SonoPath
Clinical Sonography & Telecytology
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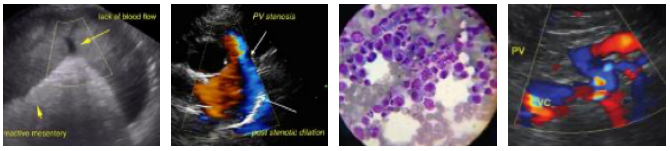


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fiona Fassl

SPECIES
Canine

BREED
Australian Shepherd mix

SEX
Female, spayed

AGE
9 Yrs.

WEIGHT
48.6 lbs.

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Hargadon

INVOICE
12224

DATE
9/21/21

PRESENTING CLINICAL SIGNS

History: Diarrhea, distended abd., Evan's syndrome. Current meds: Prednisone, Doxycycline, Metronidazole.
Abnormal PE/Chem/CBC/UA Results: Reg. anemia 33, PLT 62

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 (5.02 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 normal size (6.57 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.

Adrenal Glands

The left adrenal gland is normal in length (0.43 cm at cranial pole) (0.45 cm at caudal pole) (2.16 cm in length) with a flattened contour. 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 (93 cm at cranial pole) (0.58 cm at caudal pole) (1.89 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.

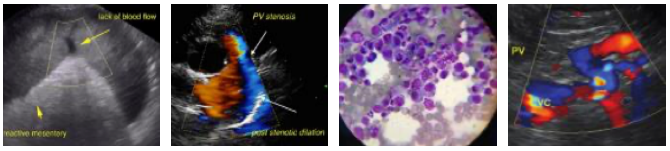
Spleen

The spleen is subjectively enlarged with irregular peripheral contours. A 4.18 x 3.83 cm isoechoic to heterogeneous slightly cavitated mass is arising from the parenchyma. The mass causes capsular expansion. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. At least 2 hypoechoic to heterogeneous nodules (the largest measuring 1.90 x 1.72 cm) are observed within the parenchyma. The lesions cause capsular expansion. 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



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Several irregular hypoechoic to heterogeneous coalescing masses are observed within the mesentery. A large amount of echogenic free fluid is present. 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:

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, other) is considered likely with a low possibility of benign pathology.
- The hepatic and mesenteric nodules/masses are most consistent with metastatic disease.
- Hemoabdomen- previously confirmed.

Secondary Findings:

- Minor bilateral age-related renal changes.
- The flattened left adrenal gland may be a normal variant for this patient or may represent atrophy (i.e., secondary to hypoadrenocorticism).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs can be considered to assess for pulmonary metastatic disease. However, given the likelihood of metastatic disease within the abdomen, the prognosis for this patient is considered guarded to poor. Therefore, if treatment is to be pursued, palliative care (i.e., Yunnan Baiyao, blood transfusions, pain medication) should be considered in lieu of splenectomy.

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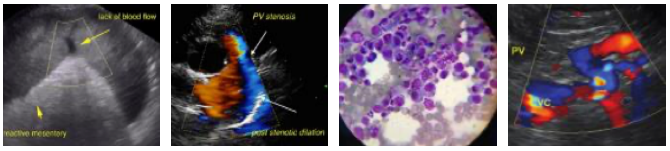

