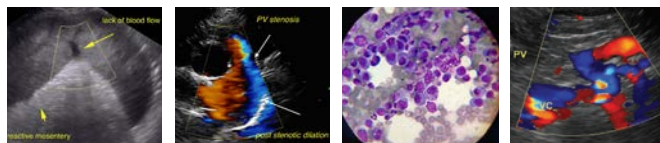




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisy Hernandez	ANOREXIA WEIGHT LOSS LAMENESS ON THE LEFYT HIND LIMB Abnormal PE/Chem/CBC/UA Results: SUSPECTED MASS IN THE CRANIAL ABDOMEN
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>  The urinary bladder, 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 were noted.
<b>BREED</b>	
Lab	The left and right kidney were not definitively visualized.
<b>SEX</b>	<b>Adrenal Glands</b>  The adrenal glands were not definitively visualized.
Female	
<b>AGE</b>	<b>Spleen</b>  A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present, subjectively in the mid to caudal spleen, measuring 8.0 cm x 7.0 cm. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. A concurrent, mildly expansive, non-homogeneous nodule was noted in the cranial spleen, measuring 2.2 cm in diameter. The mid splenic parenchyma exhibited moderate coarse echotexture and mild parenchymal heterogeneity. 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 noted without overt evidence of concurrent perisplenic or peritoneal effusion. No overt or significant lymphadenopathy noted.
10 Years	
<b>WEIGHT</b>	
68.2	
<b>INTERPRETED BY</b>	<b>Liver</b>  The liver was subjectively mildly enlarged with evidence of mild parenchymal remodeling. 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. No overt hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Dr. Sharkaway	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>  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. Gastric body wall measured 0.64 cm.  The visualized 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.
Kew Gardens AH	
<b>REFERRING VET</b>	
Dr. Sharkaway	
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
25207	<b>Pancreas</b>  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 was evident.
<b>DATE</b>	
9/7/21	



## PATIENT

Daisy Hernandez

## SPECIES

Canine

## BREED

Lab

## SEX

Female

## AGE

10 Years

## WEIGHT

68.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens AH

## REFERRING VET

Dr. Sharkaway

## ULTRASONOGRAPHIC FINDINGS

- Mid to caudal non-homogeneous to cavitated splenic mass with concurrent cranial splenic mildly expansive non-homogeneous nodule.
- Associated perisplenic reactive mesentery
- Mild vacuolar hepatopathy pattern with mild parenchymal remodeling – subjectively benign.
- 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 such as hematoma, hemangioma, hyperplasia, granuloma or other are possible, yet considered less likely. No overt evidence of intraabdominal or major organ metastatic disease, although the potential for micrometastasis or early perisplenic omental seeding cannot be definitively excluded. 3-view chest radiographs recommended to assess for or rule out thoracic pathology as well as assess cardiopulmonary status. If no evidence of thoracic or cardiac pathology, laparotomy with expectation towards splenectomy along with gross inspection of the liver and perisplenic omentum is recommended. Full CBC/Chem/UA suggested prior to surgery if not done.



## INVOICE

25207

## DATE

9/7/21



**PATIENT**

Daisy Hernandez

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female

**AGE**

10 Years

**WEIGHT**

68.2



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)**  
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**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

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