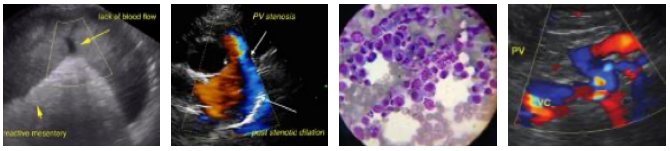


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Duke Zientak

SPECIES
Canine

BREED
Lab

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
79.5 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Dr. Steep

INVOICE
14620

DATE
2/21/23

PRESENTING CLINICAL SIGNS

History: or the past few days he has not been wanting to eat anything but he did eat a very small amount of wet food yesterday, drinking ok, urine ok but no stool recently, no v+, was with owner's son for 2 weeks while owner was out of town and the son gave him a cow hoof over a week ago and owner wondering if this is what could be making him sick
Abnormal PE/Chem/CBC/UA Results: X-rays barium in colon, no evidence of obstruction Normal RBC parameters however increased Reticulocytes at 260 and nucleated RBC's at 11/100 WBCs, WBC 10.8 with minor increase in Bands, Platelets 89 however clumping noted, Platelets moderately decrease on blood film and Large Platelets seen, slight decrease in Na and Cl (likely due to vomiting), Total Bili 0.4, Creatine Kinase 332, cPL pending.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.92 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 (6.86 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 (xxx cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.73 cm at cranial pole) (0.65 cm at caudal pole) (6.60 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.

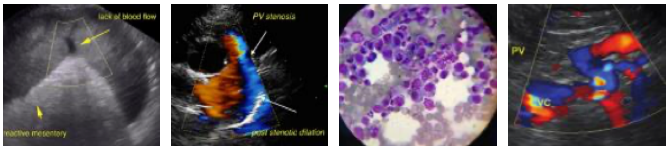
The right adrenal gland is normal size (0.76 cm at cranial pole) (0.76 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

An approximately 5 cm heterogeneous cavitated mass is arising from the mid-splenic region. The lesion causes capsular expansion. In the remainder of the spleen, the peripheral margins are slightly irregular. Several ill-defined hypoechoic nodules are also observed. Splenic vasculature appears normal with no evidence of thrombmosis.

Liver

The liver is subjectively normal in size with irregular peripheral margins on the left side. The parenchyma is hypoechoic relative to the spleen. An approximately 4 cm irregular hypoechoic to



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heterogeneous mass is observed on the left side. The lesion causes capsular expansion. The remaining hepatic parenchyma is mottled in appearance. 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 large amount of aggregated, echogenic suspended sludge in a partially stellate pattern is observed within the lumen. 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.

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

A moderate amount of free fluid is present. The mesentery in the cranial to mid-abdomen is hyperechoic. A 1.11 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other

A 2.38 cm irregular echogenic mass is observed in the left caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

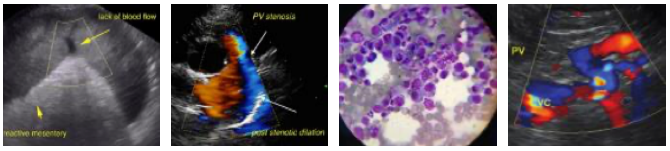
- Cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma) is suspected. The smaller hypoechoic splenic nodules may represent metastatic disease or benign foci (i.e., lymphoid hyperplasia or similar).
- The left hepatic mass is concerning for a metastatic lesion with a lower possibility of a primary hepatic tumor, inflammatory focus, granuloma or regenerative nodule. The diffuse hepatic parenchymal changes are non-specific and could be consistent with benign age-related changes, metastatic disease, inflammatory hepatopathy, other.
- The mass in the left caudal abdomen is concerning for a metastatic lesion within the mesentery with a lower possibility of a benign process (i.e., granuloma, other).

