



PATIENT

Bella Jones

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

7 years

WEIGHT

69.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-
Maki

INVOICE

12337

DATE

9/28/21

PRESENTING CLINICAL SIGNS

1 1/2 week history of poor appetite, increased panting, discomfort. Exam: Palpable mass effect in abdomen, suspected to be spleen. Grade 2/6 systolic heart murmur; thorax otherwise auscultates normally. Mild hind limb ataxia and paresis. Right hip pain Radiographic Findings Splenomegaly. Hip dysplasia bilateral with severe DJD right hip. Appears to have 8 lumbar vertebrae with collapse/fusion of T13 and the first 2 lumbar vertebrae. DJD several spots in thoracic and lumbar spine
Abnormal PE/Chem/CBC/UA Results: Sr. Screen is pending. PCV = 34% Patient has a history (August 2020) of excision of a Grade 2 Soft tissue sarcoma from the left side (involving muscle layer over the rib cage). Excision was complete but with narrow margins.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.61 cm width in the cranial pole and 0.71 cm width in the caudal pole. The right adrenal gland measured 0.43 cm width in the caudal pole.

Spleen

The spleen exhibited marked generalized enlargement primarily secondary to multiple, variably sized, yet expansive, hypoechoic to nonhomogeneous mass lesions. An example of a splenic mass lesion measured 5.0 cm - 6.0 cm in diameter, resulting in asymmetrical splenic capsule distortion.

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



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congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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

The pancreas base and right pancreatic limb were normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Regional perisplenic reactive mesentery along with small pockets of scant peritoneal free fluid were noted in the cranial abdomen, between liver lobes, around the spleen, and in the caudal abdomen around the outer urinary bladder.

Several medial Iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 5.9cm length x 2.5 cm width.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked splenomegaly with multiple, variably sized yet expansive masses - consistent with infiltrative neoplasia
- Hypoechoic to swollen medial iliac lymphadenopathy - strongly suggestive of concurrent neoplastic lymphadenopathy
- Vacuolar hepatopathy pattern
- Associated primarily perisplenic reactive mesentery and small pockets of scant peritoneal free fluid

Secondary Findings

- Bilateral mild chronic renal changes



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- Heterogeneous pancreas - potential for concurrent low-grade chronic to chronic active pancreatitis

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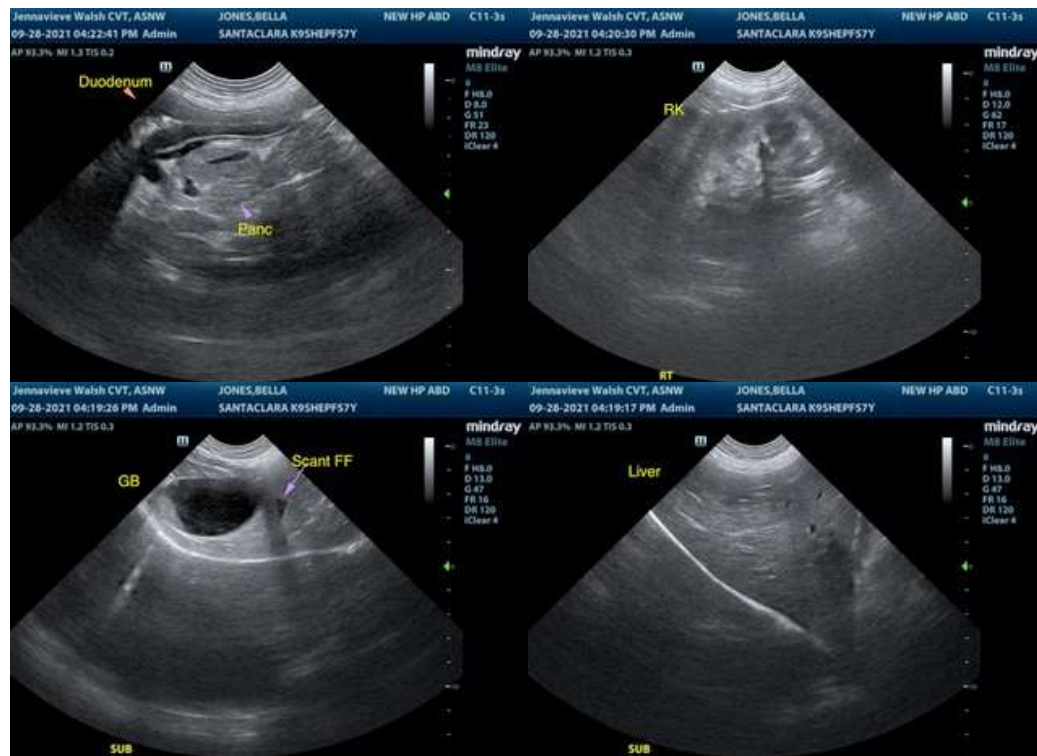
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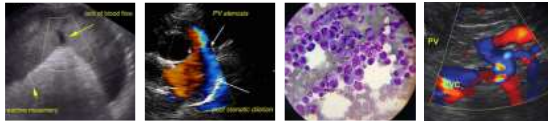
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, multicentric neoplasia involving the spleen and medial iliac lymph nodes is likely. Multicentric round cell neoplasia such as lymphoma or other is suspected. Assuming normal clotting status, ultrasound guided FNA of the spleen and medial iliac lymph node +/- screening hepatic FNA of additional staging with potential for oncology consultation is suggested. Three view chest radiographs are recommended if not recently done.

