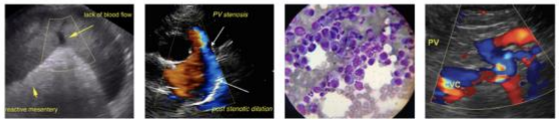


PATIENT

Iggy Pride

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

1/24/2016

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Charleston Animal Society

REFERRING VET

Dr. Elizabeth Fuller

INVOICE

10907

DATE

5/16/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: History of acute hepatitis, mass found on recent abdominal ultrasound. Now also has weakness/lameness on front limb
Abnormal lab-work values: ALP 251 on most recent bloodwork. PCV 36% (stable)
Fibrinogen elevated (258)
Current Medications: Denamarin, gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 mildly enlarged (3.10 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is slightly mottled in appearance with a few small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.94 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.

The right kidney is normal size (7.53 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.

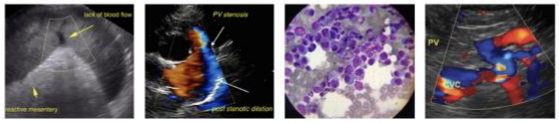
Adrenal Glands

The left adrenal gland is borderline enlarged (0.92 cm at cranial pole) (0.99 cm at caudal pole) (3.32 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 (0.90 cm at cranial pole) (0.59 cm at caudal pole) (2.58 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 margins. A >11.0 cm, irregular, isoechoic to slightly



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heterogenous mass is arising from the caudal aspect. Several small, ill-defined cavitated areas are seen within the mass. Within the remainder of the spleen the parenchyma is mottled. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderate distended with ingesta. 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. The colonic lumen contains shadowing fecal material. 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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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

In the midabdominal region, a 2.08 x 1.51 cm irregular, hypoechoic nodule/mass with a small, cavitated area is seen. In addition, a 0.90 x 0.80 cm hypoechoic nodule is seen near the larger nodule/mass.

A brief evaluation of the left axillary area reveals normal blood flow.

An ultrasound-guided fine-needle aspirate of the splenic mass was performed at the end of the study using a 25-gauge needle. The mass was monitored for 5-10 minutes post-aspiration for hemorrhage. There was no evidence of post-aspiration hemorrhage.

ULTRASONOGRAPHIC FINDINGS

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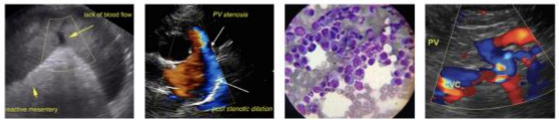

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Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of benign pathology.
- The hypoechoic nodules free within the abdomen could be consistent with metastatic lesions, enlarged lymph nodes (reactive and metastatic), inflammatory foci, other.

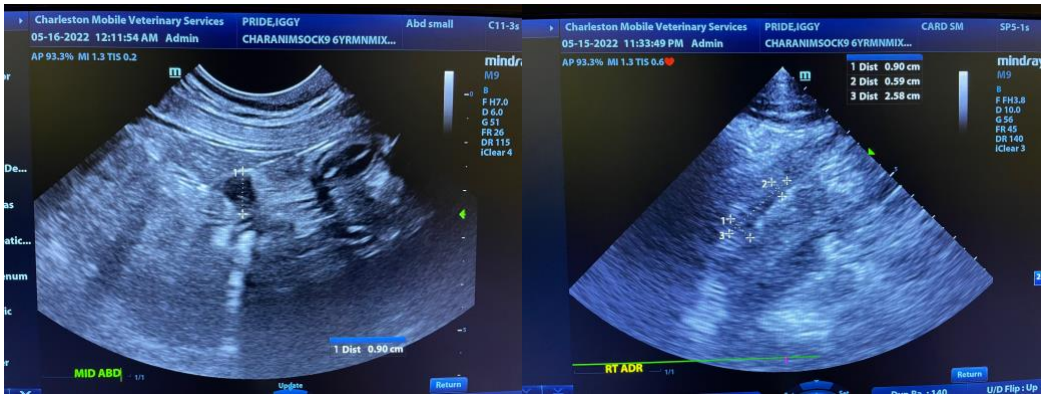
  *The diffuse, ill-defined hypoechoic tissue seen on the previous scan was not visible on today's study.

Secondary Findings

- The hepatic parenchymal changes are nonspecific and could be consistent with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatic toxicosis, age-related remodeling, other hepatopathy.
- The prostate changes are consistent with benign prostatic hyperplasia which may be residual from recent neutering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommended should be based on the splenic cytology report. If results are inconclusive, a splenectomy with submission of the spleen for histopathology can be considered along with biopsies of the midabdominal nodules. If surgery is pursued, consider performing a liver biopsy, given the recent elevation in hepatic enzymes.



