

**PATIENT**

Oscar Pilon

SPECIES

Canine

BREED

Shar Pei mix

SEX

MN

AGE

12 years

WEIGHT

60 lbs.

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

Amy mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

15005

DATE

9-28-22

PRESENTING CLINICAL SIGNS

Weight loss

Abnormal PE/Chem/CBC/UA Results: Radiographs done in February, repeated 6 months later notice changes in spleen and liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

No evidence of pathology associated with the residual prostate.

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 corticomdullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small, solitary cyst was noted in the left kidney caudal cortex measuring 0.41 cm in diameter. The left kidney measured 6.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly prominent in size with maintained symmetrical capsule contour and subtle nonhomogeneous parenchyma. No evidence of neoplastic criteria was noted. The left adrenal gland measured 0.99 cm width at the caudal pole and 0.95 cm width at the cranial pole. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.72 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement with multiple, variably sized to expansive, variably echogenic masses to macronodules throughout the spleen. An example of a mass measuring 6.4 cm in diameter. An example of a nodule measured 2.1 cm in diameter. Associated variable splenic capsule distortion was present, yet no evidence of a parenchymal escape.

Liver/ Gallbladder

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. The gallbladder was non-distended in size containing with mild gallbladder debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.30 cm.

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 0.52 cm width.

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

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 were evident.

Free Abdomen

The perisplenic omentum, as well as the generalized omentum, exhibited normal echogenicity. No evidence of peritoneal free fluid/hemoabdomen. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Multiple variably sized to expansive, variably echogenic splenic masses / macronodules
- Hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Bilateral borderline prominent adrenal glands - nonspecific
- Mild age-related renal changes with small left kidney cortical cyst
- Sonographically unremarkable gastrointestinal tract with gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling/histopathology is required for a definitive diagnosis, the splenic masses to macronodules are sonographically consistent with neoplastic criteria i.e., sarcoma, round cell neoplasia, or other. Potential for non-neoplastic etiologies such as hyperplasia, hematopoiesis, splenitis, hematomas, etc., are possible yet thought less likely. No overt evidence of intraabdominal metastasis, although the possibility of non-sonographically evidence metastasis / micrometastasis, in these cases, cannot be definitively excluded.

Ideally, a brief sonographic assessment of the heart to rule out evidence of effusion / metastatic criteria is suggested. If no evidence of cardiac pathology or thoracic metastasis on three-view chest radiographs, splenectomy with gross inspection of the liver is warranted.

