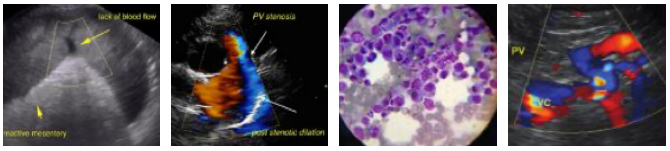
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Punkin Treat

SPECIES
Canine

BREED
Cocker spaniel mix

SEX
Female, spayed

AGE
12 Yrs. 9 months

WEIGHT
32.4 lbs.

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

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth Animal Hospital

REFERRING VET
Dr. Kim Allyn

INVOICE
11864

DATE
8/10/21

PRESENTING CLINICAL SIGNS

History: Has not been wanting to eat. Has been lethargic and just not really doing well. Abnormal PE/Chem/CBC/UA Results: PE: PALE, TACKY, SLIGHT JAUNDICE, TENSE, FULL, CRANIAL ABDOMINAL "MASS" FELT, UNCOMFORTABLE TO PALPATION,INCREASED RESPIRATORY RATE. WEAK PULSES, DECREASE MUSCLE MASS and GINGIVAL HYPERPLASIA. Urinalysis: NONE RAN CBC: RBC 2.05M/ul Hematocrit 13.5% Hemoglobin 4.5g/dL RDW 18.7% Reticulocytes 183.6K/ul WBC 29.07K/ul Neutrophils 25.62 K/ul Monocytes 2.13 K/ul Basophils0.17 K/uL Chem: BUN 44mg/dL ALP 279 U/L Amylase2,361U/L

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

The right kidney is not visualized due to the presence of the abdominal mass.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.66 cm at caudal pole) (2.09 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 not visualized due to the presence of the abdominal mass.

Spleen

A >15 cm irregular heterogeneous slightly cavitated mass effect is thought to be arising from the splenic parenchyma. No grossly normal splenic parenchyma is observed. Surrounding mesentery is hyperechoic.

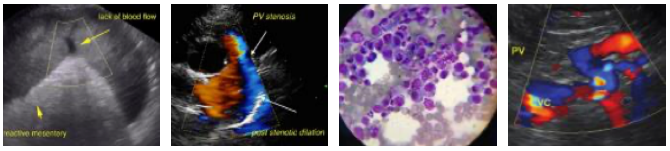
Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A few ill-defined hyperechoic nodules/areas are observed. Hepatic vasculature 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

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Punkin Treat

SPECIES
Canine

BREED
Cocker spaniel mix

SEX
Female, spayed

AGE
12 Yrs. 9 months

WEIGHT
32.4 lbs.

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

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth Animal Hospital

REFERRING VET
Dr. Kim Allyn

INVOICE
11864

DATE
8/10/21

Pancreas

The region of the pancreas is obscured due to the presence of the cranial abdominal mass.

Free Abdomen

No 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:

- Cranial abdominal mass, thought to be of splenic origin. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of benign pathology. Regional peritonitis is present.

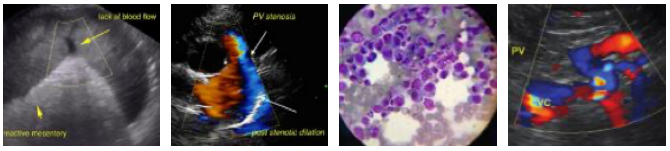
Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Minor age-related left renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the mass can be considered if clotting status is appropriate. However, there is a risk of intraabdominal hemorrhage with aspiration. If a more aggressive approach is desired, consider an abdominal exploratory with mass removal. An abdominal CT scan would be useful in pre-surgical planning. Consider referral to a board-certified surgeon if surgery is to be pursued.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Punkin Treat

