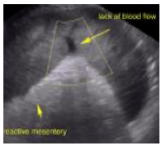
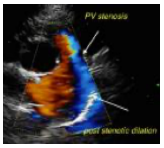
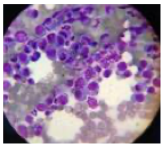
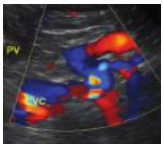
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Addy Young

SPECIES

Canine

BREED

Labrador Retr

SEX

Spayed Female

AGE

13 years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho AH (VCA)

REFERRING VET

Jolee Stegemoller, DVM

INVOICE

11946

DATE

11.1.22

PRESENTING CLINICAL SIGNS

History: Over the last 3 weeks Addy has progressively lost muscle mass and had hyporexia. She will eat canned food with cooked human food but will not show interest in kibble. Diarrhea started last night and was dark brown, but diarrhea today is mucousy and watery and has a yellow-orange tinge. Over the last 2 months, owners noted that she was becoming less active but still seemed to have a great appetite until 3 weeks ago. In June, she was having some labored breathing but resolved.
Abnormal PE/Chem/CBC/UA Results: BCS - 2/9, abdominal fluid wave present, weakness on standing, MM are very light pink, enlarged prescapular lymph nodes CBC - Monocytosis (1200), mild non-regenerative anemia (RBC .56, HCT 35.8%) Chem 17 - ALT 166, ALP 511 Thoracic radiographs - mild pleural effusion, moderate bronchointerstitial pattern in right caudal lung, severe ankylosing spondylosis Abdominal effusion cytology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is irregular. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.99 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. Renal vasculature is normal.

The right kidney is not definitively visualized in the available images.

Adrenal Glands

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.75 cm at caudal pole) (2.09 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.

The right adrenal gland is not definitively visualized in the available images.

Spleen

The spleen is subjectively prominent in size (3.01 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is diffusely and severely mottled, with a “moth-eaten” appearance. At the caudal aspect, a well-demarcated hypoechoic area is visualized. Splenic vasculature in the region of the hilus is normal.

Liver

The liver is enlarged with irregular peripheral contours. A >9.00 cm hyperechoic to heterogenous mass is visualized deep on the left side adjacent to the diaphragm. The mass causes capsular expansion. In the remainder of the liver, the parenchyma is normal to slightly heterogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is normal to borderline thickened, with a slightly irregular mucosal surface. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal

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

Pancreas
A portion of the pancreas is obscured by the abdominal pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
A large amount of echogenic free fluid is present.
A 1.31 cm hypoechoic lymph node is observed at the aortic trifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, sarcoma). An area of infarction is suspected at the caudal aspect.
- Large hepatic mass. Again, neoplasia (i.e., round cell tumor, sarcoma) is suspected, with a lower possibility of a benign process.
- The large amount of ascites is likely secondary to hepatic and splenic pathology.

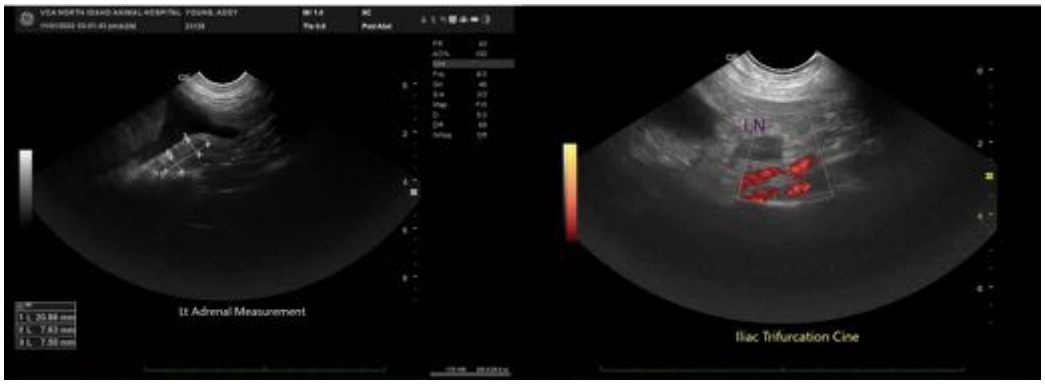
Secondary Findings

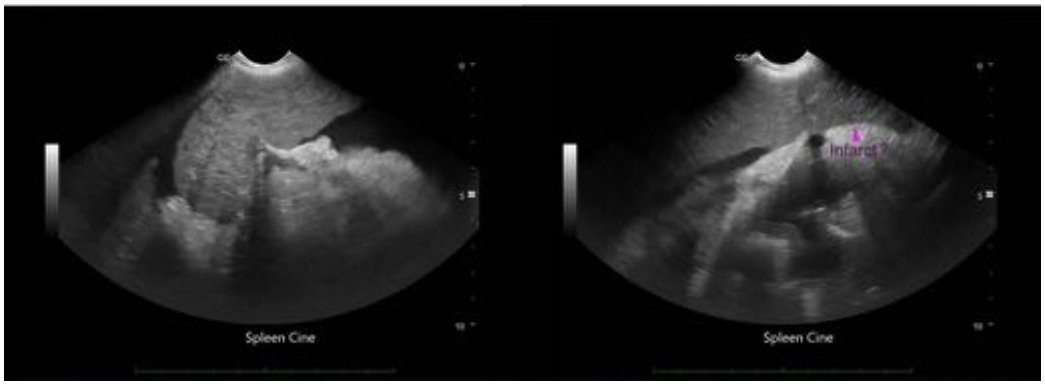
- The prominent lymph node at the aortic trifurcation may be secondary to infiltrative neoplasia or reactive change.

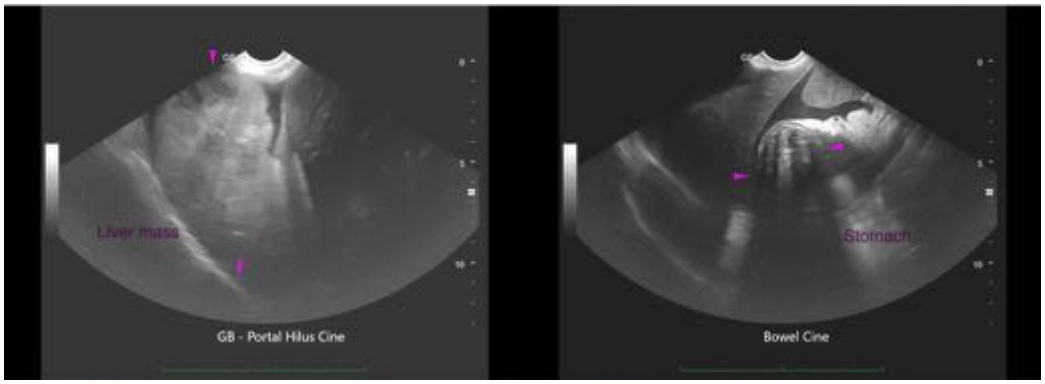
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Consider fine-needle aspirates of the hepatic mass and spleen if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, more advanced testing (i.e., biopsies) may be necessary to get a definitive diagnosis. However, given the extent of disease, palliative care should be considered in lieu of invasive diagnostics.







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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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