SonoPath
Clinical Sonography & Telecytology
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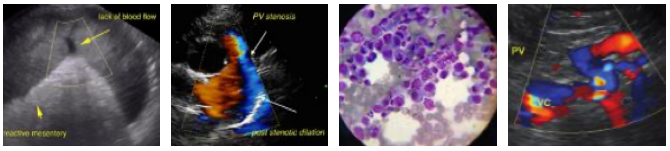

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Roxy Iannone

SPECIES
Canine

BREED
Cockapoo

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
20.9 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. Scott

INVOICE
12761

DATE
12/22/21

PRESENTING CLINICAL SIGNS

History: Slight weight loss, slightly decreased appetite, occ vomit
Abnormal PE/Chem/CBC/UA Results: WBC 41K, Neut 36K, bands elevated rest of BW WNL

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 left kidney is normal size (4.14 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 (4.88 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.42 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Right adrenal gland- See *Other*.

Spleen

The spleen is enlarged (1.96 cm in width at the level of the hilus) with irregular peripheral contours. A >7 cm irregular hypoechoic to heterogeneous slightly cavitated mass appears to be arising from the splenic parenchyma. The remaining parenchyma is mottled, bordering on a “moth-eaten” appearance. The mesentery surrounding the mass is mildly hyperechoic. Several small hyperechoic foci/nodules are also seen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled and subtly heterogeneous in appearance. No distinct focal lesions are observed. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 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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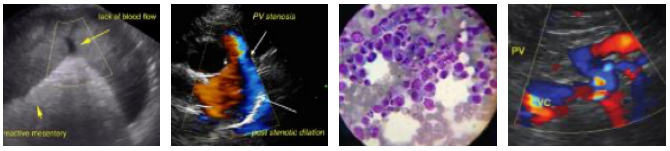

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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid.

Lymph Nodes

See Other.

Other

A 2.30 x 1.32 cm irregular, hypoechoic lesion is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic.

A 1.60 cm ill-defined, cystic area/nodule is observed in the right cranial quadrant.

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

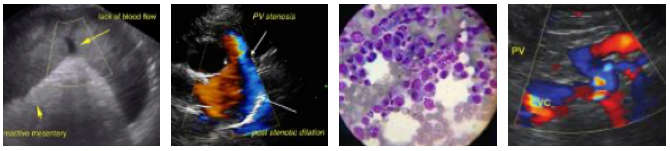
- Large cranial to mid-abdominal mass, suspected to be of splenic origin. However, another origin (i.e., lymphoma node, mesentery, pancreas) cannot be completely excluded. Regional peritonitis is present.
- The hepatic parenchymal changes are non-specific and could be associated with benign age-related change, inflammatory/immune mediated disease, hepatotoxicosis, metastatic disease or other hepatopathy.

Secondary Findings:

- Minor age-related renal and pancreatic changes (left limb).
- The cystic area in the right cranial quadrant may represent a portion of cystic pancreas, a cystic lymph node, other.
- The irregular hypoechoic nodule in the right cranial quadrant may represent an enlarged right adrenal gland, enlarged lymph node, mass within the mesentery, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there was no evidence of pulmonary metastatic disease and an aggressive approach is desired, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic



