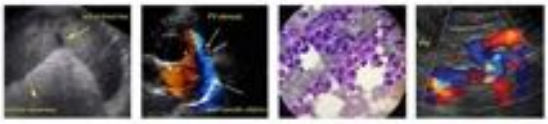

PATIENT

Abby Chambers

SPECIES

Canine

BREED

Scottish terrier

SEX

Female, spayed

AGE

13 Years

WEIGHT

8.126 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr Carl Kelly

INVOICE

13039

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2/22/22

PRESENTING CLINICAL SIGNS

History: Abby" Rich Chambers DOB=3-15-09 Female, spayed Scottish Terrier 8.16kg History: 12-10-21=general checkup. IDEXX results from this day showed pyelonephritis. Prescribed amoxicillin 50mg/ml, 2.5cc Bid for 10 days. Check up on 1-13-22 because of emesis. Normal appetite and energy at this time. Mild liver inflammation. Urine specific gravity of 1.042 on 12-10-21. Another round of amoxicillin and denamarin 225/85mg, 1 tab sid on empty stomach for 30 days. 2-16-22 re check liver showed improvement of liver function after medications.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.57 cm in width) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.85 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (5.12 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.57 cm at cranial pole) (0.76cm at caudal pole) (1.84 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.

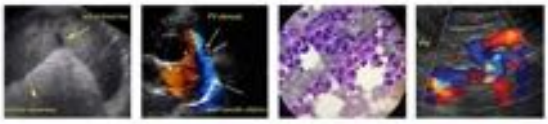
The right adrenal gland is normal size (0.80 cm at cranial pole) (0.55 cm at caudal pole) (2.80 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged with irregular peripheral contours. A >6 cm irregular heterogeneous cavitated mass is arising from the parenchyma. The remaining parenchyma is relatively homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 2.41 x 1.15 cm hypoechoic area is observed at the tip of the left lateral lobe. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts



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are normal.

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 ileocecal colic junction and colonic wall are 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A uterine stump is visible (0.50 cm in width). No obvious pathology is observed.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

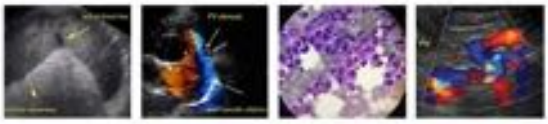
Primary Findings:

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology.
- The hypoechoic area at the tip of the left lateral liver lobe could be consistent with an area of infarction, inflammatory focus, metastatic lesion, other. The diffuse hepatic parenchymal changes are non-specific and could be secondary to a benign age-related process. Alternatively, metastatic disease is possible.
- The trace ascites is likely secondary to the splenic mass.

Secondary Findings:

- Minor age-related renal changes with dystrophic mineralization.
- Mild left adrenomegaly.
- The urinary bladder wall changes could be consistent with cystitis. Alternatively, they may be artifactual due to lack of full repletion. Correlation with clinical findings is recommended.
- Visible uterine stump- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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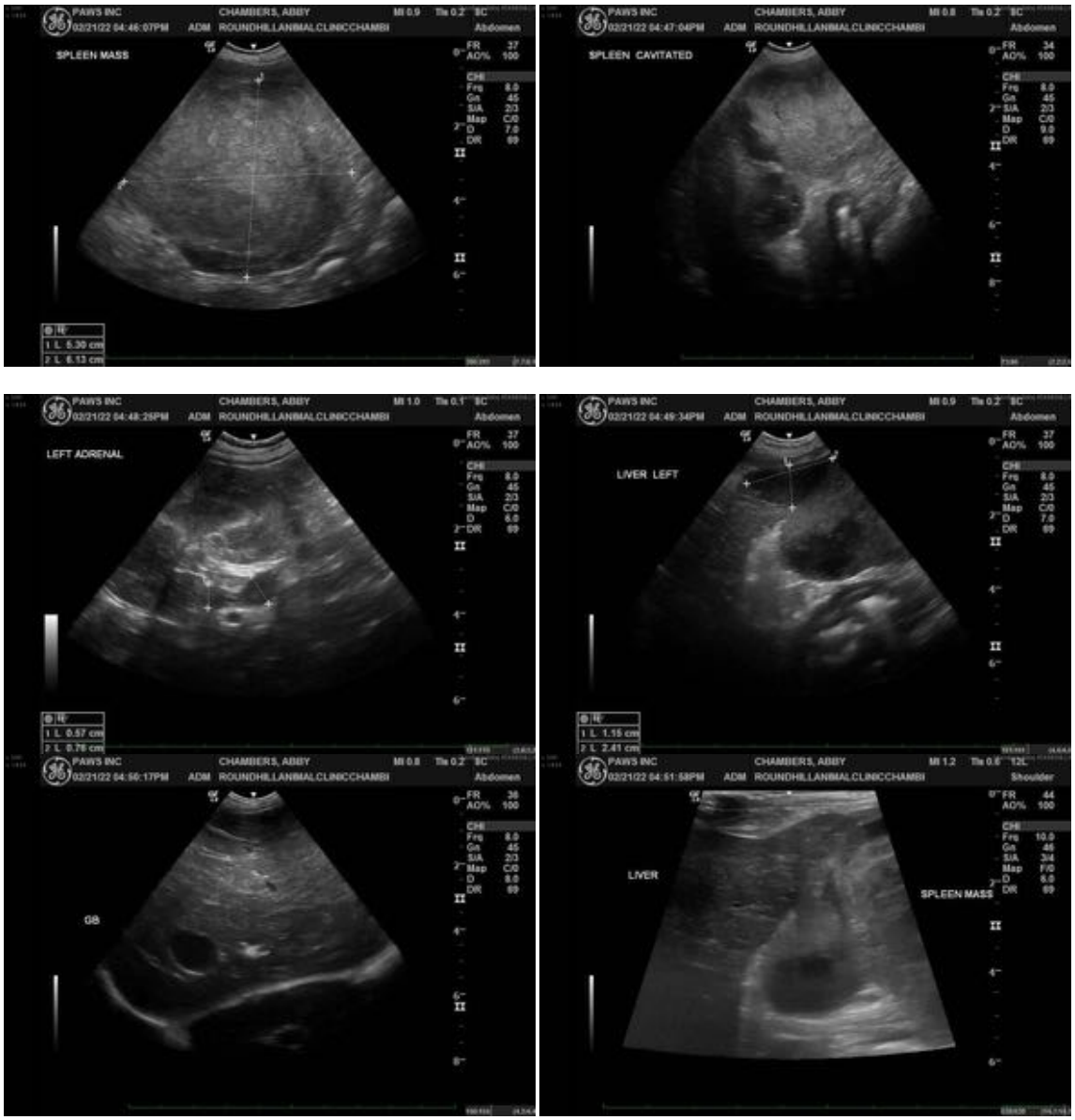
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease a splenectomy with submission of the spleen for histopathology can be considered along with liver biopsies to assess for micrometastatic disease. Samples from the tip of the left lateral liver lobe should be obtained.



