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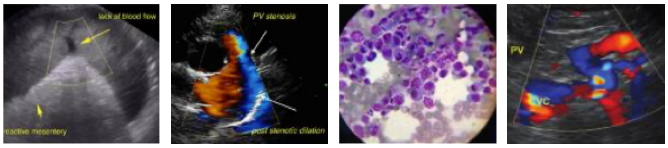
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Laila Perez

SPECIES
Canine

BREED
Rottweiler

SEX
Spayed Female

AGE
7 years

WEIGHT
103 lbs

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

IMAGING PERFORMED BY
Dr. Ferrer, DVM

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. N. Rodriguez

INVOICE
12271

DATE
2.23.23

PRESENTING CLINICAL SIGNS

History: The patient presented as a referral for an abdominal ultrasound as pt has losing weight, is anorectic and lethargic since January. Lungs were auscultated with no abnormalities. Mass noted on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: CBC WBC: 33.47 (6-17) NEU: 30.92 (3-12) LY%: 4.4 (12-30) NE%: 92.4 (62-87) PLT: 22.0 (200-500) CHEM: WNL 4DX: Negative Digital Radiograph: Soft tissue effect on caudal abdomen.

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 enlarged (11.02 cm in length) with an irregular shape. A 2.77 cm echogenic mass is observed at the cranial pole. In addition, a 5.02 cm echogenic mass is observed at the lateral aspect. Both lesions cause distortion of the normal renal architecture. There is a normal 1:3 cortex to medulla ratio in the normal-appearing portions of the kidney. There is mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.51 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is overall normal in size (8.70 cm in length) with an irregular shape. A 3.30 cm echogenic mass is arising from the lateral aspect. The lesion causes capsular expansion. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. However, given the midabdominal pathology, the glands are not definitively visualized.

Spleen

The spleen is enlarged with irregular peripheral contours. A >11.00 cm multi-lobulated heterogenous mass is arising from the parenchyma. The mesentery surrounding the mass is mildly hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no obvious 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 slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the visualized portion no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence free fluid. The caudal abdominal lymph nodes are severely enlarged (>7.00 cm), rounded and heterogenous in appearance. In addition, several prominent to enlarged mesenteric lymph nodes are seen (the largest measuring 2.80 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

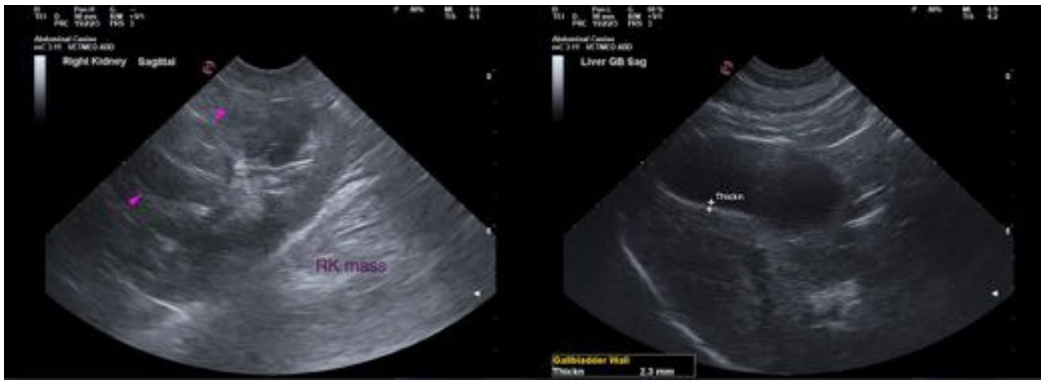
- The bilateral renal and splenic masses along with the severe abdominal lymphadenopathy is concerning for multi-organ neoplasia. Considerations include round cell tumor, sarcoma, other. Multifocal inflammatory disease is also possible, but considered less likely.

