



**PATIENT**

Ruby Winterberg

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

11yr

**WEIGHT**

64

**PRESENTING CLINICAL SIGNS**

Came in to discuss excision of recurrent soft tissue sarcoma along antebrachium, identified firm splenic mass on exam. Clinically doing well otherwise.

Abnormal PE/Chem/CBC/UA Results: PE- 3 cm SQ mass L antebrachium. ~5 cm firm splenic mass, otherwise WNL. CBC: WNL Chem: Glob= 5.1 (2.1-4), TP= 8.1 (5.5-7.5) HW/L/E/A: All negative U/A: U.S.G.= 1.024, pH= 6.5, inactive sediment

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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 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 0.65 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was indistinctly visualized subjectively measuring 0.47 cm width at the caudal pole and 1.6 cm length.

**Spleen**

The spleen exhibited potential mild generalized enlargement with areas of capsule asymmetry and generalize parenchymal heterogeneity. A mildly expansive solid non-homogenous to mildly hypoechoic mass was present in the subjective cranial spleen with associated capsule distortion measuring 4.7 cm in diameter. Concurrent separate non-disruptive hypoechoic focal to intermittent nodules were present, an example measuring 0.75 cm in diameter.

**Liver/Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Desen Ertunc, DVM

**HOSPITAL NAME**

Humboldt Veterinary  
Medical Group

**REFERRING VET**

Desen Ertunc, DVM

**INVOICE**

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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.

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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**

**BREED**

Lab Mix

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.

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**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion/hemoabdomen was present.

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

**AGE**

11yr

**ULTRASONOGRAPHIC FINDINGS**

- Generalized heterogenous spleen with mildly expansive cranial mass and concurrent focal to intermittent splenic nodules.
- Hepatic parenchyma remodeling-suspect benign.
- Mild to moderate chronic renal changes.

**WEIGHT**

64

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, the spleen was non-specific with considerations including hyperplasia, hematopoiesis, splenitis, granuloma/myelolipomas or primary or metastatic neoplastic criteria possible. No evidence of intra-abdominal/cardiac metastasis metastatic criteria.

**IMAGING PERFORMED BY**

Desen Ertunc, DVM

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be a consideration to ensure only benign changes are present prior to surgical considerations. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. An oncology consult is suggested given the history of soft tissue sarcoma.

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Splenectomy with gross inspection of the liver +/- hepatic biopsies could be considered.

