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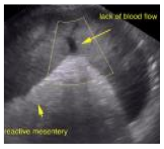
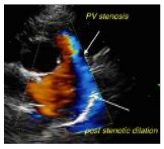
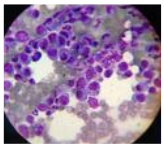
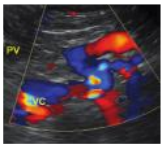

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Aglaya Jahn

SPECIES

Canine

BREED

Basset Hound Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Jokers, Belvidere Family Pet

INVOICE

10703

DATE

4/6/22

PRESENTING CLINICAL SIGNS

History: Presented for loss of appetite, vomiting and weight loss. Radiographs show poorly defined abnormality in cranial abdomen. Possible splenic mass mass vs GI mass.

Abnormal PE/Chem/CBC/UA Results: Neutrophilia 11.7, Amylase 1777, HCT 32%, all other values WNL 4Dx Tick Panel neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A focal area of bladder wall in the ventral aspect is thickened (up to 0.43 cm), irregular and mildly hypoechoic. The remaining bladder wall is normal in thickness, with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney presented normal size (6.04 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.

The right kidney presented normal size (5.71 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 (0.43 cm at cranial pole) (0.53 cm at caudal pole) (2.45 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 (0.45 cm at cranial pole) (0.42 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

The spleen is enlarged, with irregular peripheral contours. A >8cm irregular, heterogenous cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the parenchyma is diffusely heterogenous, bordering on nodular in appearance, with undulating peripheral contours. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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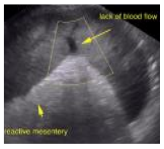
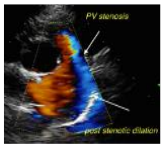
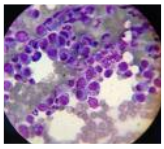
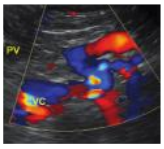

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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 or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the splenic mass. In the visualized portion, No obvious pathology is seen.

Free Abdomen

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

Other

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), other is suspected, with a lower possibility of a benign process. Regional peritonitis is present.

Secondary Findings

- Minor age-related renal changes
- The focal ventral bladder wall thickening could be consistent with an inflammatory focus, granuloma, or emerging neoplasia.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy and regenerative nodular hyperplasia are the top differentials. Infiltrative neoplasia (i.e., metastatic disease), is considered less likely, but 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 metastatic disease, 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 micro metastasis. Also consider obtaining a biopsy of the focal ventral bladder wall thickening at the time of surgery

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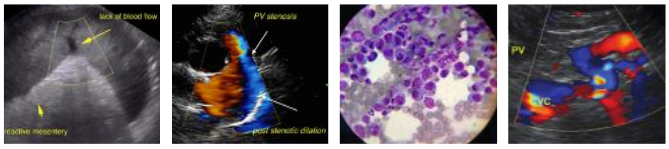