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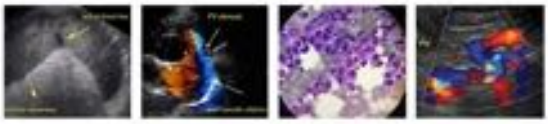

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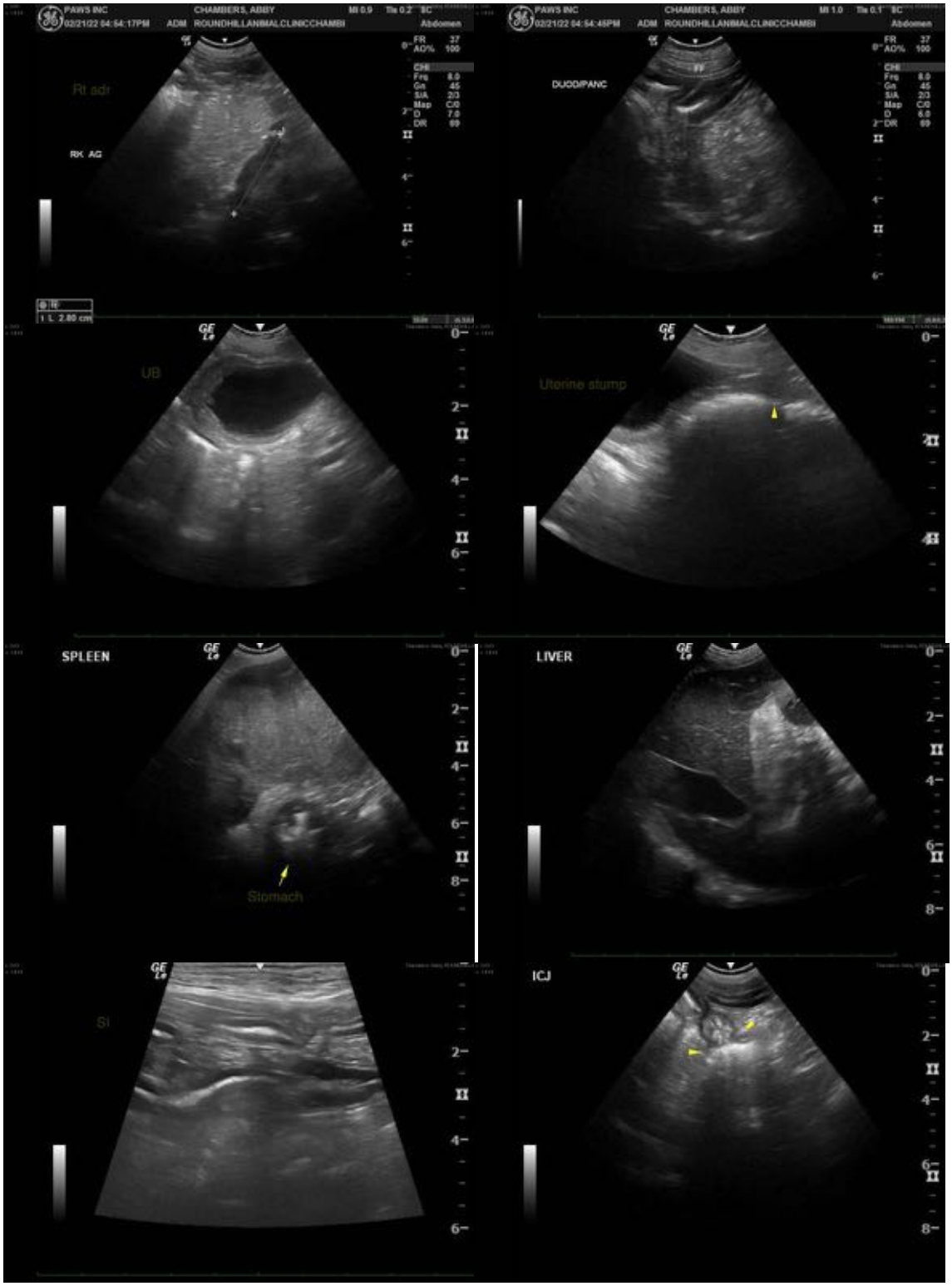

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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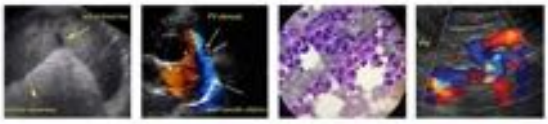

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

andrea.nicastro@sonopath.com