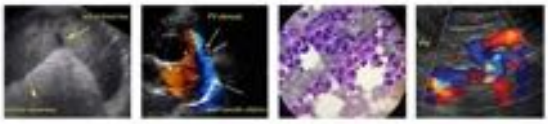


PATIENT

Annie Stoker

SPECIES

Canine

BREED

Lab mix

SEX

Female, spayed

AGE

9 Years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

oetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Zsumel

INVOICE

15115

DATE

7/17/2

PRESENTING CLINICAL SIGNS

History: No sedation- Patient has had a splenic mass for several years. The owners are now interested in getting it removed. There is concern for liver mets. Also the patient has had some urinary incontinence.
Abnormal PE/Chem/CBC/UA Results: LABS_T4 0.8, TOTAL PROTEIN 7.9 H, GLOBULIN 4.5 H, ALP 773 H, HGB 13.0 L, RETICULOCYTE 126 H RADS- Conclusion Large midabdominal soft tissue mass consistent with the clinical history. Both benign and neoplastic processes are possible. Histopathology may be necessary for definitive diagnosis. Concurrent mild hepatomegaly with rounded margination. Hepatic nodules could be present. Histopathology may be necessary for definitive diagnosis. No radiographic evidence of pulmonary metastatic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (8.03 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 is normal size (7.90 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.81 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.

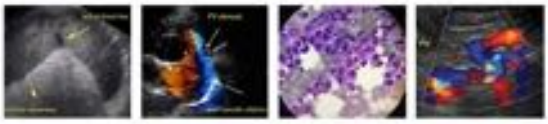
The right adrenal gland is normal size (0.88 cm at cranial pole) (0.79 cm at caudal pole) (3.26 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged with irregular peripheral contours. A >12 cm irregular heterogeneous slightly cavitated mass with mineralized foci is arising from the parenchyma. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance with several ill-defined hyperechoic nodules/areas, the largest measuring 2.2 cm in diameter. A 1.50 cm cystic lesion is also observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of



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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.

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. 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

There is no obvious evidence of free fluid. 1-2 lymph nodes are observed at the aortic trifurcation. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process cannot be completely excluded. Adjacent peritonitis is present.
- The hepatic parenchymal changes, including the hyperechoic nodules/areas, could be consistent with a benign process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, other hepatopathy). Alternatively, metastatic disease from the spleen cannot be excluded. The cystic lesion may represent a benign lesion. However, metastatic disease or small abscess are also possible

Secondary Findings:

- Minor bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider splenectomy with submission of the spleen for histopathology. If pursued, liver biopsies should also be obtained at the time of surgery to assess for metastatic disease.

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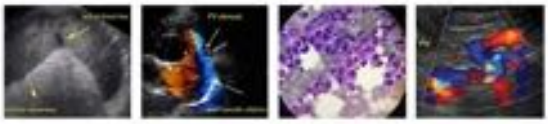

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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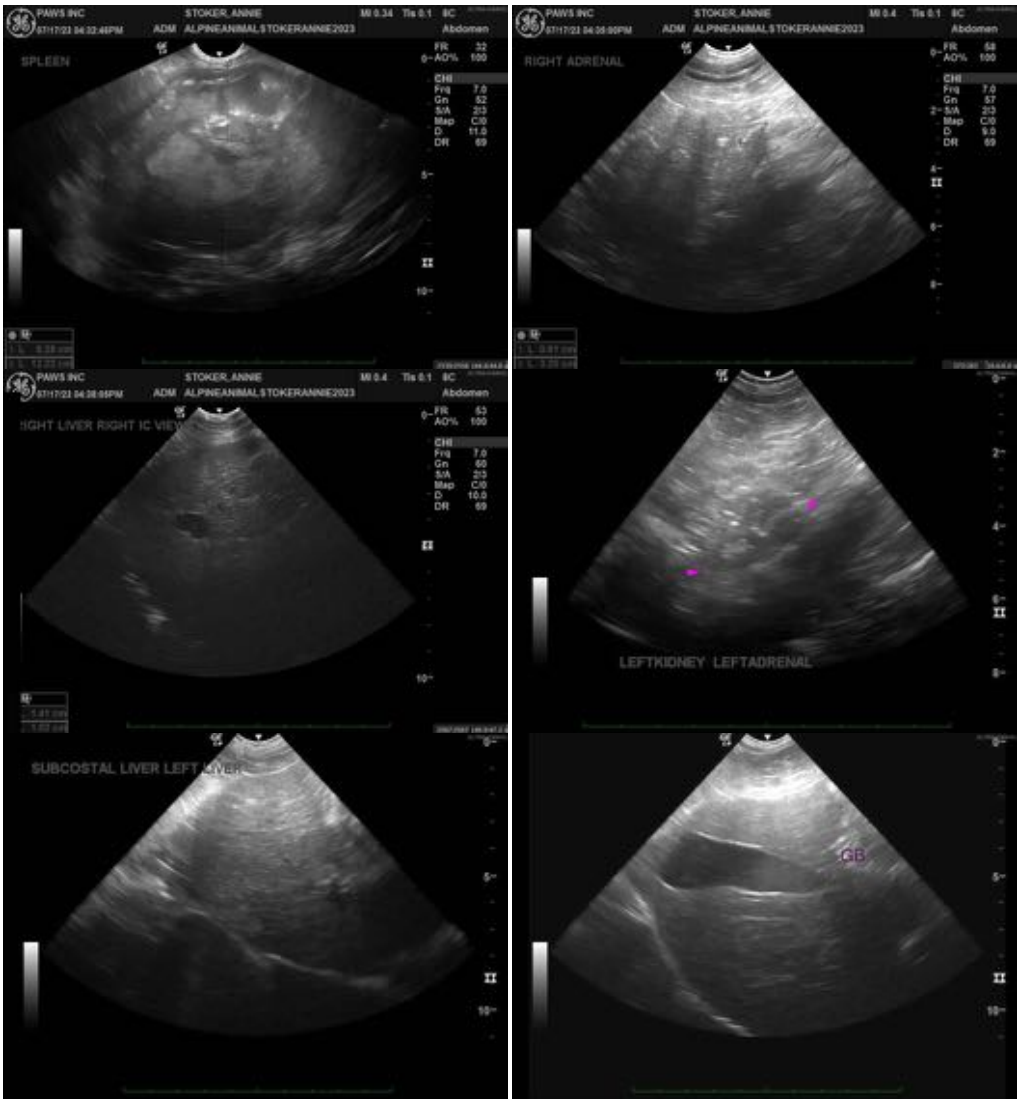

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com