

**PATIENT**

Lola Weber 53155A

SPECIES

Canine

BREEDAmerican Staffordshire
Terrier**SEX**

FS

AGE

11yr

WEIGHT

21.4kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists-Dr Daggett**INVOICE**

11494ag

DATE

08/30/2022

PRESENTING CLINICAL SIGNS

Over the past couple months, Lola has been having episodes in which she will become lethargic and start panting heavily, her abdomen will swell up and she will experience some difficulty walking. These episodes last for a couple hours at a time. They have progressively gotten a bit worse. Lola had her worst episode on Thursday, so owners brought her to pcDVM on Friday. Lola also vomited on Thursday night. pcDVM did BW and rads and recommended Lola have an AUS somewhere. Per owner, pcDVM said Lola is anemic. Lola has not eaten since Sunday, except for a few pieces of kibble this am. As of a couple days ago, Lola also began experiencing some episodes of fecal incontinence. She has otherwise been a healthy dog.

Abnormal PE/Chem/CBC/UA Results: HX mild azotemia on 8/26 HX hepatopathy on 8/26 AFAST revealed abdominal effusion and cranial abdominal mass. Peripheral PCV/TS: 17%/6.4 Abdominal effusion PCV/TS: 23%/5.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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. The ventral urinary bladder wall measured 0.59 cm in width.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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 uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

Spleen

A large to expansive irregular mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 11 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Discernably normal spleen was not visualized. Regional hyperechoic to nodular omentum was present around the mass. Arising from the spleen were several non-specific heterogeneous nodular lesions which may indicate extension of the mass with potential for perisplenic blood clots.

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.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lola Weber 53155A

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

Canine

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

BREED

American Staffordshire
Terrier

The small intestine presented intact yet mildly prominent wall layering with generalized duodenal corrugation. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.48 cm in width. The jejunum wall measured 0.34 cm in width.

SEX

FS

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

AGE

11yr

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.

WEIGHT

21.4kg

Free Abdomen

Focal, mildly prominent to enlarged iliac 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 measured 2.3 cm x 0.61 cm.

INTERPRETED BY

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

Moderate volume peritoneal free fluid exhibiting mild echogenic changes consistent with fluid cellularity was present. Potential for minor perisplenic lymphadenopathy possible.

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

IMAGING PERFORMED BY

Tom McNeill

ULTRASONOGRAPHIC FINDINGS

- Expansive cavitated splenic mass-sonographically consistent with neoplastic criteria i.e. sarcoma, round cell neoplasia or other
- Associated perisplenic non-uniform hyperechoic mesentery, potential for blood clots
- Moderate volume peritoneal free fluid with echogenic changes consistent with hemoabdomen
- Hepatic parenchymal remodeling
- Gastroduodenitis pattern with duodenal corrugation
- Mild non-specific yet subjectively benign medial iliac lymph nodes

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary
Specialists-Dr Daggett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

INVOICE

11494ag

Rapid view of heart was overtly normal without obvious effusion or metastasis.

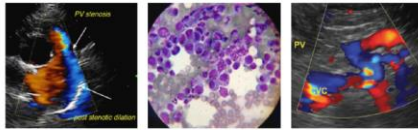
DATE

08/30/2022

No obvious major organ metastasis although potential for perisplenic omental seeding or nonobvious micro metastasis cannot be excluded in this case. If no evidence of thoracic pathology on three view chest radiographs and once patient is stabilized, splenectomy with gross inspection of the perisplenic omentum and liver could be considered. A very guarded to possible long term unfavorable prognosis

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lola Weber 53155A

given likely malignant splenic neoplasia or high probability of sarcoma.

Babesia titers may be considered if clinically indicated in light of breed.

