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Clinical Sonography & Telecytology
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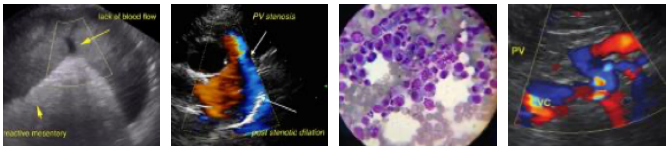

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Missy Dauhbert

SPECIES
Canine

BREED
English setter

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
15.4 kg.

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Moser

INVOICE
15101

DATE
6/28/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for panting, coughing for 2-3 weeks, PD, decreased appetite, wt loss a few months Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: decreased for 2-3 weeks, hardly eating
Abnormal PE/Chem/CBC/UA Results: PCV/TS: 38%/5.5 CBC: WBC 23.84 H, Neut 89.9 H, 21.43% H; Lym 0.77L, 3.2% L; Plt 647H Liver panel: all values wnl Radiographs: empty stomach, loops of small intestine and colon, suggestive thickening of small intestinal loops, possible mass effect mid abd. enlarged spleen?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal size (5.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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 (0.61 cm at cranial pole) (0.69 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

An approximately 4.2 x 3.7 cm slightly irregular heterogeneous mass is arising from the caudal aspect. The mesentery effacing the serosal surface of this mass is hyperechoic. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal to slightly prominent in size with normal contours and structure. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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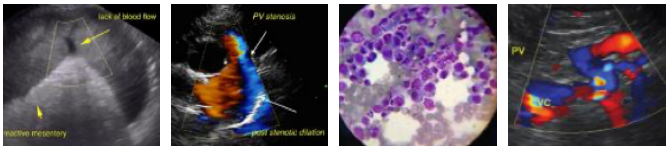

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. 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 obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

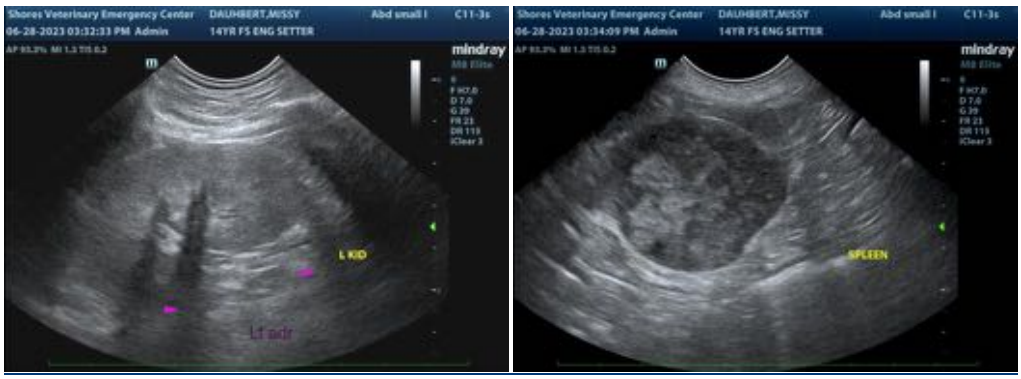
- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of a benign process. Adjacent peritonitis is present.

Secondary Findings:

- Bilateral chronic age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A splenectomy with submission of the spleen for histopathology is recommended. If surgery is pursued, a liver biopsy should also be obtained to assess for micrometastatic disease.



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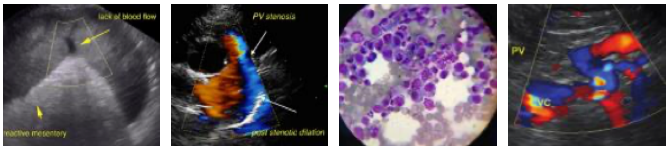

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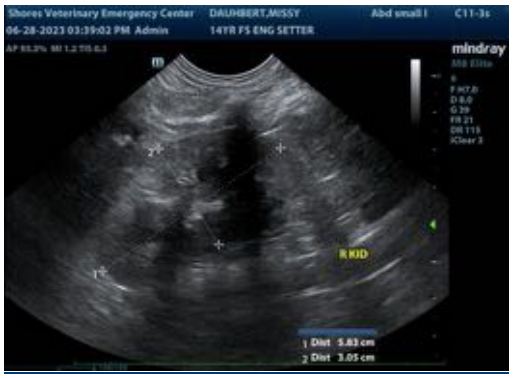

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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