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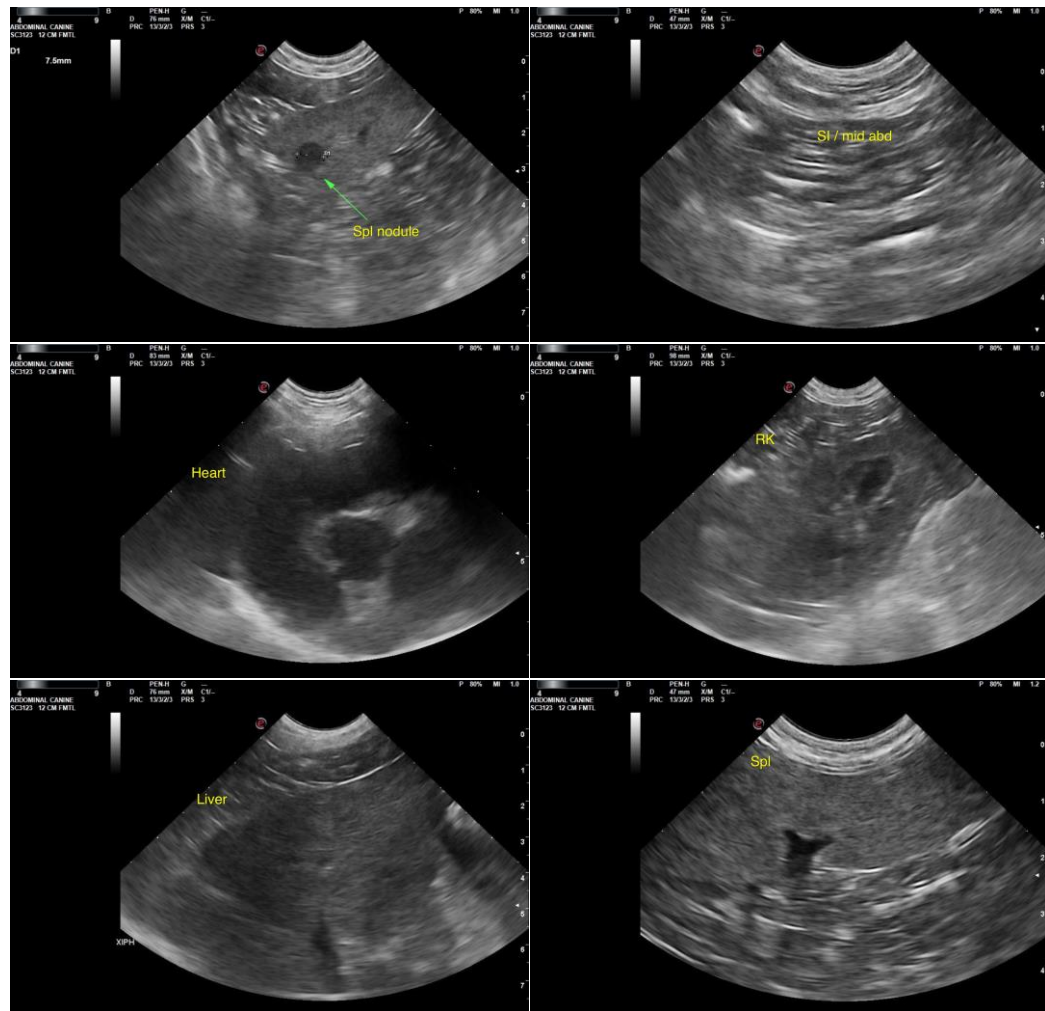
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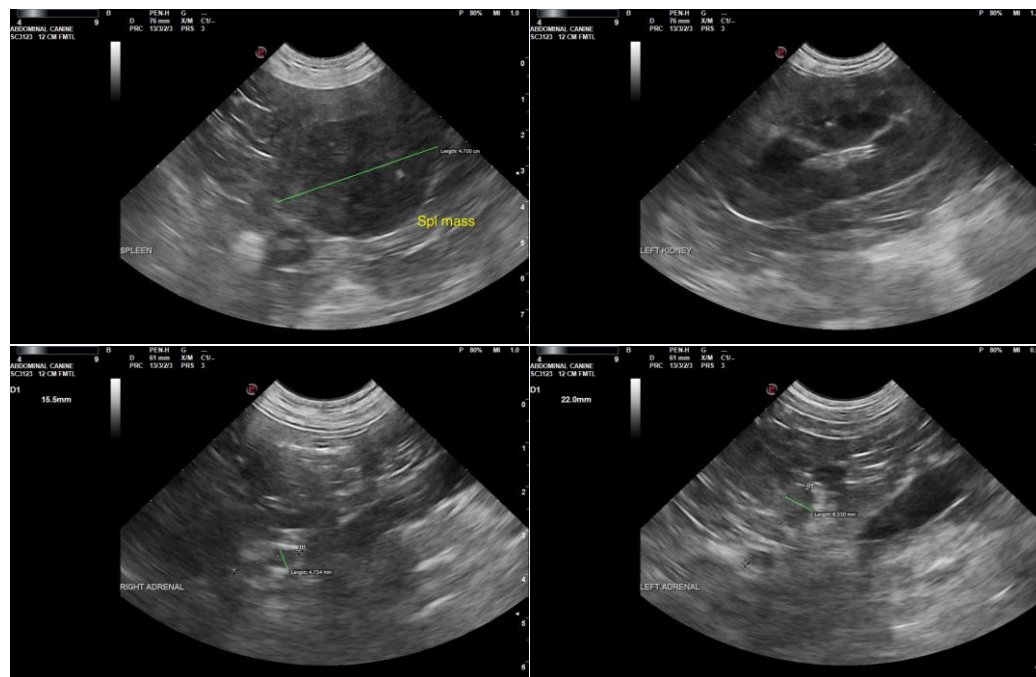
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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

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](mailto:info@sonopath.com)

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