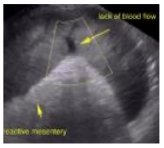
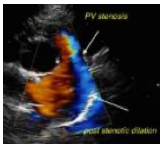
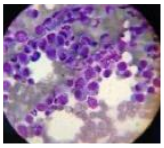
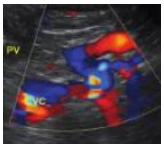
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Brandy Smith

SPECIES
Canine

BREED
Lab

SEX
Spayed Female

AGE
10 years

WEIGHT
67 lbs

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

IMAGING PERFORMED BY
Dr. Adrianne Waffle

HOSPITAL NAME
Torch Lake VC

REFERRING VET
Dr. Adrianne Waffle

INVOICE
11428

DATE
8.18..22

PRESENTING CLINICAL SIGNS

History: Referring vet noticed mass in central abdominal, has had previous abdominal bleed.

Abnormal PE/Chem/CBC/UA Results: HCT 33%, platelets 100K

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
(No images provided).

The **left kidney** is normal size (6.28 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.

The **right kidney** is normal size (6.27 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.

Adrenal Glands
The region of the **adrenal glan**ds is evaluated. No obvious pathology is seen. However, the splenic pathology inhibits good visualization.

Spleen
The **spleen** is enlarged with a >8cm relatively homogenous mass arising from the parenchyma. The remaining parenchyma is slightly mottled in appearance. The mesentery surrounding the spleen is hyperechoic. Splenic vasculature appears normal with no obvious evidence of thrombosis

Liver
The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
In the visualized portion of the **stomach,** the gastric wall is normal in thickness. The lumen is is not distended. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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 **pancreas** is somewhat obscured by the splenic mass. In the visualized portion, no obvious abnormalities are seen.

Free Abdomen
A moderate amount of echogenic free fluid is present. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

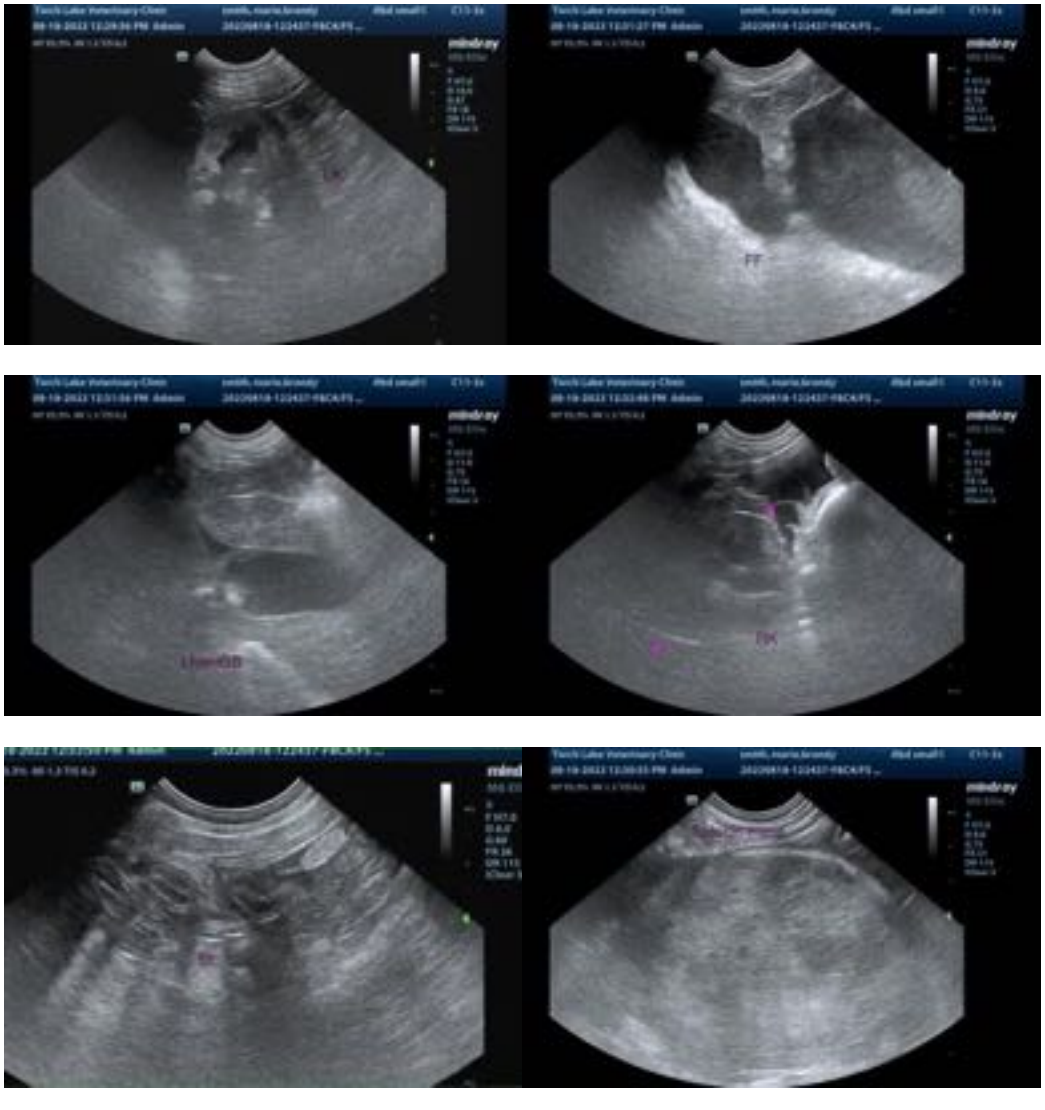
Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. There is adjacent peritonitis.

- The ascites may be secondary to hemorrhage and/or neoplastic effusion.

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. If surgery is pursued, a liver biopsy should also be obtained to assess for micro-metastatic disease. Given the relatively solid nature of the mass, a fine-needle aspirate is a consideration prior to surgery to get a better idea of tumor type. Clotting status should be evaluated prior to aspiration.



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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