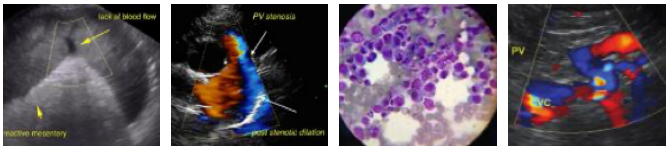
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Hennessy McLean

SPECIES
Canine

BREED
Bulldog mix

SEX
Male, neutered

AGE
3.5

WEIGHT
30.6 kg..

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

IMAGING PERFORMED BY
Dr. DeCordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Hengst

INVOICE
14360

DATE
12/19/22

PRESENTING CLINICAL SIGNS

Treated for V/D prior to Thanksgiving, clinical signs resolved. Currently no V/D, normal appetite. Owner noticed distended abdomen in past 24 hours. In house analysis of abdominal fluid shows PCV = 6%, TS = 3.2, abnormal cells seen under microscope.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.97 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 normal size (8.02 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.

Adrenal Glands

The region of the adrenal glands is evaluated. The glands are not definitively visualized due to the diffuse abdominal pathology.

Spleen

The majority of the spleen is normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature is normal with no evidence of thrombosis. A 0.7 cm cavitated mass is observed adjacent to +/- arising from the caudomedial aspect.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.57 cm isoechoic to slightly hyperechoic nodule is suspected at the cranial aspect. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The visible portion of 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.

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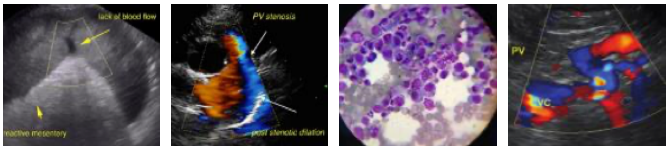

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Pancreas

The pancreas is largely obscured by the diffuse abdominal pathology. In the visualized regions, no obvious abnormalities are observed.

Free Abdomen

Numerous varying sized, heterogeneous, cavitated masses are observed throughout the abdomen, particularly cranial to the liver and in the mid-abdominal region. The largest mass measures approximately 9 cm in diameter. A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic to irregular with heterogeneous cavitated nodules. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Diffuse cavitated mesenteric masses. Neoplasia (i.e., hemangiosarcoma, carcinoma, other) is suspected. There is a questionable mass arising from the spleen. The hepatic nodule may represent a metastatic lesion or benign process (i.e., regenerative nodule).
- Diffuse ascites, likely secondary to the abdominal masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider submission of the abdominal fluid for cytologic evaluation. Given the likelihood of diffuse neoplasia in the abdomen, however, palliative care should be considered in lieu of invasive diagnostics and aggressive therapeutics.

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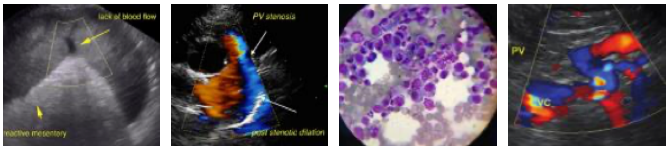

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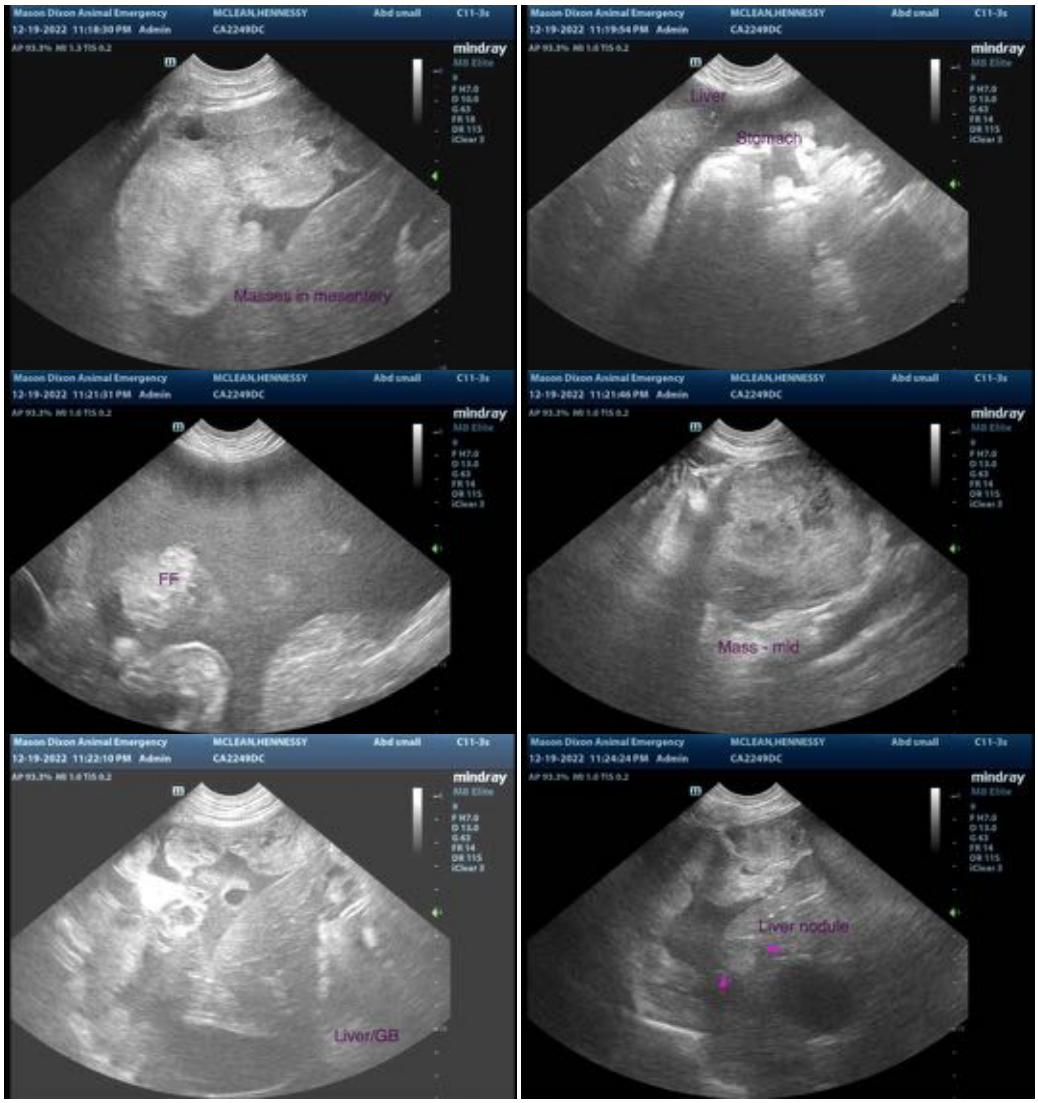

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com