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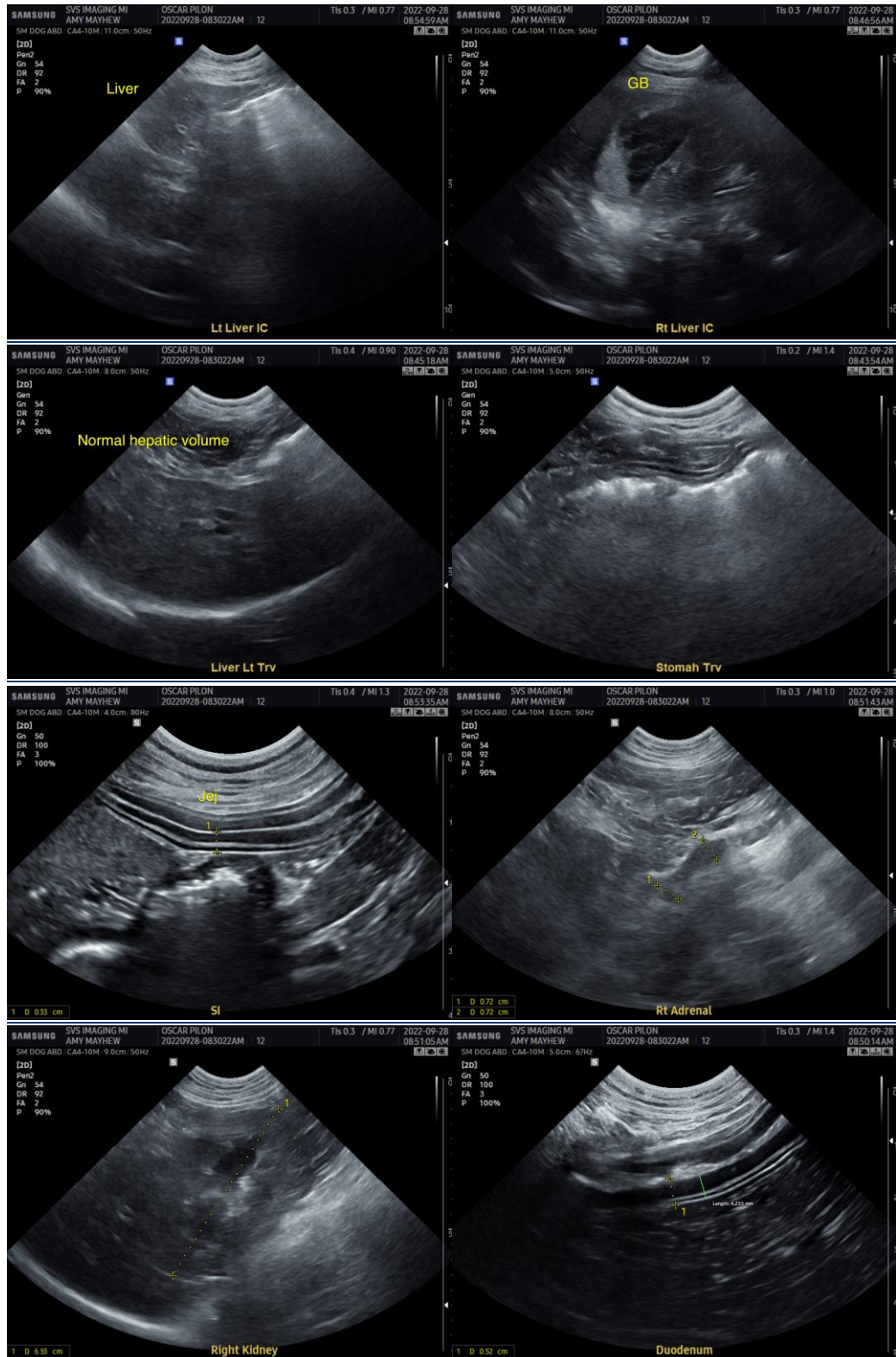
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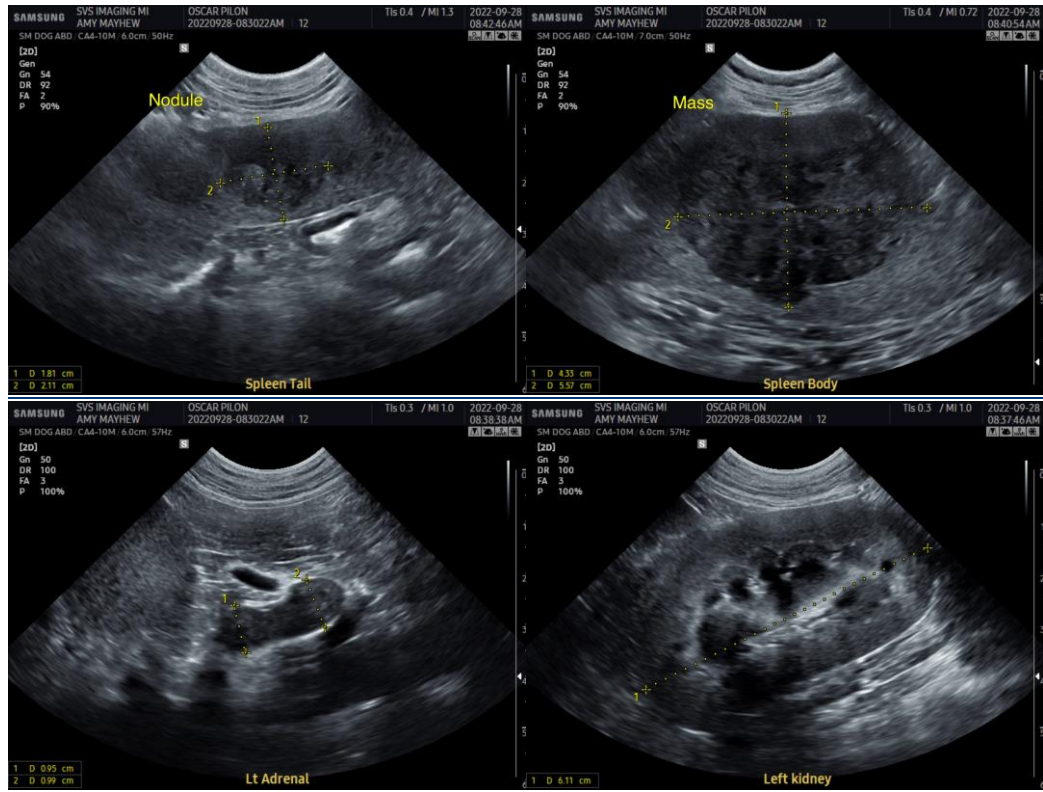
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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