Potential for non-neoplastic etiology (inflammatory, infectious, or other), is possible yet considered less likely.





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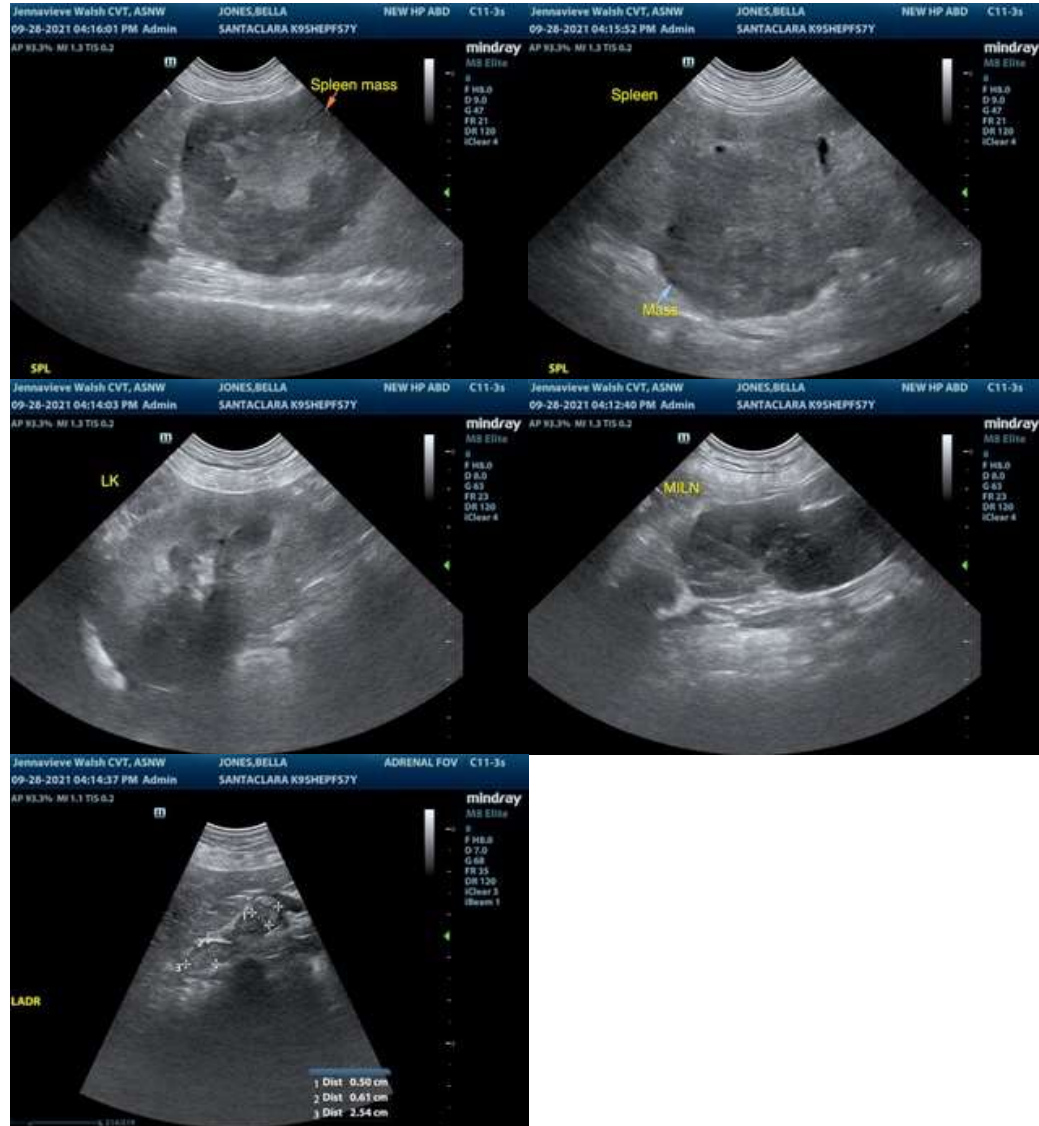
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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