SPECIES

Canine

BREED

Cocker spaniel mix

SEX

Female, spayed

AGE

12 Yrs. 9 months

WEIGHT

32.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

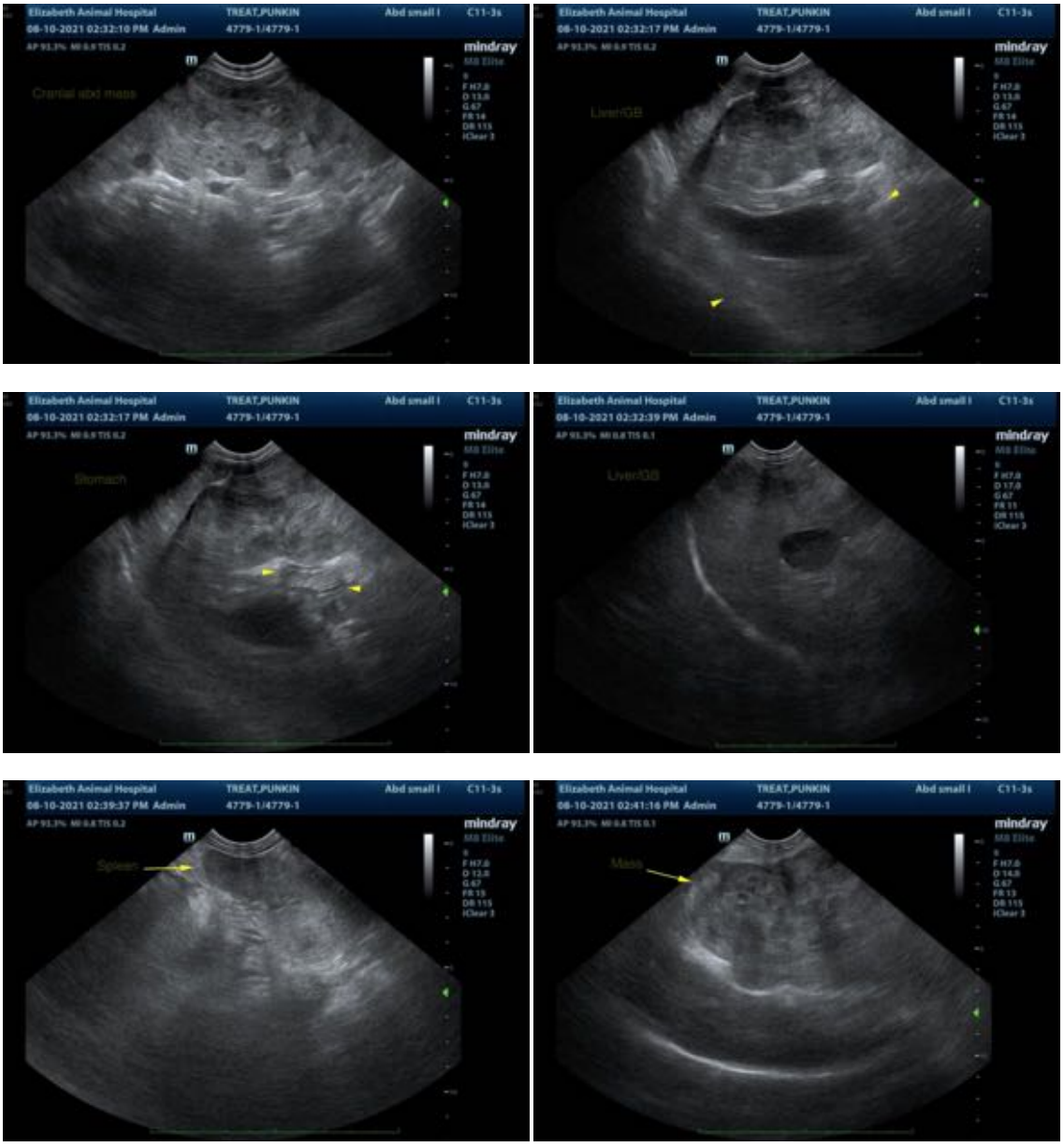
Dr. Kim Allyn

INVOICE

11864

DATE

8/10/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com