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

FS

AGE

11yr

WEIGHT

21.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

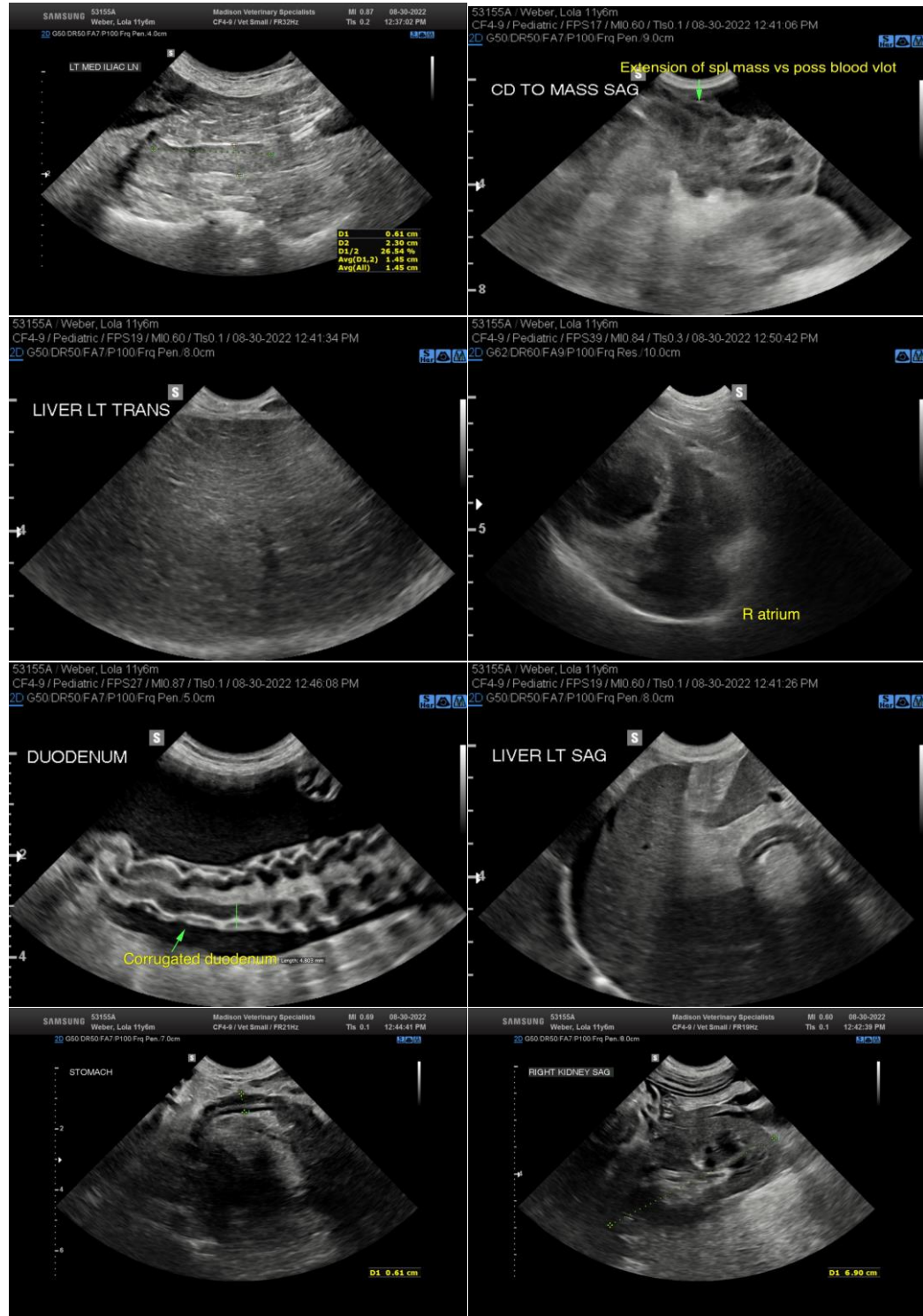
Madison Veterinary
Specialists-Dr Daggett

INVOICE

11494ag

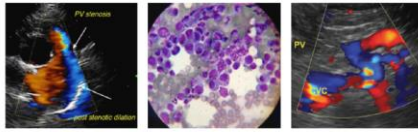
DATE

08/30/2022



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lola Weber 53155A

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

FS

AGE

11yr

WEIGHT

21.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

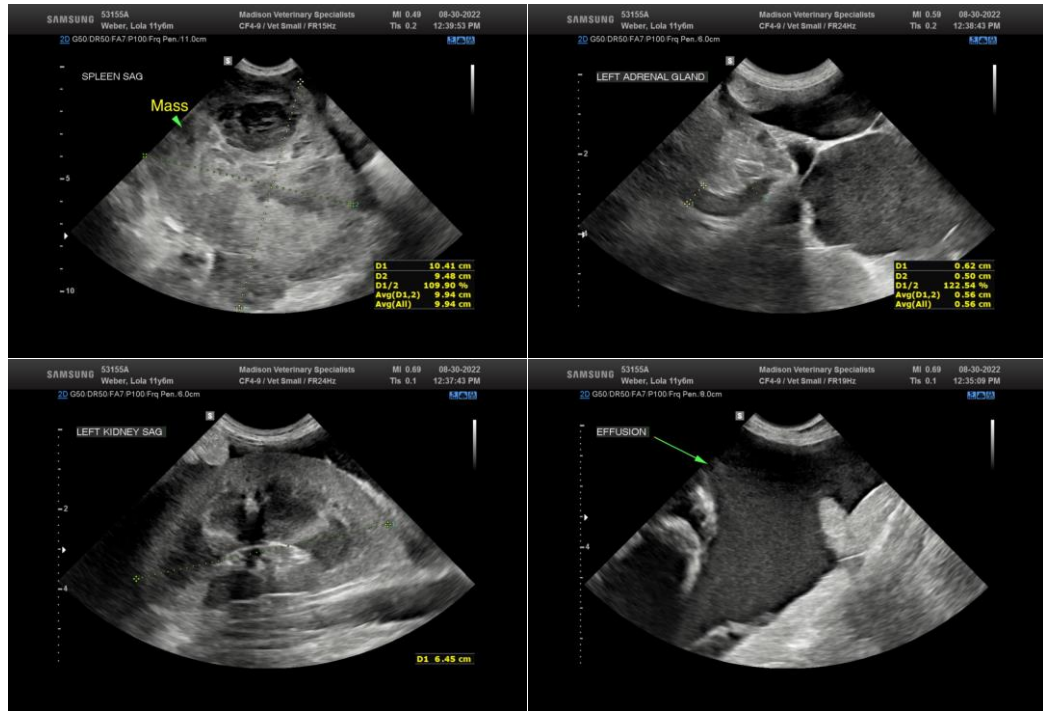
Madison Veterinary
Specialists-Dr Daggett

INVOICE

11494ag

DATE

08/30/2022



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