



**PATIENT**

Sadie Ore

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

10

**WEIGHT**

18kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill Animal  
Hospital

**REFERRING VET**

Dr. Sweet

**INVOICE**

11689ag

**DATE**

09/21/2022

**PRESENTING CLINICAL SIGNS**

Pendulous abdomen, lethargy anorexic and weigh loss last six months

Abnormal PE/Chem/CBC/UA Results: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN/LIMITED HEART**

**Cardiac Presentation**

Brief sonographic assessment of the heart revealed subjectively normal left and right chamber sizes and normal LV systolic function. No evidence of structural/functional cardiomyopathy was present. No pericardial effusion or overt cardiac tumors.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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. Bilateral pinpoint to focal medullary mineral was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 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 0.81 cm width at the caudal pole and 0.72 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 0.67 cm width at the caudal pole and 0.59 cm width at the cranial pole.

**Spleen**

A moderately sized to large non-homogeneous hyperechoic splenic mass in the mid to caudal spleen measuring ~ 7-7.5 cm in diameter was present. The mass distorted the splenic capsule yet was without evidence of parenchymal escape. The spleen not involved with the mass exhibited symmetrical capsule contour with mild parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver presented mildly 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. No visible hepatic masses or nodules were observed.

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

**Gastrointestinal**



**PATIENT**

Sadie Ore

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.

**SPECIES**

Canine

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. The duodenum wall measured 0.44 cm in width. The jejunum wall measured 0.22 cm in width.

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

**BREED**

Goldendoodle

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX**

FS

**Free Abdomen**

No peritoneal effusion or hemoabdomen.

Subtle perisplenic hyperechoic mesentery observed around the splenic mass.

**AGE**

10

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Non-specific splenic mass
- Mild hepatomegaly-subjectively benign
- Bilateral chronic mild renal changes with pinpoint medullary mineral
- Mild heterogeneous pancreas-suspect age related/patient variant, potential for minor remodeling if previous history of pancreatitis
- Overtly normal GI tract

**WEIGHT**

18kg

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). The mass could be benign although neoplastic criteria is favored. No obvious evidence of intra-abdominal/cardiac metastasis although the possibility of non-sonographically evident metastasis/micro metastasis in these cases cannot be definitively ruled out. Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the liver, perisplenic omentum and GI tract with splenic histopathology is warranted.

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill Animal  
Hospital

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to rule out occult intestinal or pancreatic pathology if clinically indicated.

