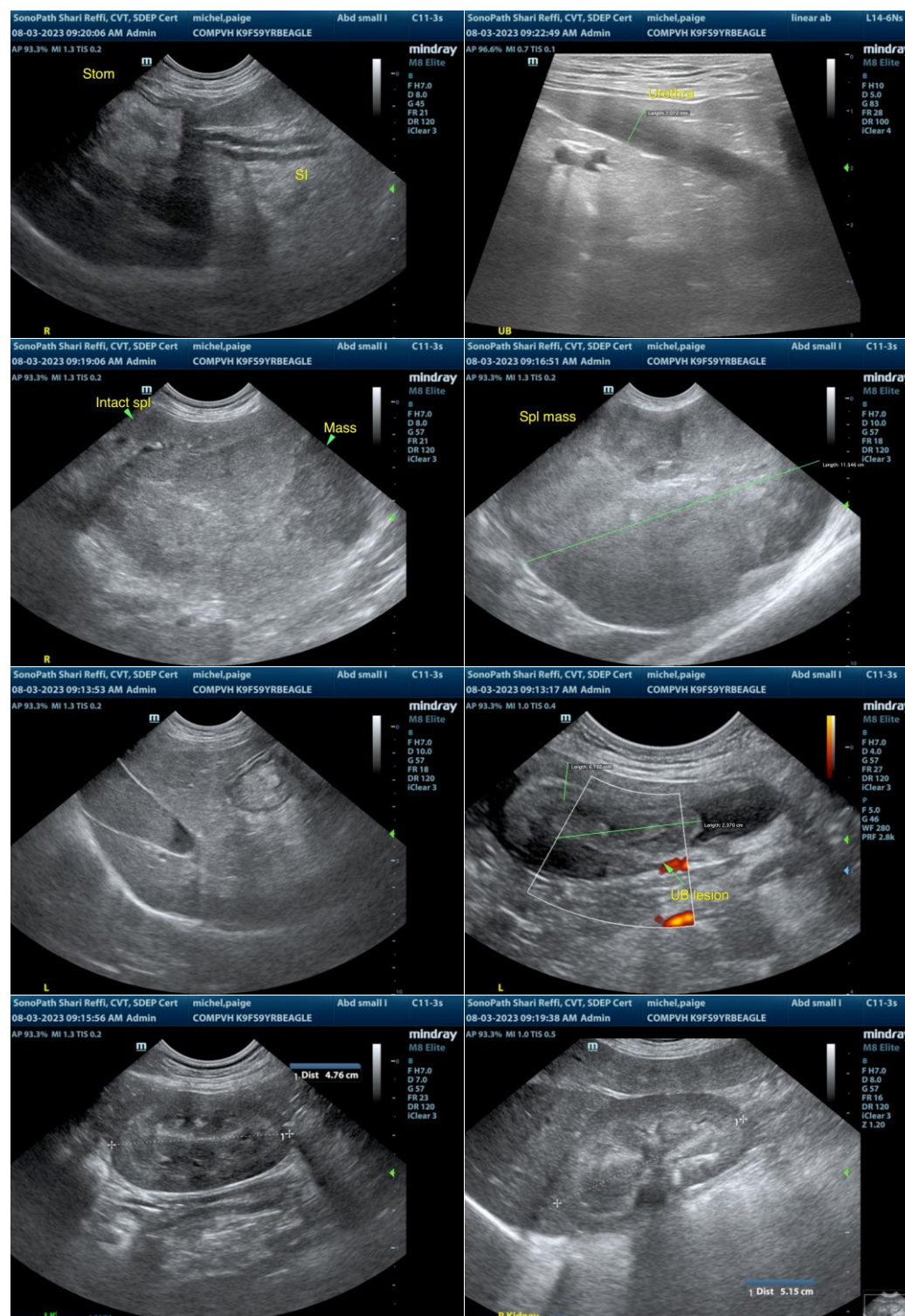
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<https://sonopath.com/services/vetimaging/>





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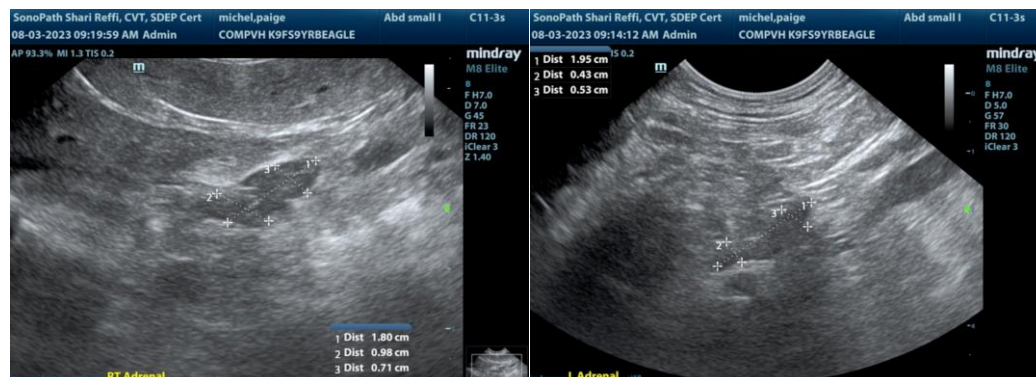
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com