



PATIENT	PRESENTING CLINICAL SIGNS
Georgia Draghi	Decreased appetite, periodic disorientation (stares into space), no/v/d, severe periodontal disease Current meds: cyclosporine ophthalmic drops
SPECIES	Abnormal PE/Chem/CBC/UA Results: TP 8, Glob 5.5, Albumin 2.5, Amylase 1528, Alkphos 196 UA: Protein 2+, increased RBC/WBC 4-10 SG: 1.018
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Tibetan Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 were noted.
SEX	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm. The right kidney measured 4.5 cm.
Spayed Female	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
14.5 Years	The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length x 0.37 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.
WEIGHT	Spleen
22.7 Pounds	A mass involving the subjective mid to caudal spleen with secondary capsule expansion and disruption was present measuring potentially up to 10 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without overt areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma with concurrent non-associated, non-expansive, echogenic mid splenic nodule measuring 1.0 cm diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional perisplenic reactive mesentery and small pockets of scant free fluid were present.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Jessica Miller	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
HOSPITAL NAME	DATE
Hackettstown AH	8/31/21
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Dr. Bahr	
INVOICE	
25090	



PATIENT

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

Georgia Draghi

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy.

Tibetan Terrier

Rapid view of the heart revealed no overt evidence of pericardial effusion or metastatic disease.

SEX

Spayed Female

- Large, expansive, non-homogeneous to mixed echogenic splenic mass with concurrent, non-associated mid to cranial echogenic splenic nodule
- Associated regional perisplenic reactive mesentery and scant free fluid
- Bilateral mild chronic renal changes
- Gastric ingesta - likely post-prandial presentation

AGE

14.5 Years

WEIGHT

22.7 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most consistent with neoplasia such as sarcoma, round cell neoplasia or other. Benign pathologies are possible, yet considered less likely. The possibility of non-splenic origin with invasion into the spleen is possible given the expansive nature of the mass, yet thought less likely. Overt evidence of major organ metastatic disease was not definitively evident, yet in these cases, potential for non-sonographically evident micrometastasis or possible regional omental seeding cannot be definitively excluded.

Assuming normal clotting status, ultrasound guided FNA of the splenic mass may be considered initially for screening cytology. Assuming no evidence of thoracic metastasis on 3-view radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver and regional perisplenic omentum may be considered.

INTERPRETED BY

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

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PATIENT

Georgia Draghi

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

22.7 Pounds

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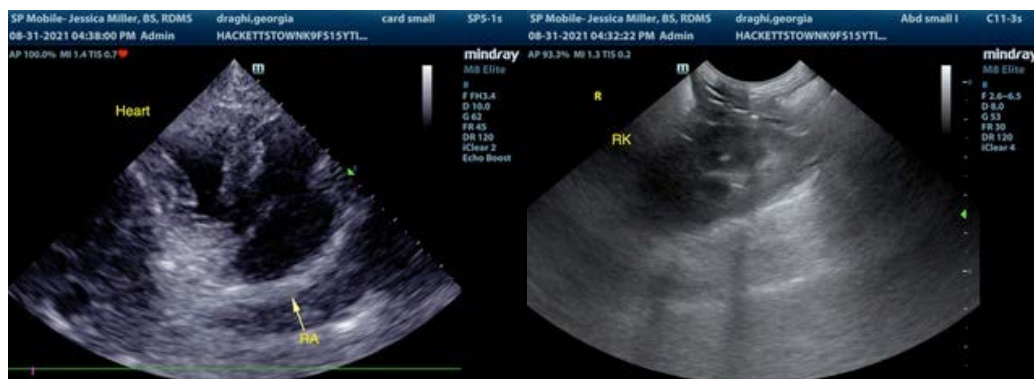
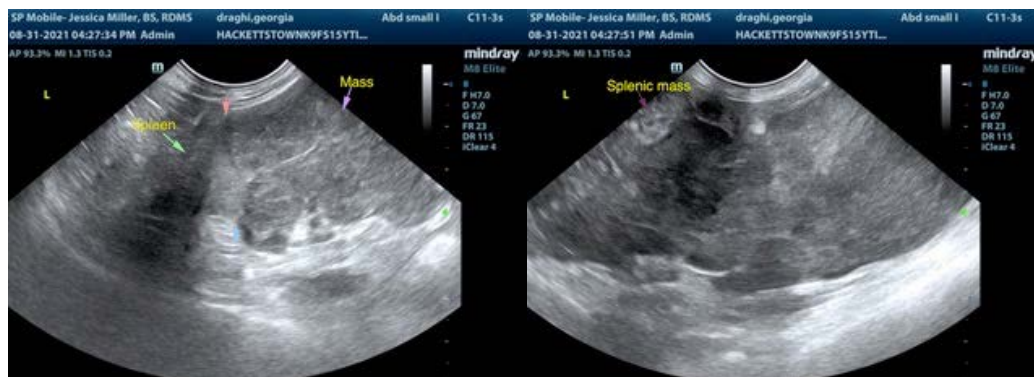
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PATIENT

Georgia Draghi

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

SPECIES

Canine

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.

BREED

Tibetan Terrier

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

22.7 Pounds

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DVM, DABVP
(Canine and Feline)

**IMAGING
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