SonoPath
Clinical Sonography & Telecytology
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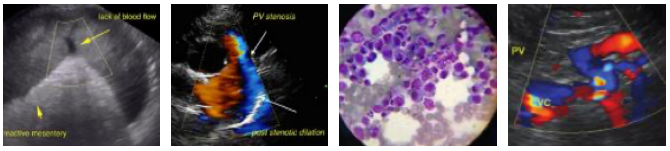


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Copper Jack Ealy

SPECIES

Canine

BREED

Airedale Terrier

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

86 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

Dr. Lori Milot

INVOICE
12774

DATE
1/4/22

PRESENTING CLINICAL SIGNS

History: 10lb weight loss, not eating
Abnormal PE/Chem/CBC/UA Results: anemic, hematocrit 28%. Chemistry panel WNL, T4 normal, USG 1.040. 3+ proteinuria with an inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.04 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.63 cm in width) with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

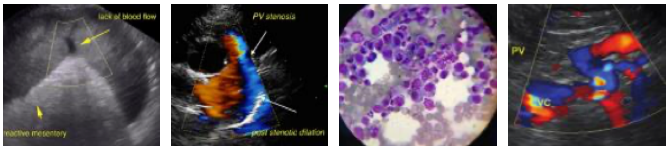
The right adrenal gland is normal size (1.71 cm at cranial pole) (0.66 cm at caudal pole) (2.96 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal enlarged with irregular peripheral contour. A >7 cm heterogeneous, vascular mass is arising from the parenchyma. A 2.00 cm hypoechoic nodule/mass is also seen. The remaining parenchyma is slightly mottled 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



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. There is a questionable 2.85 cm small intestinal mass in the cranial abdomen. The wall in this region is thickened (1.39 cm) with loss of the normal layering pattern. This lesion is only visualized in one video clip (time stamped 4:25am, 31 images). The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. 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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a low possibility of benign pathology.
- Possible focal small intestinal mass in the cranial abdomen.

Secondary Findings:

- Bilateral, non-specific minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider a splenectomy with histopathology and assessment of the bowel for mass lesions with removal if indicated. If a more conservative approach is desired, a fine needle aspirate of the splenic mass can be considered with care to avoid vascular areas. There is some risk of iatrogenic hemorrhage associated with aspiration given the vascular nature of the mass.

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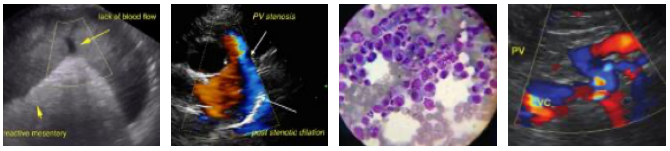

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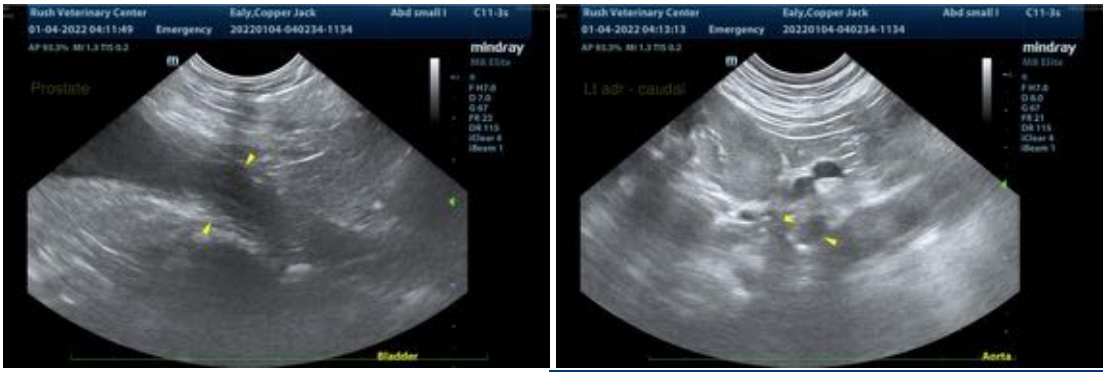

