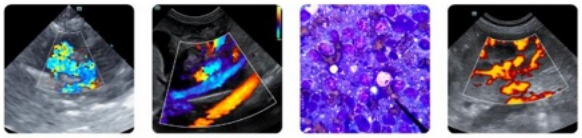

PATIENT

Buddy Lazarus

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

13 Yrs. 8 months

WEIGHT

69 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Brenda King VMD

REFERRING VET

Dr. King

INVOICE

13622

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PRESENTING CLINICAL SIGNS

History:

- Collapsing episode
- Holosystolic Murmur (II-III/VI), Irregular rhythm intermittently
- ECG - multiple supraventricular premature complexes
- Caudal abdomen firm mass
- No medications beside FT+HW

Abnormal PE/Chem/CBC/UA Results: Minor SDMA increase 15.5, Globulin 4.0, K 5.6, U/A - Pyuria, Amorphous phosphate crystals, USG 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally to mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3cm, are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 in size (0.58 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

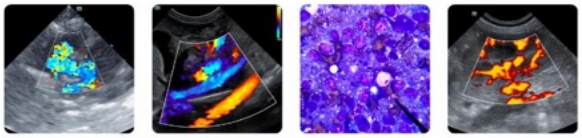
The right adrenal gland is normal in size (1.42 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

An approximately 7.5 cm isoechoic mass appears to be arising from the splenic parenchyma. In the remainder of the spleen, the margins are curvilinear and the parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.1 x 1.6 cm hypoechoic macronodule is observed near the diaphragm. The



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remaining parenchyma is homogeneous. 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

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 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mid-abdominal mass suspected to be of splenic origin. Neoplasia (i.e., round cell tumor, sarcoma) is suspected with a lower possibility of a non-neoplastic process. The diffuse splenic parenchymal changes are non-specific and could be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, infiltrative neoplasia, other.
- The hypoechoic hepatic macronodule could be consistent with a metastatic lesion, emerging primary hepatic tumor or a benign focus (i.e., regenerative nodule, inflammatory lesion), other.
- Trace ascites

Secondary Findings:

- Mild bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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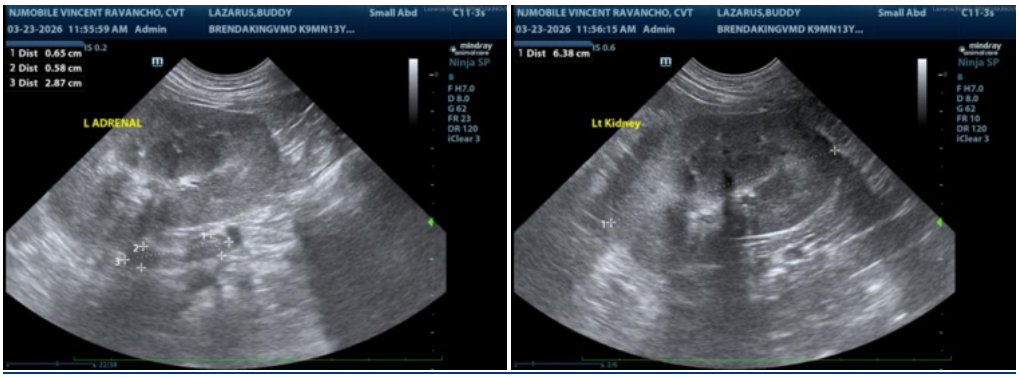
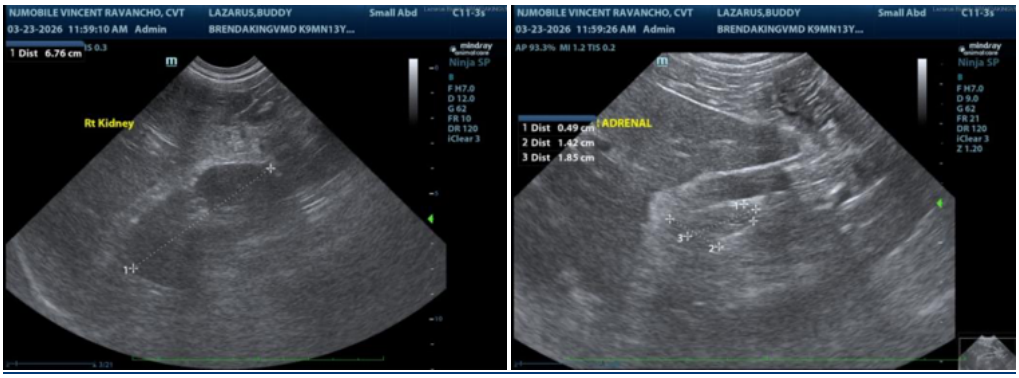
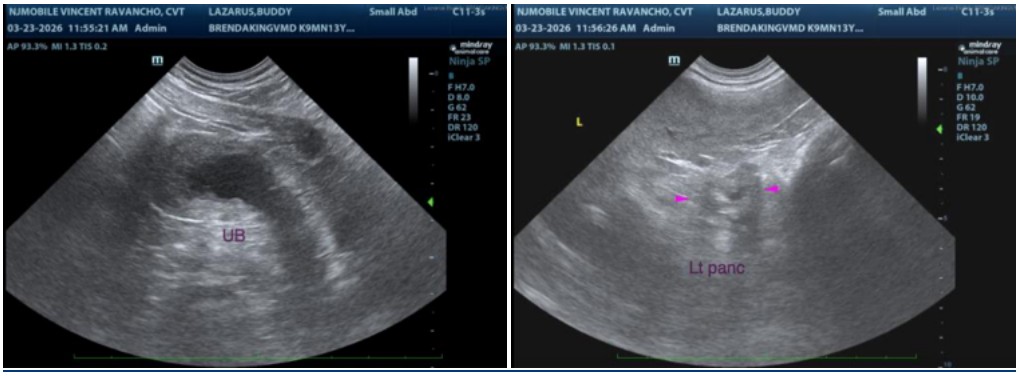
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the splenic mass (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider splenectomy with submission of the spleen for histopathology. If surgery is pursued, the liver nodule should also be biopsied.
3. Further recommendations should be based on the echocardiogram report.