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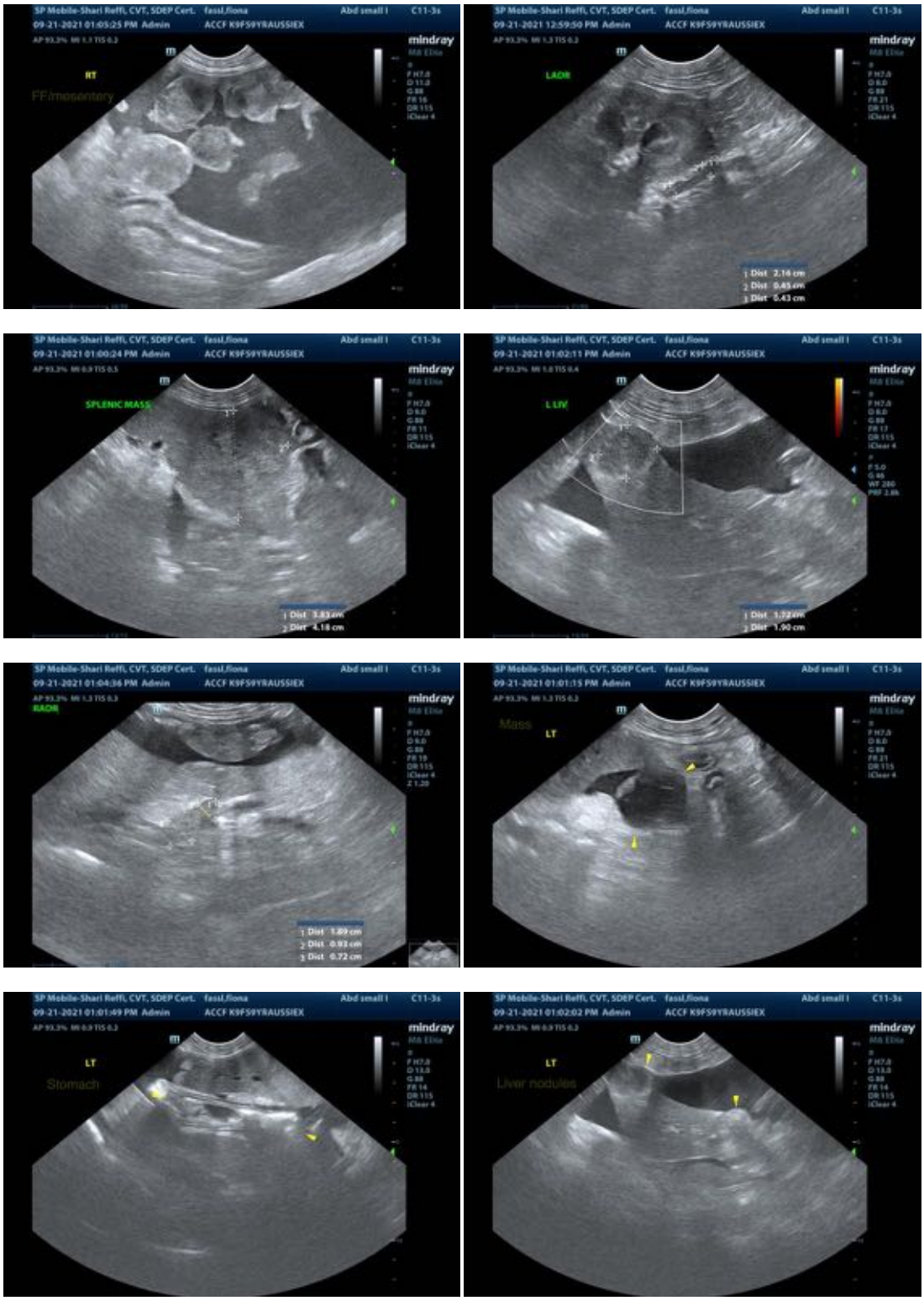

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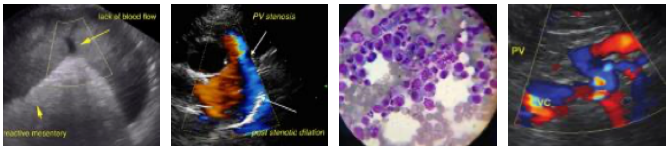

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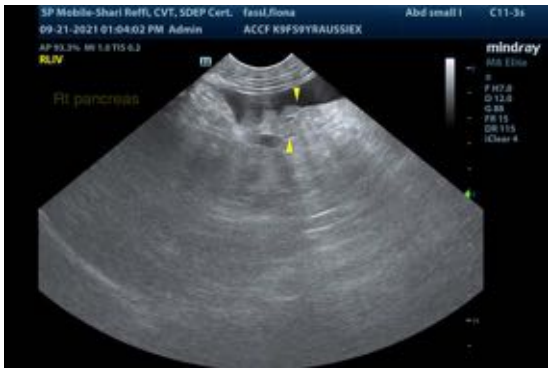

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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