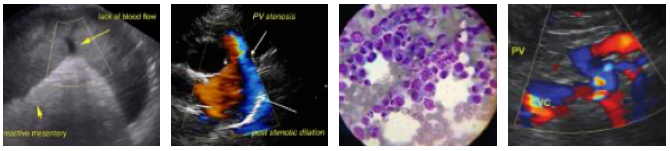
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Atla Overly

SPECIES
Canine

BREED
German Shephred

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
49.8 lbs.

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

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Molly Arnold

INVOICE
14609

DATE
2/21/23

PRESENTING CLINICAL SIGNS

History: Pt ADR x 2 weeks, progressive weakness in hind limbs. Inappetence with 10# wt loss within the last 3 months. HX of pneumonia (5 times) within the last 8 months. Currently on Dexamethasone 2mg SID
Abnormal PE/Chem/CBC/UA Results: Recent bloodwork from 2/17/23 abnormalities: HCT (29.1%), RBC (4.7), HBG (9.6g/dl), ALB (2.3), BUN (35), SDMA (15), Thrombocythemia (555), Neutrophilia (13.1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (7.47 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.82 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 left adrenal gland is normal size (0.65 cm at cranial pole) (0.63 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. No obvious pathology is observed.

Spleen

A >7 cm heterogeneous cavitated vascular mass is arising from the parenchyma. The mass causes capsular expansion. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous 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. A moderate amount of aggregate, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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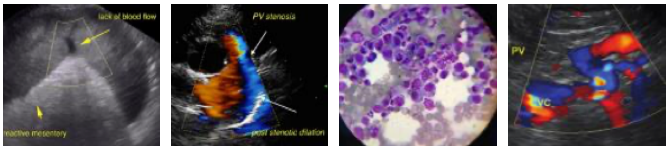

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The gastric lumen is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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 obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, round cell tumor, other) is suspected with a lower possibility of a benign process. Mild adjacent peritonitis is present. The mass has grown since the previous sonogram.

Secondary Findings:

- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar). However, more insidious pathology cannot be completely excluded. Correlation with the patient's liver values is recommended.
- The gallbladder sludge could be consistent with an emerging mucocele, cholestasis or less likely, fasting.
- Minor, bilateral age-related renal changes.

*The patient's clinical signs could be associated with the splenic mass (i.e., intermittent bleeding from the mass, cancer cachexia). However, concurrent maldigestion/malabsorption or other illness cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary parenchymal disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to assess for micrometastatic disease.
- A GI panel including serum cobalamin, folate, TLI and PLI +/- GI biopsies (if splenectomy is pursued) can also be considered to assess for concurrent causes of weight loss.

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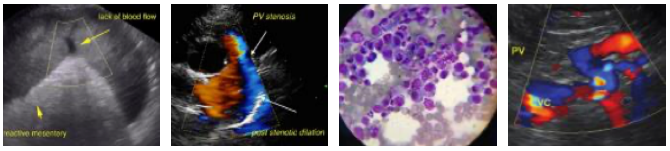

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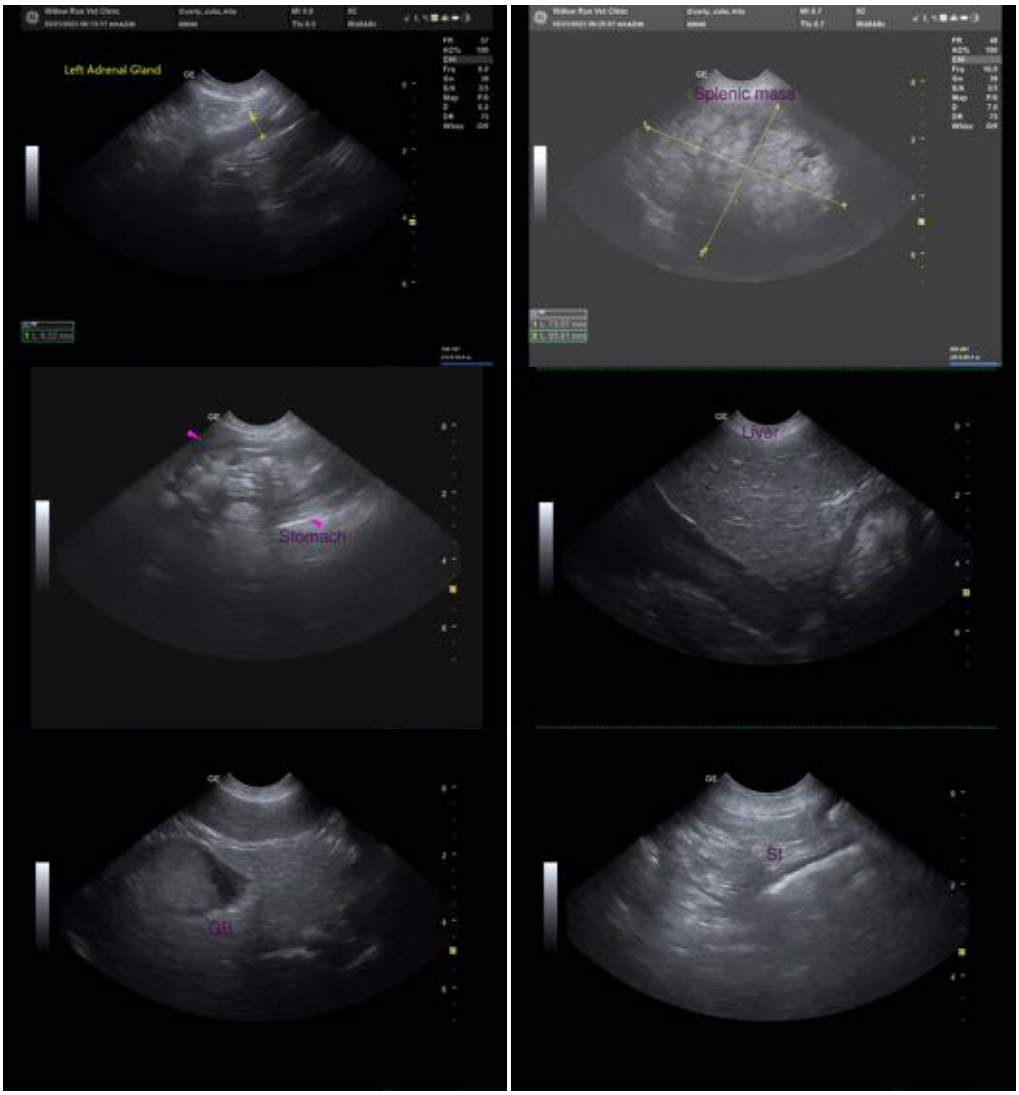

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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