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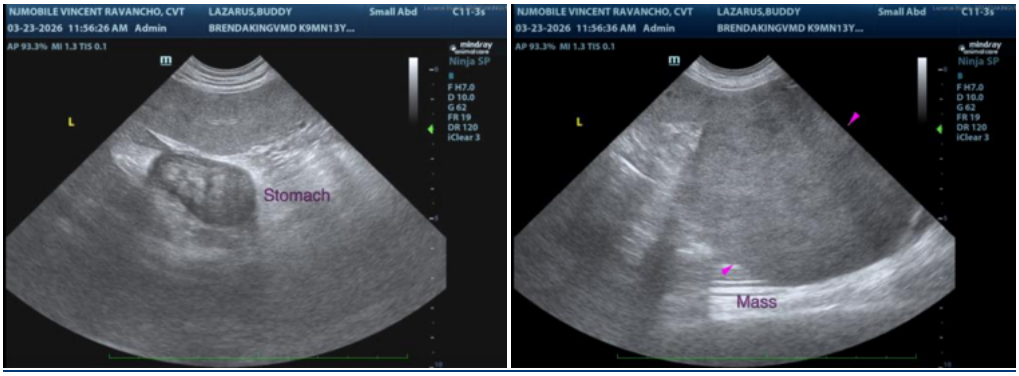

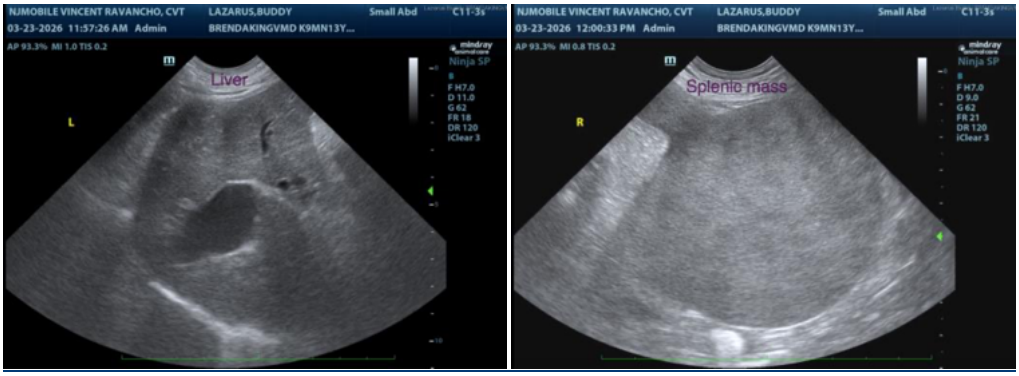

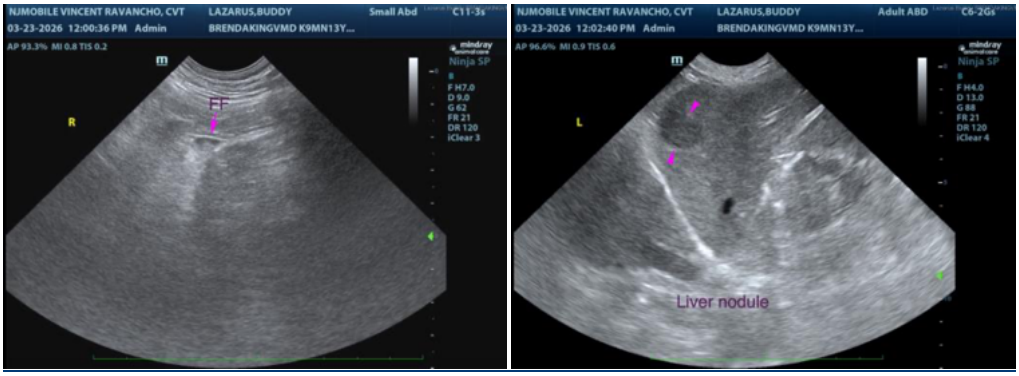

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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