Secondary Findings:

- The gallbladder changes are consistent with a developing mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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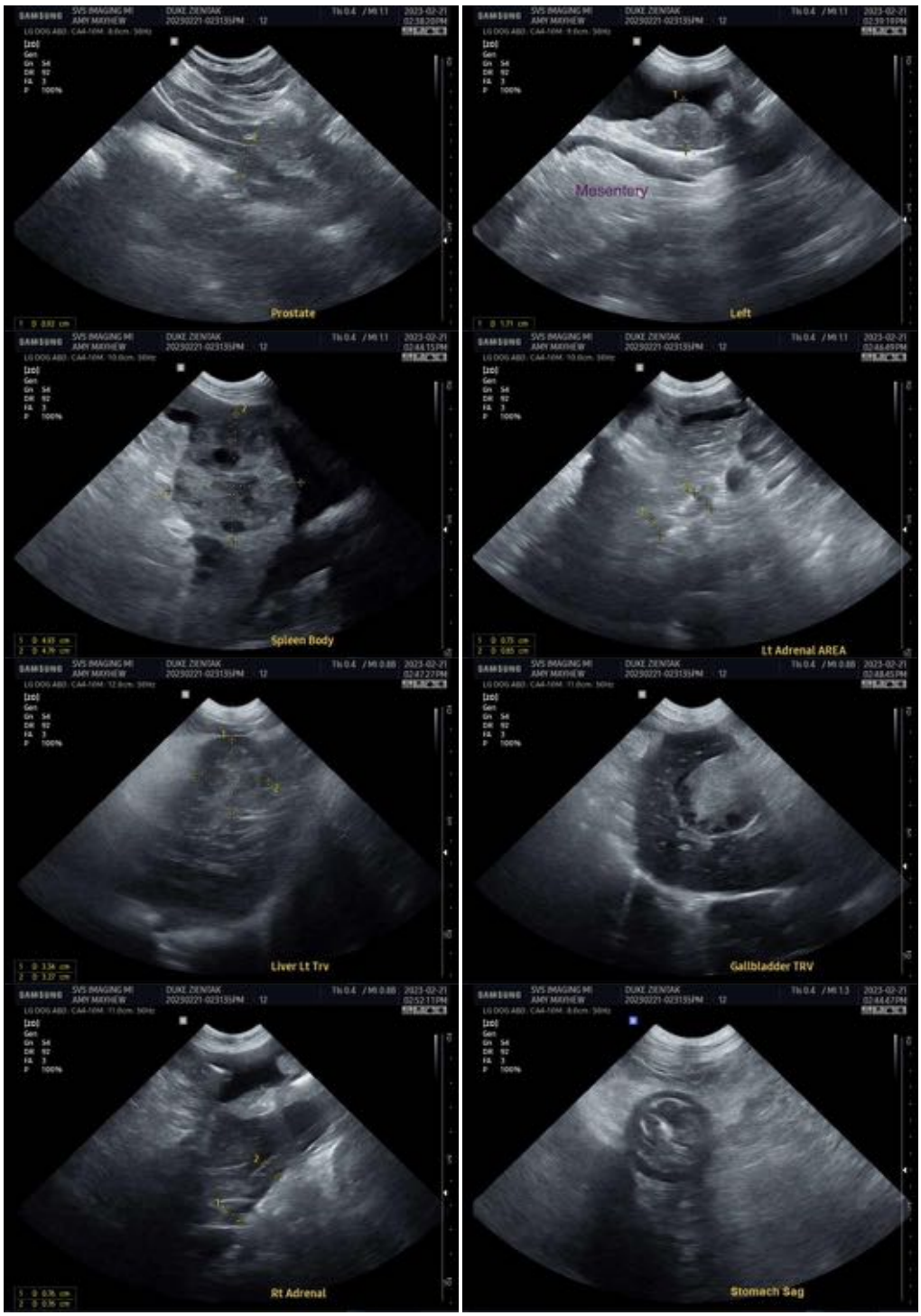
- If an aggressive approach is desired, an abdominal CT scan can be considered to further characterize the abdominal pathology. However, given the likelihood of metastatic disease within the abdomen, palliative care (i.e., Yunnan Baiyao, pain management, blood transfusions as needed) is recommended in lieu of aggressive diagnostics and treatments.



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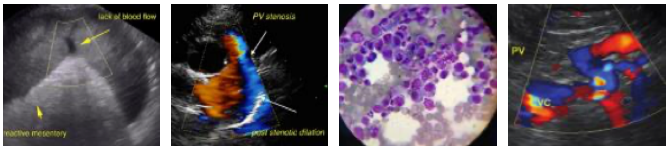

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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