



PATIENT

Abbey Dewitt

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

12 years

WEIGHT

32.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Banzhof

INVOICE

12182

DATE

9.7.2021

PRESENTING CLINICAL SIGNS

History: Vomiting, concern for splenic mass

Medication: Cerenia, Ursodial, Yunnan Baiyao

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.

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 5.6 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 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 2.2 cm length x 0.51 cm width at the caudal pole.

Spleen

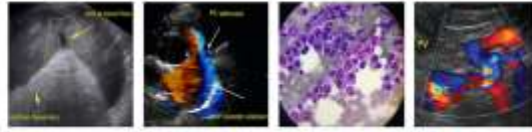
A mass subjectively in the mid-spleen with secondary capsule expansion and distortion was present measuring approximately 5.4 cm x 4.0 cm. The parenchyma of the mass was nonhomogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional perisplenic reactive mesentery was present.

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. No distinct hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable with mild gastric gas distention. The gastric body wall width measured 0.50 cm.



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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.

SPECIES

Canine

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.

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Free Abdomen

Mild, subjectively cellular free fluid was present. No overt lymphadenopathy was present.

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Right Auricle View

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Splenic mass with regional perisplenic reactive mesentery
- Associated cellular peritoneal free fluid - consistent with hemoabdomen
- Minor hepatic parenchymal remodeling
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirmed the presence of a solitary splenic mass with regional perisplenic reactive mesentery and associated mild hemoabdomen. 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.

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Overt evidence of major organ or cardiac metastasis was not overtly evident. The possibility of micrometastasis or possible omental seeding in these cases cannot be definitively excluded. Assuming no evidence of thoracic pathology or metastasis on three-view chest radiographs, splenectomy with gross inspection of the perisplenic omentum and liver may be considered.

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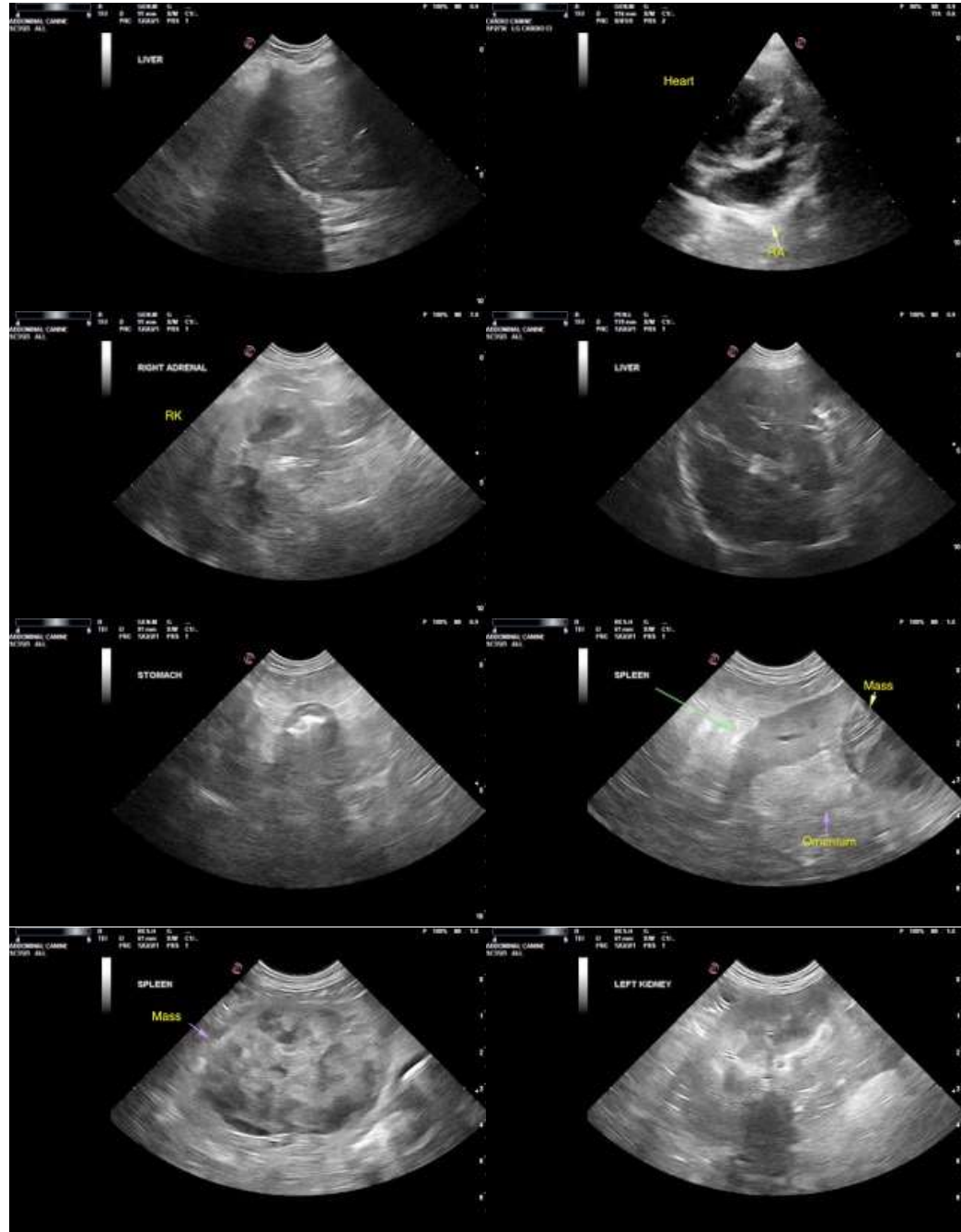
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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