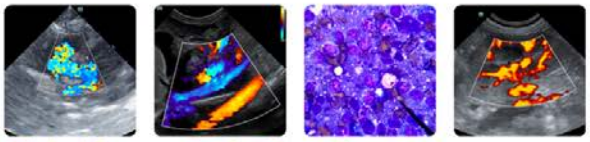


PATIENT

Jellie Wisotzke

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

54.1 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73918

DATE

3/22/26

PRESENTING CLINICAL SIGNS

Splenic mass found on exam during appointment for mobility and concern for arthritis on 3/2/26. Ultrasound to assess for metastasis of potential underlying neoplasia.

Current medications: None

Abnormal PE/Chem/CBC/UA Results: Physical exam: Palpable mid abdominal mass. MM pk/CRT<2sec. No heart murmur. Peripheral LNs normal in size. Eupneic. Senior panel and chest rads 3/8/26 Radiographic Conclusions/Recommendations: 1. No evidence of thoracic metastatic neoplasia. 2. Splenic mass. Malignant etiologies (e.g. hemangiosarcoma) are prioritized over benign. This should be correlated to findings on the reported abdominal ultrasound. 3. Renal peridiverticular mineralization, of low clinical significance. 4. Mild bronchial pattern. Age-related fibrosis is prioritized. SDMA high 20.4 Ca high 13.5 Neut high 12684 Mono high 1057 Remiainder cbc/chem normal T4 normal USG 1.034 prot 1+ Bilirubin 1+ quiet sediment otherwise Accuplex all negative iCa and PTH pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There are multiple shadowing uroliths present. The bladder wall is thickened and irregular. No masses are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.7 cm. Right kidney measures 7.2 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 6.3 mm at the cranial pole and 6.1 mm at the caudal pole. Right measures 5.9 mm at the cranial pole and 4.6 mm at the caudal pole.

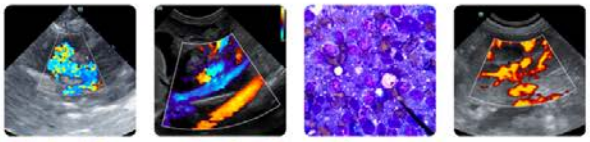
Spleen

A 5.4 cm x 4.3 cm heterogeneous cavitated mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is hyperechoic. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents and a moderate amount of mineralized gallbladder sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



PATIENT

Jellie Wisotzke

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

54.1 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73918

DATE

3/22/26

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 4.2 mm. Jejunum wall measures 3.7 mm.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the splenic mass. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Large, cavitated splenic mass without evidence of metastasis or rupture.

SECONDARY FINDINGS

- Numerous small bladder stones without evidence of urethral obstruction.
- Mineralized gallbladder sludge, which is typically an incidental finding in a dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology and potentially simultaneous cystotomy for urinary stone retrieval.
- Alternately, fine needle aspirate could be performed for cytology, but may not be diagnostic as compared to histopathology.
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and I'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

  https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds

PATIENT

Jellie Wisotzke

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

54.1 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73918

DATE

3/22/26

https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com