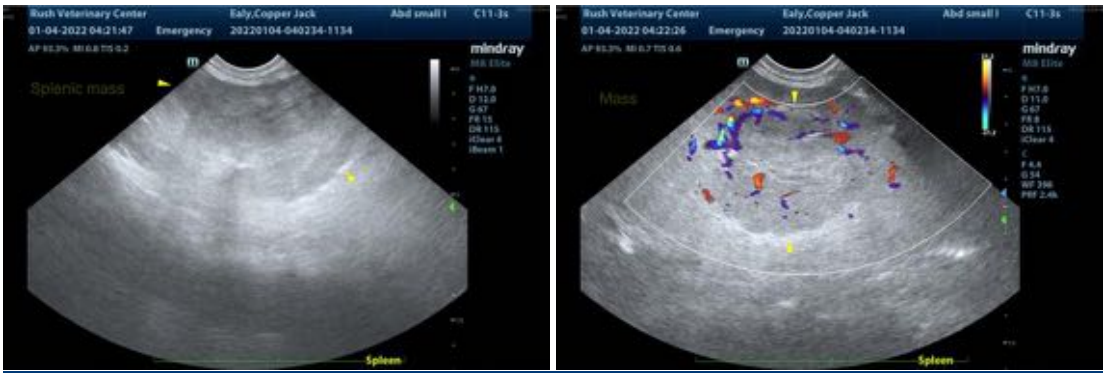

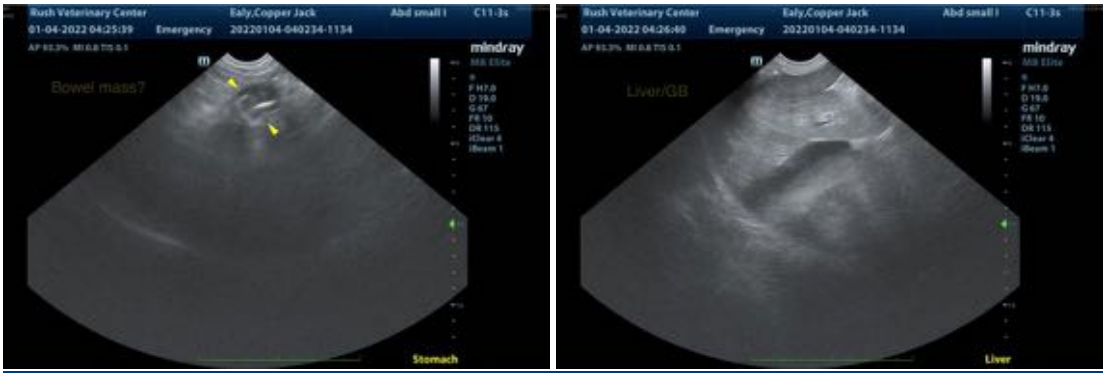

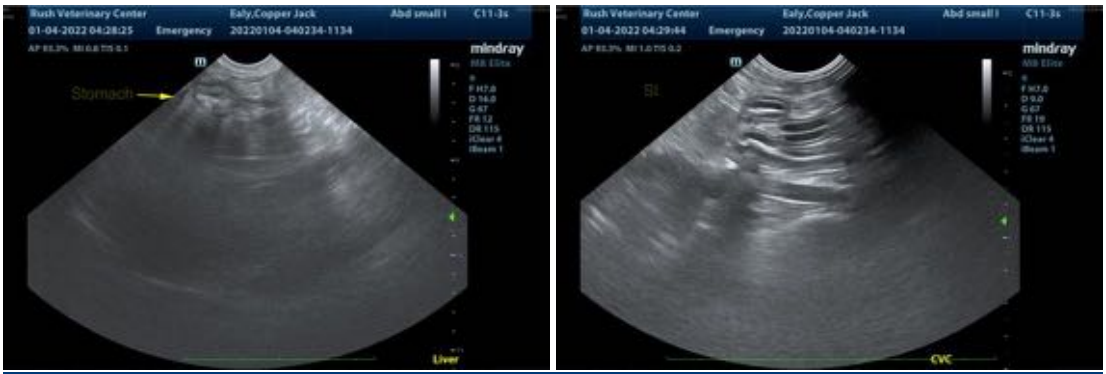

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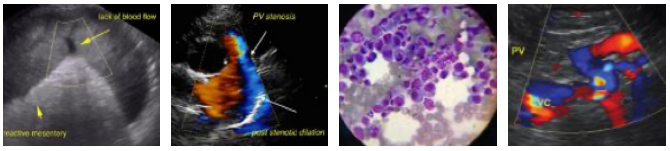

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com