



PATIENT

Wyatt Warlo

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

13.5 Pounds

WEIGHT

58 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

17206

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Sudden onset of cluster seizures, and pneumonia noted on chest rads. Abdominal rads were concerning for splenic mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both kidneys are hyperechoic and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). Both left and right kidneys measure 5.6 cm.

Adrenal Glands

The left adrenal gland is identified in its normal locations. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 8.8 mm at the cranial pole and 6.6 mm at the caudal pole.

The right adrenal gland is not seen, but the region appears unremarkable.

Spleen

A 4.1 cm x 3.0 cm heterogeneous mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. There are tiny diffuse nodules throughout the splenic parenchyma as well.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There are tiny hypoechoic nodules present throughout the parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 5.0 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. The jejunal wall measures up to 3.7 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

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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.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Border Collie

Other

SEX

The right side of the heart was assessed, and there was no evidence of a mass nor pericardial effusion.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A splenic mass

AGE

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Secondary Findings

- Chronic renal changes
- Micronodular changes to the spleen and liver

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes in the liver and the splenic parenchyma are likely normal aging changes, but biopsy or fine needle aspirate would be necessary to completely rule out infiltrative neoplasia, such as lymphoma.

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

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- ❖ Three view chest radiographs to rule out metastasis
- ❖ Splenectomy with 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:

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

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

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The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active

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- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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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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