

PATIENT

Bode Olson

PRESENTING CLINICAL SIGNS

Presented ADR with decreased appetite. abd rads reveal splenic mass. Chest rads are clear
Abnormal PE/Chem/CBC/UA Results: PCV 25 then went down to 22, now stable

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

BREED

Goldendoodle

Both kidneys are inconspicuous with a clear corticomedullary definition.

SEX

MN

Left kidney measures 6.56 cm length, right kidney 5.71 cm. There is a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

AGE

10 Years

The prostate is small and inconspicuous.

Adrenal glands

WEIGHT

51.7 lbs

The left adrenal gland measures 1.94 x 0.45 x 0.47 cm, the right adrenal gland 2.90 x 0.89 x 0.71 cm. Both present normal size, shape and echogenic texture.

Spleen

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

There is a single, large, highly inhomogeneous mass noted at the level of the cranial spleen with estimated diameters of 11.30 x 9.09 cm presenting a hyperechoic periphery, subtle surrounding free fluid and displacement of the intestine and the stomach to the central and right abdomen. The portal/epigastric lymph nodes are prominent but regular in shape and periphery.

IMAGING PERFORMED BY

Kim Liedberg

Liver/Gallbladder

The liver shows a mild rounding of the liver edges. Liver echogenic texture appears diffusely and mildly hyperechoic and is coarse. There is one hyperechoic spot recognized in the central liver.

HOSPITAL NAME

SVS Imaging WI

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

REFERRING VET

Dr. Custead

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. The mesenteric lymph nodes are considered to be normal.

Pancreas

INVOICE

49255

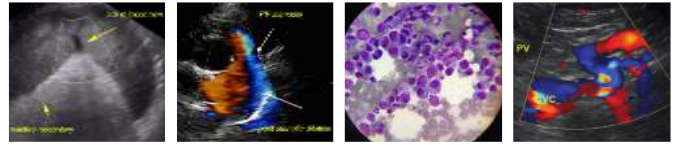
All pancreatic parts displayed show isoechoic echogenicity which is normal.

Free Abdomen

DATE

12-27-21

There is subtle evidence of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.



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ULTRASONOGRAPHIC FINDINGS

Primary

- Large splenic mass 11.30 x 9.09 cm
- Subtle amount of free peritoneal fluid

Secondary

- Mild hepatomegaly and hepatopathy with a single, small hyperechoic spot central liver
- Mild portal/epigastric lymph adenomegaly

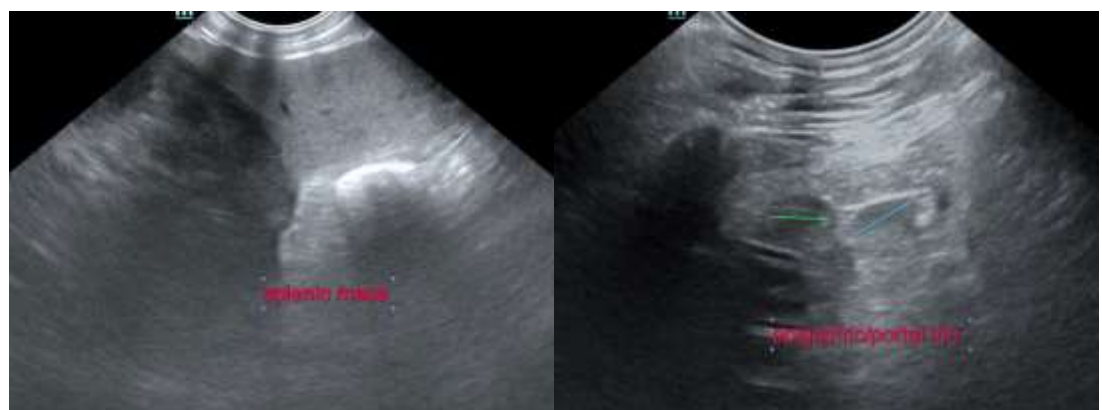
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the spleen although unspecific are highly suspicious for a neoplastic process as commonly seen with hemangiosarcoma. The size, shape and echogenicity of the mass represent splenic hemorrhage and do reflect the reduced PCV (anemia?). Currently only a subtle amount of free fluid is recognized, abdominal hemorrhage is not suspected. The hyperechoic periphery however is consistent with an active/reactive and acute process. Splenectomy is recommended.

Changes of the liver could speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there no overt signs of nodular or focal changes that are suspicious for neoplasia. The hyperechoic spot in the central liver may represent a degenerative/regenerative finding in the vascular periphery. Diffuse and infiltrative liver disease cannot be fully excluded. Liver biopsy is recommended.

The mild portal/epigastric lymph adenomegaly can represent mild and reactive inflammation and is not an overt sign for local/regional metastatic spread.

Distant metastases/pericardial effusion are not noted in the displayed parts of the heart.



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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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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