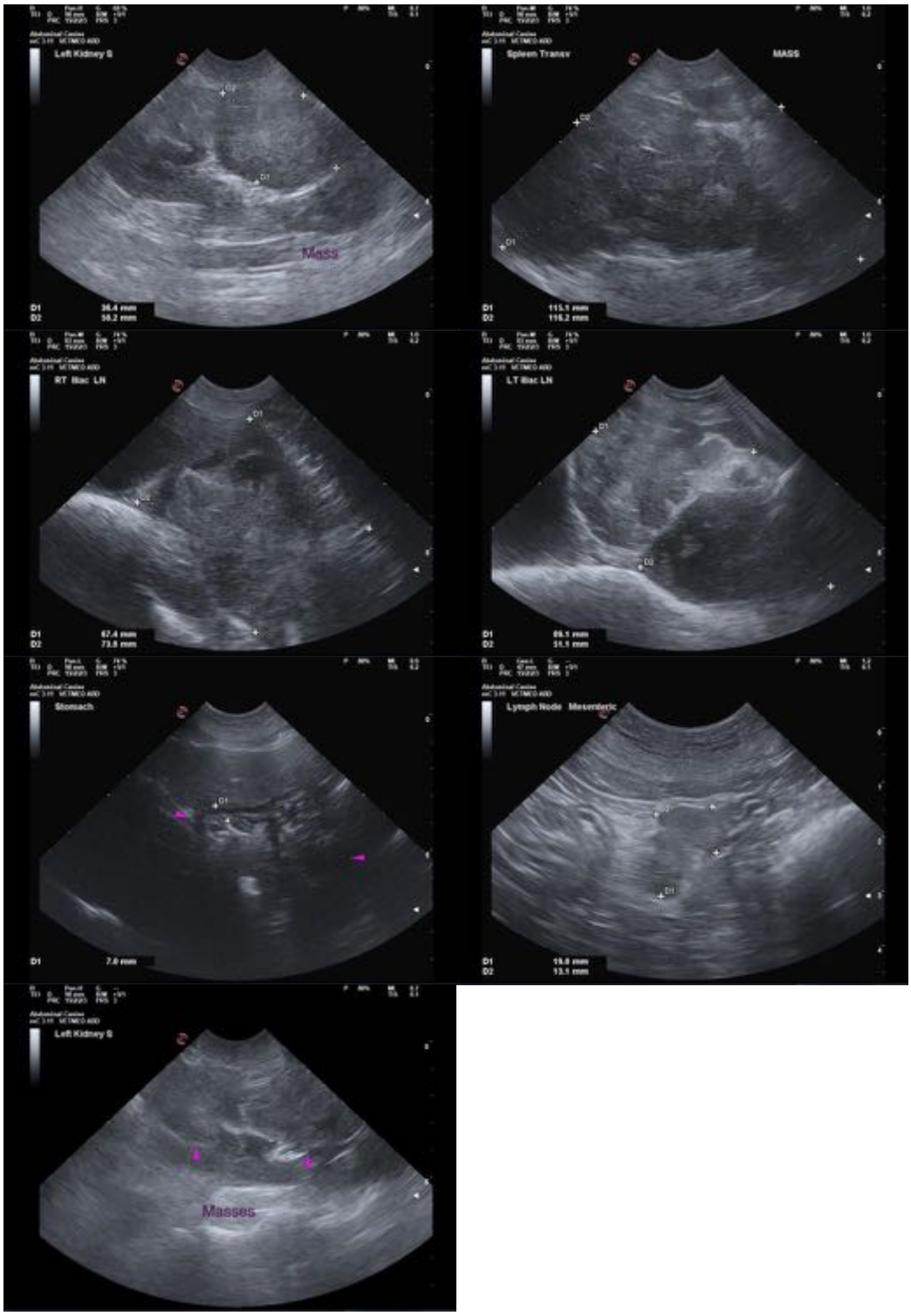
Secondary Findings

- The hepatic parenchymal changes could be consistent with benign age-related remodeling. However, infiltrative neoplasia or other hepatopathies cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the thrombocytopenia, aspiration of the abdominal masses is not considered safe at this time. Therefore, consider consultation with a board-certified oncologist for additional treatment options.





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.

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