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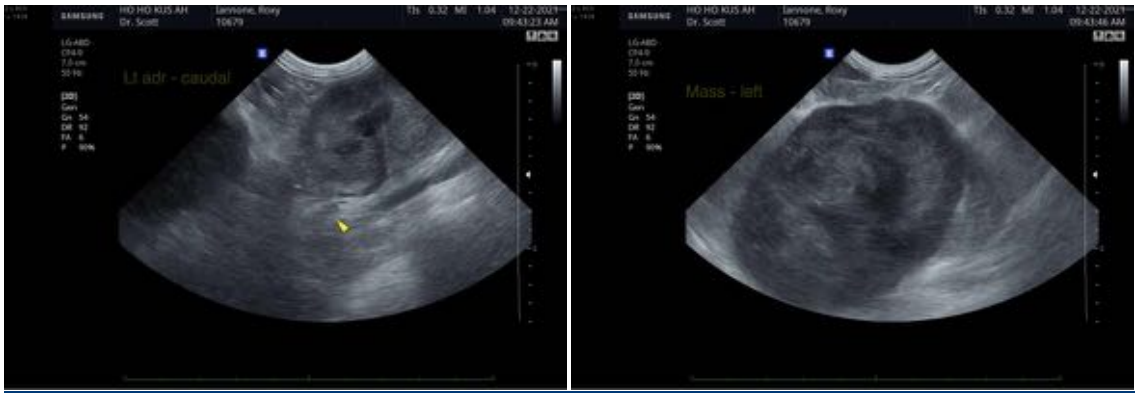
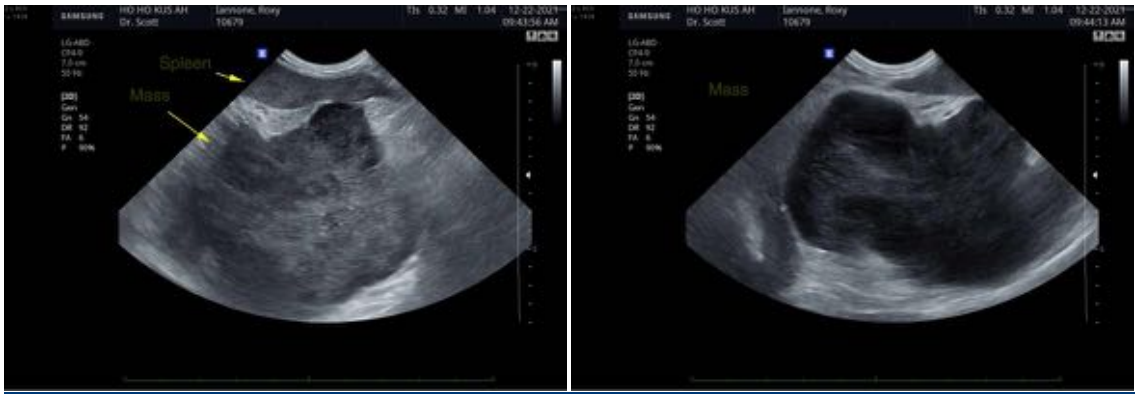
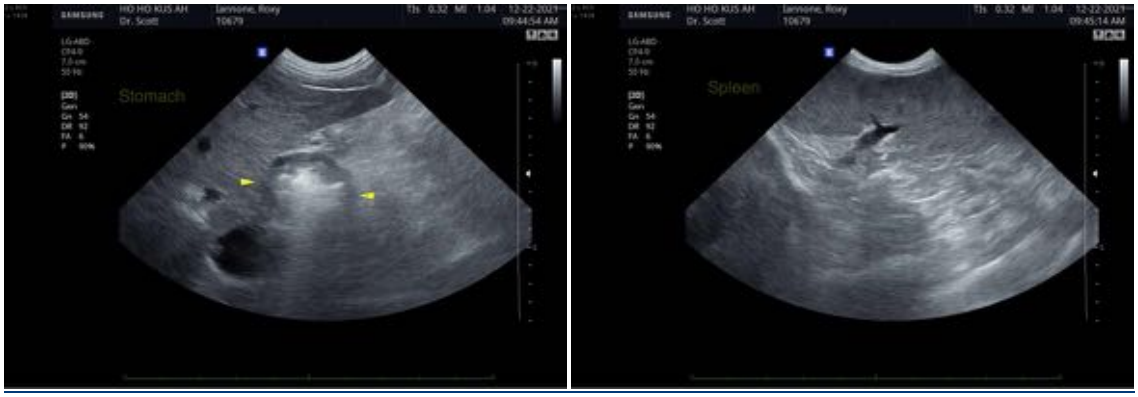
disease. The lesions in the right cranial quadrant should also be evaluated at the time of surgery.

- A fine needle aspirate of the spleen can also be considered prior to surgery if clotting status is appropriate. Care should be taken to avoid any cavitated regions.







