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Clinical Sonography & Telecytology
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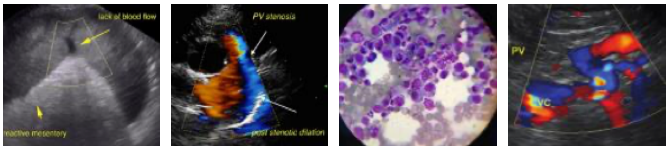


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Blaise McGinley

**SPECIES**
Canine

**BREED**
Lab

**SEX**
Female, spayed

**AGE**
12 Yrs.

**WEIGHT**
85 lbs.

**INTERPRETED BY**
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**
Dr. Scott

**HOSPITAL NAME**
Ho Ho Kus VH

**REFERRING VET**
Dr. Eisenberg

**INVOICE**
12862

**DATE**
1/18/22

## PRESENTING CLINICAL SIGNS

History: Hematuria and then abdominal mass noted on rads.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem- increased monocytes 1600 UA SG 1.021 15-20 WBC 3+ blood -- treated with amoxiclav starting on the 1/12

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is severely thickened (up to 1.55 cm) and irregular with loss of the normal layering pattern. The trigone and cystourethral junction appear normal. There is no evidence of cystic calculi.

The left kidney is normal size (6.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.75 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is seen.

### *Spleen*

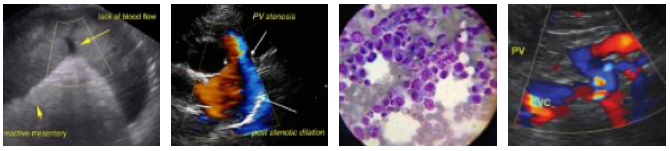
The spleen is enlarged with irregular peripheral contours. A >7 cm heterogeneous cavitated mass is observed. The lesion causes capsular expansion. The remaining parenchyma is relatively homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and



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appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### *Pancreas*

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

### *Other*

A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Cavitated splenic mass. Differentials include hemangiosarcoma, hemangioma, hematoma.
- Urinary bladder wall changes are concerning for infiltrative neoplasia (i.e., transitional cell carcinoma). However, severe cystitis cannot be completely excluded.

**Secondary Findings:**

- Minor age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider an abdominal exploratory with splenectomy and submission of the spleen for histopathology as well as a urinary bladder wall biopsy. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease.
- If a more conservative approach is desired, consider a urine BRAF test to further assess for lower urinary tract neoplasia prior to removing the spleen. However, there is a risk of rupture of the splenic mass at any point in time.

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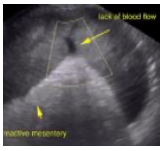
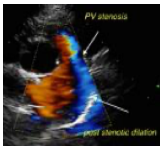
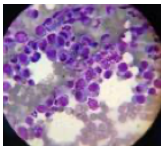
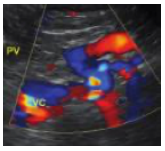

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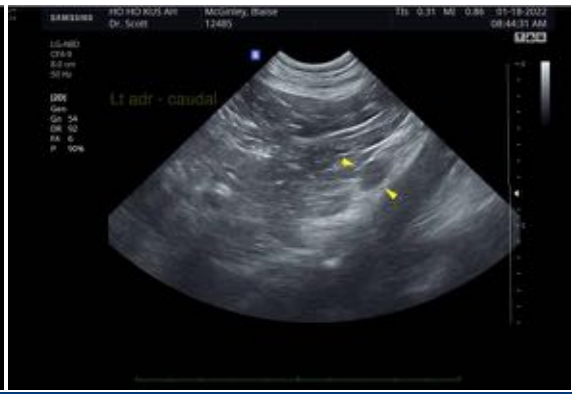

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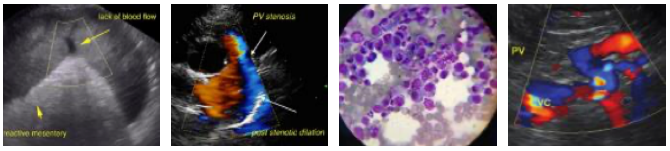

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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