**REFERRING VET**

Dr. Sweet

**INVOICE**

11689ag

**DATE**

09/21/2022



**PATIENT**

Sadie Ore

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

10

**WEIGHT**

18kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill Animal  
Hospital

**REFERRING VET**

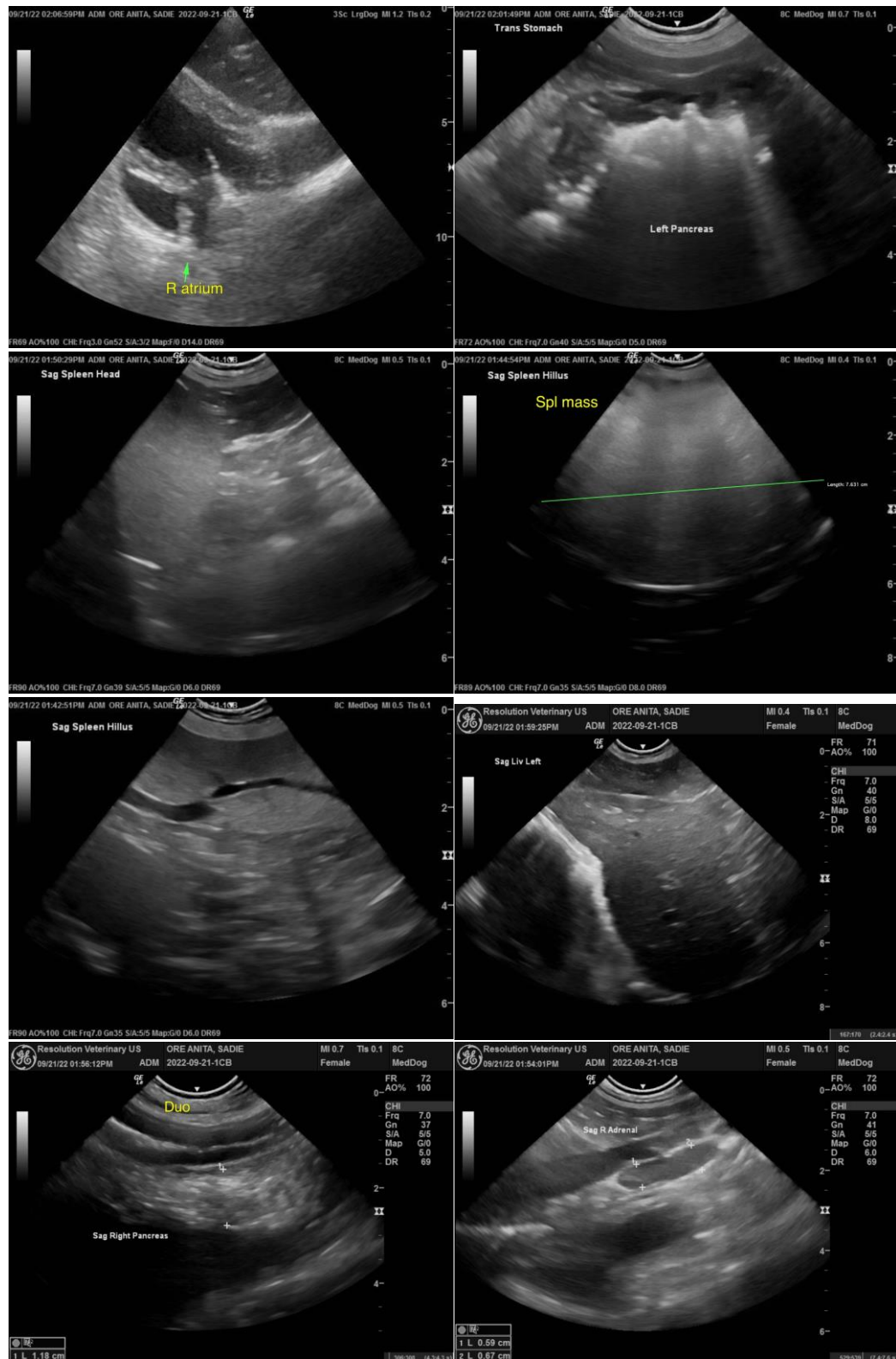
Dr. Sweet

**INVOICE**

11689ag

**DATE**

09/21/2022





**PATIENT**

Sadie Ore

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

10

**WEIGHT**

18kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill Animal  
Hospital

**REFERRING VET**

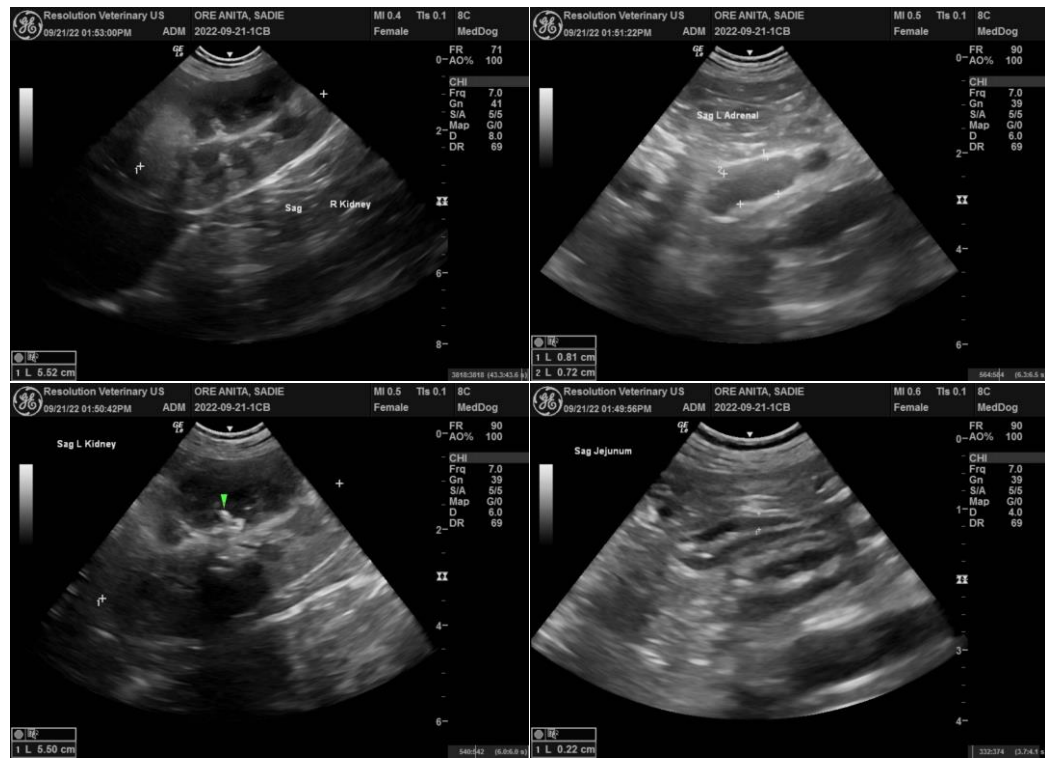
Dr. Sweet

**INVOICE**

11689ag

**DATE**

09/21/2022



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