



PATIENT	PRESENTING CLINICAL SIGNS
Sampson Elliott	Clinical Exam Findings: Dog has a palpable abdominal mass. Very thin dog and had lost weight, but recently eating normally.
SPECIES	Abnormal PE/Chem/CBC/UA Results: No labs at this point Current Medications No medications at this point Radiographic Findings No evidence of metastatic disease in the chest cavity. Very thin dog with large abdominal mass. Abdominal radiographs have minimal helpful detail.
Canine	
BREED	
German Shepherd	
SEX	
MN	
AGE	
9 years	
WEIGHT	
59.6 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	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 was noted.
	The residual prostate was free of pathology.
	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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 6.5 cm in length. Potential for mild underestimation of right kidney size.
	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.71 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Faithful Friends AC	A mass involving the subjective mid spleen was present and measured approximately 8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Associated distorted splenic capsule was noted. The non-affected spleen exhibited maintained symmetrical capsule contour with mild generalized parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional, mildly nonuniform hyperechoic perisplenic omentum was noted around the splenic mass.
REFERRING VET	
Dr. Hiett	
INVOICE	Liver/ Gallbladder
15023	The liver exhibited subjective potential for mild enlargement yet maintained symmetrical capsule contour. No visualized hepatic intraparenchymal nodules or masses were noted. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver
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9-28-22	



PATIENT	parenchyma was uniform with a mildly coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic to congealed subjectively mobile luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
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IMAGING PERFORMED BY	
Sara Hansen	
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was noted.

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 was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. The pancreatic presentation is likely indicative of age-related or benign pancreatic changes and likely incidental.

Free Abdomen

Suspect small pockets of minor perisplenic free fluid were noted. No overt evidence of significant perisplenic or omental lymphadenopathy was noted.

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass, associated regional perisplenic mild nonuniform hyperechoic mesentery and likely scant perisplenic free fluid
- Potential mild hepatomegaly - subjectively benign, mild vacuolar hepatopathy pattern suspected
- Mild hyperechoic congealed gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. Potential for regional perisplenic omental seeding is a possibility although not definitive. No overt evidence of major organ metastatic disease was noted.

Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum, and liver may be considered. A GI panel to



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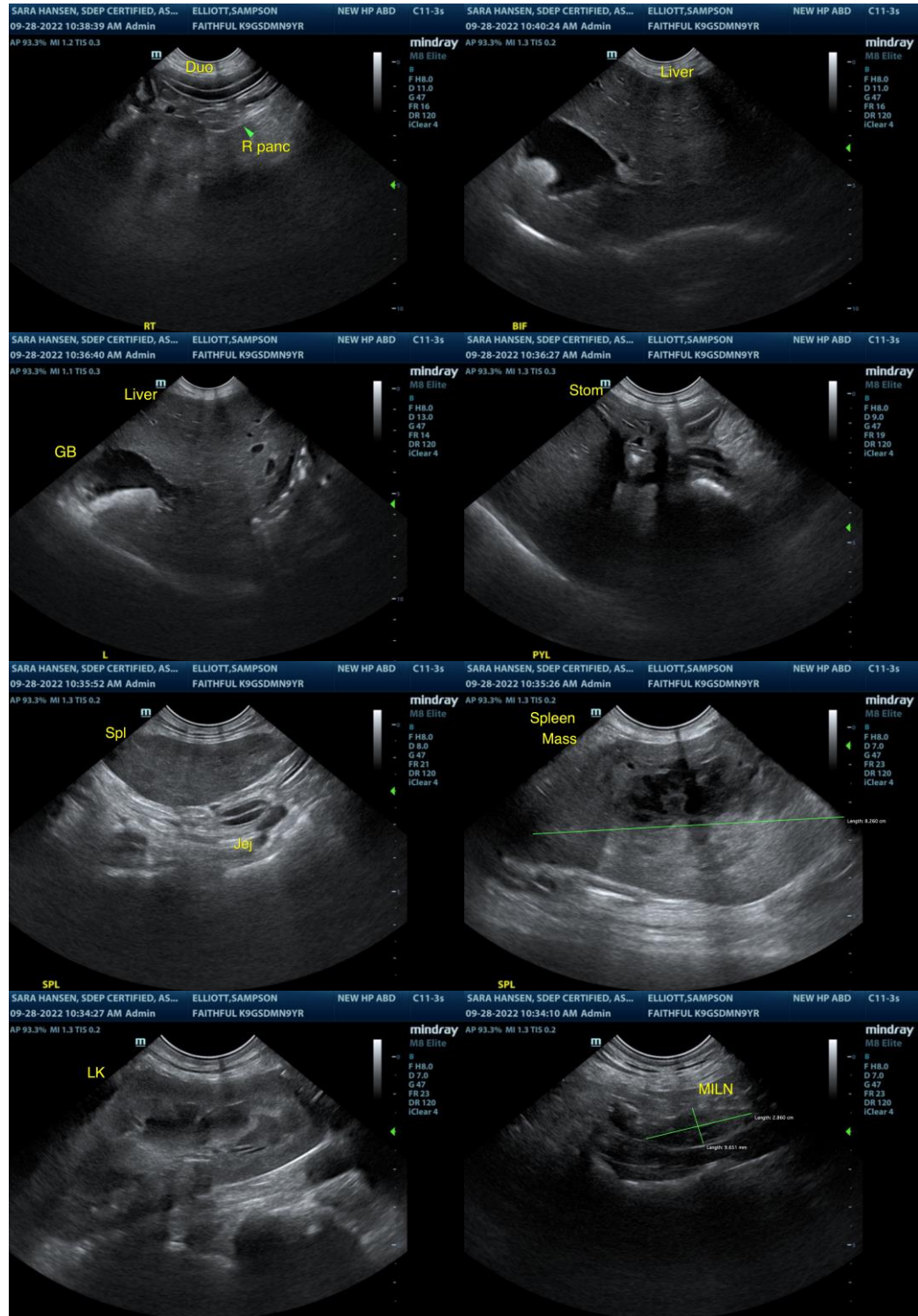
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include PLI/TLI/Cobalamin/Folate could be considered to rule out occult disease as a contributing factor to the patient's decreased body condition.





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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.

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