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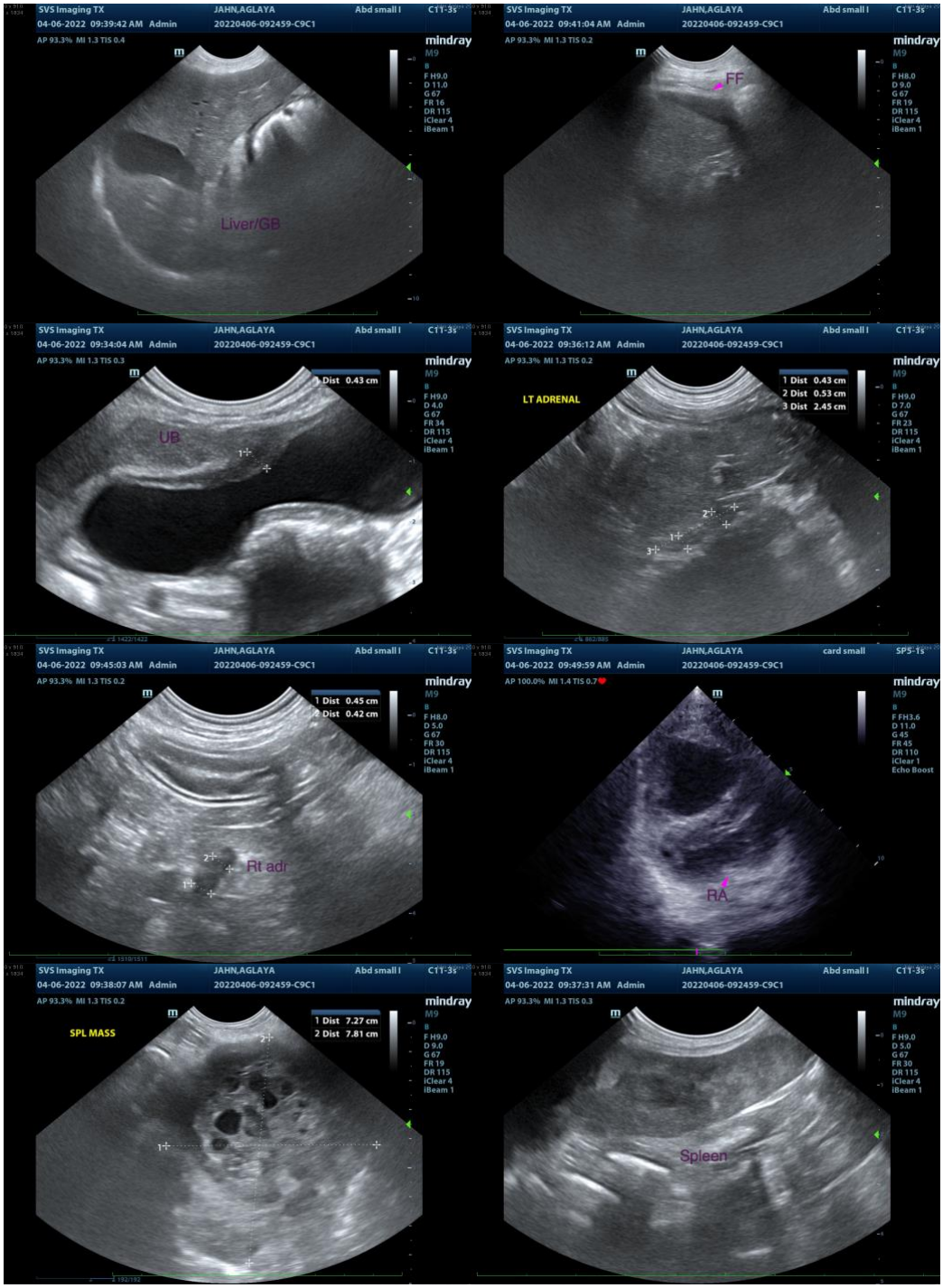

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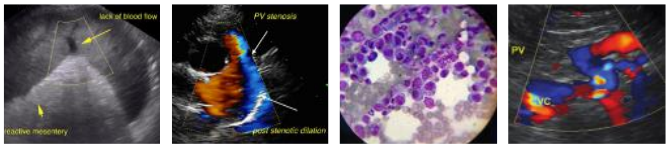

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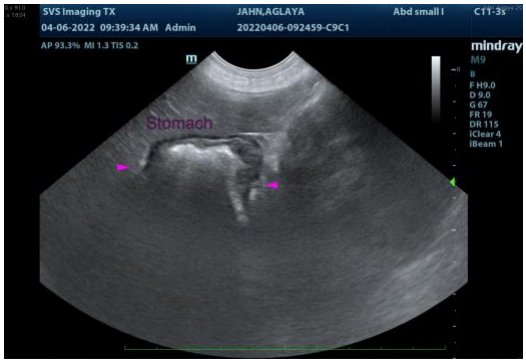

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com