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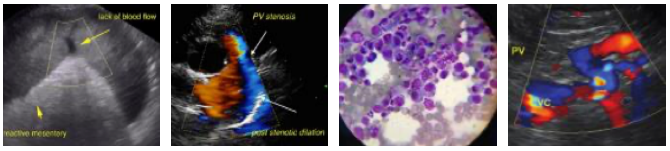

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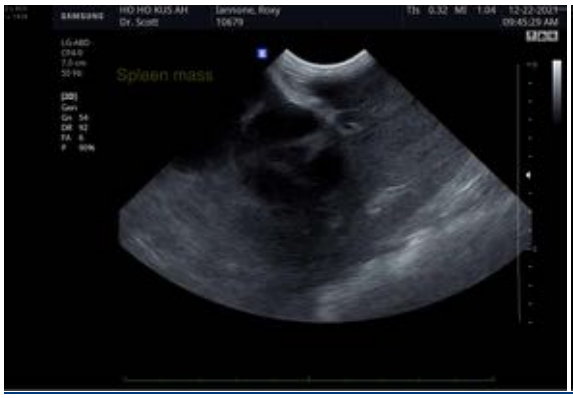

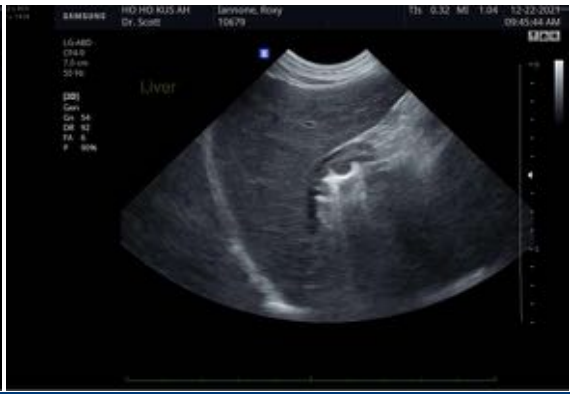

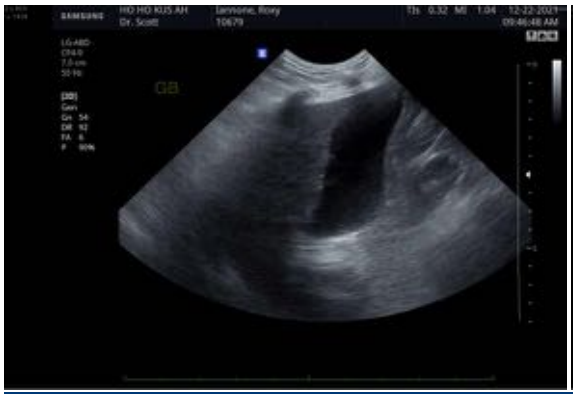

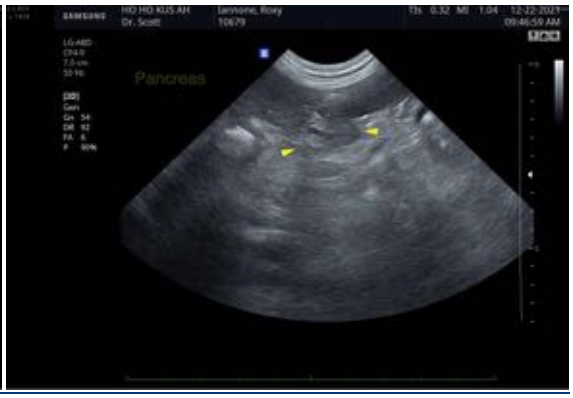

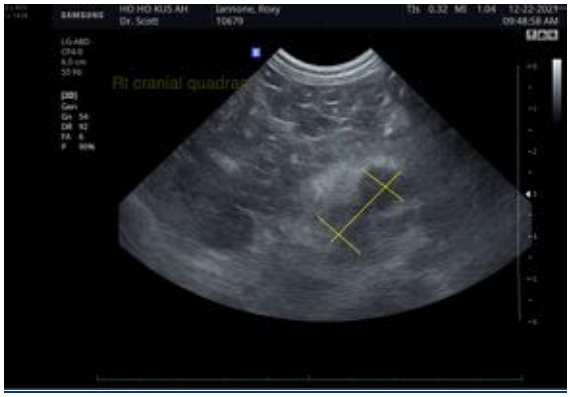

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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