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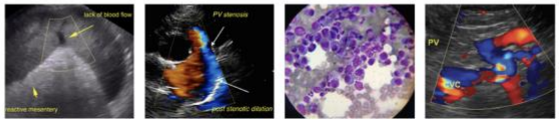

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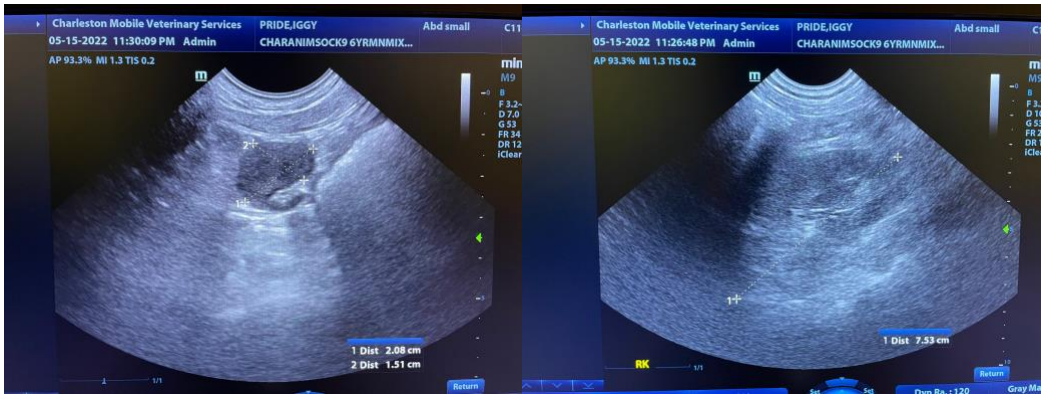

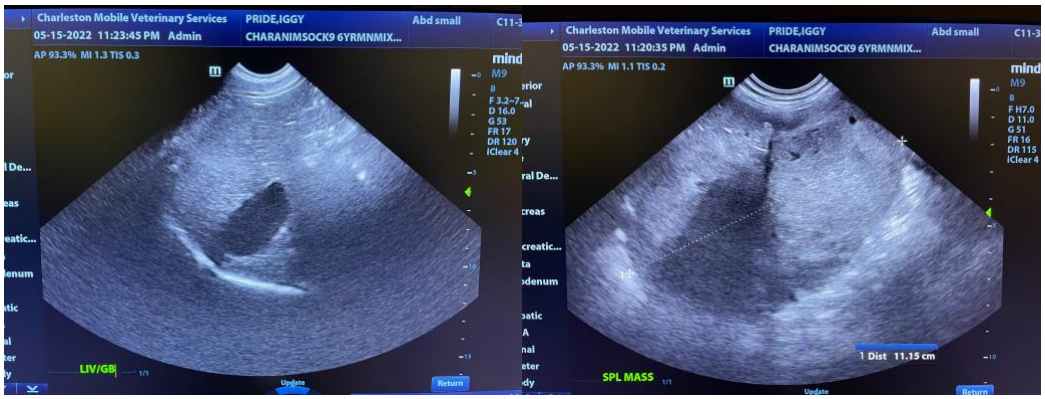

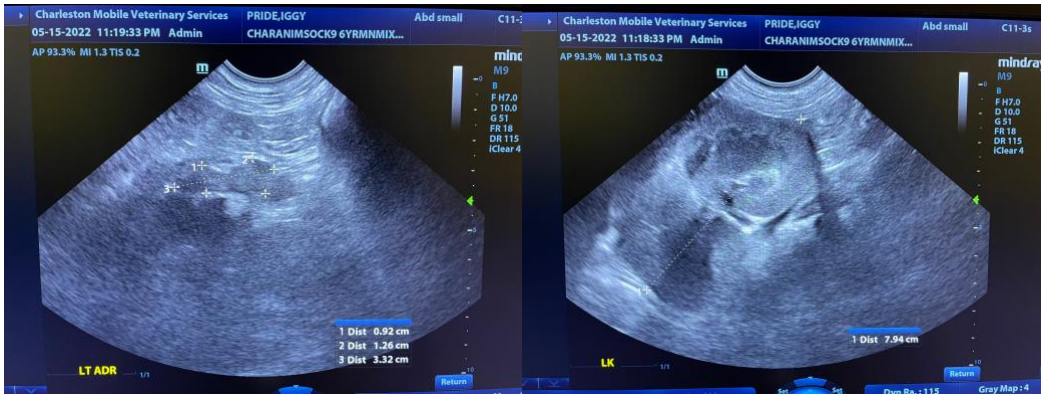

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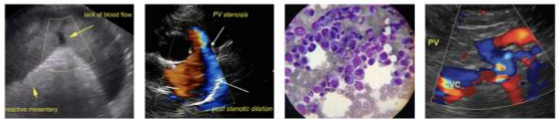

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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